STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046068	A. BUILDING: _____ B. WING _____	06/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GABLES AT OVERLAND PARK	11701 NIEMAN ROAD OVERLAND PARK, KS 66210

(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 a resurvey at the above named assisted living facility conducted on 6-24-14 and 6-25-14.	S 000		
S3066 SS=D	26-41-200 (b) Resident Criteria Restraints (b) Each administrator or operator shall ensure that any resident whose clinical condition requires the use of physical restraints is not admitted or retained. This REQUIREMENT is not met as evidenced by: KAR 26-41-200(b) The facility reported a census of 28 residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#310) of 3 sample residents, the administrator failed to ensure that any resident whose clinical condition requires the use of physical restraints is not retained. Findings included: - Record review for resident #310 revealed admission on 4-19-08 with diagnoses Congestive Heart Failure, Type 2 Diabetes Mellitus, Gout, Hypertension, Hyperlipidemia, and Ischemic Cardiomyopathy. The functional capacity screen dated (FCS) 2-14-14 recorded resident requires physical assistance with bathing, dressing, toileting; supervision with transfers, walking/mobility; independent with eating; and unable to perform	S3066		

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

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S3066	Continued From page 1	S3066		

management of medications and treatments. Cognition: problems with short term memory, .long term memory, memory/recall and decision-making. Incontinent of bladder. No problems with communication. Current problems identified included: impaired decision-making.

The negotiated service agreement dated 2-14-14 recorded services for physical assistance with bathing, dressing and toileting; supervision with transfers; ambulates with walker and supervision with eating. Facility staff to administer medications, perform blood sugar monitoring.

Observation of resident's room and interview of resident on 6-24-14 at 4:30 pm revealed hospital bed with full size bed rails on both sides of bed. Resident stated the rail was for "safety, so I don't fall out of bed." Further stated if he/she needed to get out of bed during the night, "I can scoot down to the bottom."

Interview with licensed nurse A on 6-24-14 at 4:55 pm stated he/she didn't know about the rails on resident #310's bed and didn't think anyone was pulling them up. Confirmed the roster documented bed rails on resident's bed. At 5:10 pm, administrator and licensed nurse A removed the rails from the bed.

Confidential interviews on 6-25-12 at 8:09 and 8:15 am stated the side rails were pulled up at night, but didn't know why the rails were on the bed. Staff confirmed no one had informed them of the purpose of the side rails.

For resident #310, the administrator failed to ensure that any resident whose clinical condition requires the use of physical restraints is not retained.

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S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e)(1) The facility reported a census of 28 residents. The sample included 3 residents. Based on observation and interview for all residents, the administrator failed to ensure facility staff stored all food under safe and sanitary conditions. Findings included: - Observations during entrance tour accompanied by the administrator on 6-24-14 at 11:00 am revealed the following: Cooler #1 with salad greens, containers of applesauce, peaches, mixed fruit, tropical fruit, and pears lacked label/dates when prepared; pitchers or orange juice and cranberry juice lacked labels/date when prepared; plastic container of hominy lacked label/date. Freezer #1 contained bread in plastic wrap which lacked label/date (identified as cranberry bread by dietary staff C); substance in plastic bag (identified as "feta cheese" by dietary staff C) lacked label/date; meat in plastic bag (identified as "steak" by dietary staff C) lacked label/date. Shrimp in plastic bag lacked label/date. Open bags of carrots, broccoli, french fries and	S3299		

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S3299	Continued From page 3 potatoes lacked date when opened. Observation of flour bin revealed a paper towel inside (removed by dietary staff C). Freezer #2 in basement contained ziplock bag of items (identified as cream puffs by administrator) lacked label/date; meat (identified as pork chops by administrator) lacked label/date. Freezer #3 in basement contained meat (identified as pork shops by administrator) lacked label/date; meat (identified as sausage patties by administrator) lacked label/date; and meat (identified as beef fritters by administrator) lacked label/date. Freezer #4 with excessive frost on all items inside, thermometer read 30 degrees Fahrenheit. Interviews on 6-24-14 at 11 am and 11:30 am with dietary staff C and administrator confirmed the above findings. Administrator stated he/she would replace the thermometer in freezer #4 and a new seal had already been ordered for this freezer. For all residents, the administrator failed to ensure facility staff stored all food under safe and sanitary conditions.	S3299		