STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046043	A. BUILDING: _____ B. WING _____	C 05/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF LENEXA	8740 CAENEN LAKE RD LENEXA, KS 66215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of an abbreviated survey with complaint investigation 86457 conducted at the above named assisted living facility conducted on 5-4-15 and 5-5-15.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced	S3028		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3028	Continued From page 1 by: KAR 26-42-101(f)(3) The facility reported a census of 30 residents. The sample included 3 residents. Based on record review and interview for 1 (#145) of 3 sampled residents, the operator failed to ensure each allegation of abuse or neglect shall be reported to the department within 24 hours. Findings included: - Record review for resident #145 revealed admission on 3-4-14 with of diagnoses of Atrial Fibrillation, Hypertension, Dementia, Hypothyroidism, Depression, Macular Degeneration and, Hypercholesterolemia. The functional capacity screen (FCS) dated 1-20-15 recorded resident unable to perform management of medications/treatment. Cognition: problems with short-term memory, long-term memory, memory/recall, and decision-making. No problems with communication. The negotiated service agreement/healthcare service plan (NSA/HCSP) dated 1-30-15 recorded services for facility staff to administer all medications per physician order. Clinical Notes Report: 4-22-15 at 12:43 PM: "I was asked to address the family concerns which was the resident may not be taking or receiving his/her medications appropriately. Reviewed the record, interviewed the aides, and (reviewed lab results). Resident is not able to be interviewed ...Aides have reported resident is pocketing his/ her medications and sometimes spitting in a napkin. Aides educated	S3028		

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S3028	Continued From page 2	S3028		

on how to check for pocketing of medications and how to offer sips of water after taking medications, taking only two at a time and we will review for substitutions of liquid for medication. Will review FCS and NSA for changes." Signed by licensed staff D.

On 4-30-15 at 5:44 PM: "Care plan meeting with resident's family. Administrative staff B and licensed staff A attended care plan meeting. We discussed all issues and told them we would be working to improve all of their concerns. We continue to monitor." Signed by licensed staff A.

On 5-1-15 at 2:51 PM: "(Licensed staff A, non-licensed staff C) and 2 certified staff completely searched resident #145's room for any dropped pills. None was found. Will continue to monitor. Note in communication book as to how to administer all medication to resident #145." Signed by licensed staff A.

Interview on 5-4-15 at 12:15 PM and 4:01 PM with licensed staff A stated resident #145's family complained they had found 18 pills in resident's room since February of this year. Some had been in resident's mouth and spit out, others had not been taken. One pill was a hydrocodone which was not prescribed for resident #145. Confirmed he/she failed to notify the department regarding the family's allegations.

For resident #145, the operator failed to ensure each allegation of neglect was reported to the department within 24 hours.