STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046077	A. BUILDING: _____ B. WING _____	07/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK MEADOWS SENIOR LIVING	5901 WEST 107TH STREET OVERLAND PARK, KS 66207

(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 7-18-17, 7-19-17, 7-20-17 and 7-21-17. Revised 2567 sent to facility on 7-26-2017.	S 000		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The facility reported a census of 70 residents. The sample included 6 residents and 2 closed record reviews. Based on record review and interview for 1 (#200) of 6 sampled residents, the administrator failed to ensure a licensed nurse assessed the resident whose functional capacity screening indicated the need for health care services.	S3080		

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

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S3080	Continued From page 1	S3080		

Findings included:

- Record review for Resident #200 revealed admission on 7-12-16 with diagnoses Macular Degeneration, Decreased Bone Mineral Density, Abnormal Gait and Mobility, Emphysema and Muscle Weakness.

The Functional Capacity Screen (FCS) dated 6-15-17 recorded resident required supervision with bathing and toileting; independent with dressing, transfers, walking/mobility and eating; and physical assistance with management of medications and treatments. Continent of bladder. No problems with cognition. Current problems/risks identified included impaired vision. The FCS was signed by the Administrator and Administrative Nurse C.

The FCS lacked identification of falls/unsteadiness as a current problem. Per Resident FCS Manual, falls, unsteadiness to be identified if "resident has fallen within the last 180 days and/or exhibits unsteadiness when attempting to rise from a chair or when walking.

Observation notes dated 3-20-17 at 9:00 am stated: "Event notes: This writer called to apartment by certified nurse aide, upon entry into apartment resident was observed sitting on buttocks with legs out in front of him/her beside his/her bed. Resident reports that he/she 'slid out of bed while trying to get up to go to the bathroom'. Signed by Licensed Staff

Interview on 7-19-17 at 2:53 p.m. with Administrator and Administrative Nurse C stated resident was having increased incontinence and administrator had spoken with family member on the Friday before resident fell regarding bringing

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S3080	Continued From page 2 more incontinent supplies and making changes to resident's care plan. Administrator and Administrative Nurse C confirmed falls/unsteadiness should have been identified as a problem for resident along with change in bladder continence. The administrator confirmed he/she was not a licensed nurse and he/she completed the FCS on 6-15-17. Administrative Nurse C confirmed he/she reviewed the completed FCS and signed the form. For resident #200, the administrator failed to ensure a licensed nurse assessed the resident whose functional capacity screening indicated the need for health care services.	S3080		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The facility reported a census of 70 residents. The sample included 6 residents and 2 closed record reviews. Based on record review and interview for 4 (#200, #201, #202, #203) of 6 sampled residents, the administrator failed to ensure designated facility staff ensured that the resident's functional capacity at the time of screening is accurately reflected on that resident's screening form.	S3082		

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S3082	Continued From page 3	S3082		

Findings included:

- Record review for Resident #200 revealed admission on 7-12-16 with diagnoses Macular Degeneration, Decreased Bone Mineral Density, Abnormal Gait and Mobility, Emphysema and Muscle Weakness.

The Functional Capacity Screen (FCS) dated 6-15-17 recorded resident required supervision with bathing and toileting; independent with dressing, transfers, walking/mobility and eating; and physical assistance with management of medications and treatments. Continent of bladder. No problems with cognition. Current problems/risks identified included impaired vision. The FCS was signed by Administrative Staff B and Administrative Nurse C.

The FCS lacked identification of falls/unsteadiness as a current problem. Per Resident FCS Manual, falls, unsteadiness to be identified if "resident has fallen within the last 180 days and/or exhibits unsteadiness when attempting to rise from a chair or when walking.

Observation notes dated 3-20-17 at 9:00 am stated: "Event notes: This writer called to apartment by certified nurse aide, upon entry into apartment resident was observed sitting on buttocks with legs out in front of him/her beside his/her bed. Resident reports that he/she 'slid out of bed while trying to get up to go to the bathroom'. Signed by Licensed Staff

Interview on 7-19-17 at 2:53 p.m. with Administrator and Administrative Nurse C confirmed falls/unsteadiness should have been identified as a problem for resident. Administrator confirmed he/she completed the

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S3082	Continued From page 4 FCS on 6-15-17 and failed to identify Falls/Unsteadiness as a problem for the resident. Stated he/she had spoken with resident's family on the Friday before the fall regarding concerns about resident's increased bladder incontinence and need for additional assistance. Confirmed resident was no longer completely continent of bladder either. Administrative Nurse C confirmed he/she reviewed the completed FCS and signed the form; stated he/she was unaware of the fall in March as it was before his/her employment. For resident #200, the administrator failed to ensure designated facility staff accurately identified the resident's functional capacity by identifying his/her risk for falls and change in bladder continence on the screening form. - Record review for Resident #201 revealed admission on 7-3-17 with unknown diagnoses. The Functional Capacity Screen (FCS) dated 6-30-17 for admission recorded resident required supervision with bathing and dressing; independent with toileting, transfers, walking/mobility and eating; and unable to perform management of medications/treatments. Continent of bladder. The FCS lacked documentation of a "1" or a "0" in the boxes under Section D. Cognition - Memory, Recall. - Record review for Resident #202 revealed admission on 8-21-17 with diagnoses Diabetes Mellitus, Mild Cognitive Impairment and Hypertension. The Functional Capacity Screen (FCS) dated	S3082		

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S3082	Continued From page 5 7-10-17 recorded resident independent with bathing, dressing, toileting, transfers, walking/mobility and eating; unable to perform management of medications/treatments. Continent of bladder. The FCS lacked documentation of a "1" or a "0" in the boxes under Section D. Cognition - Memory, Recall. - Record review for Resident #203 revealed admission on 6-21-17 with diagnoses Osteoporosis, Type 2 Diabetes Mellitus, Hypertension, Osteoarthritis Right Knee, Iron Deficiency Anemia, and Chronic Kidney Disease Stage II. The Functional Capacity Screen (FCS) dated 6-16-17 recorded resident unable to perform bathing, dressing, toileting, walking/mobility and management of medications/treatments; physical assistance with transfers and eating. Continent of bladder. The FCS lacked documentation of a "1" or a "0" in the box under Section D. Cognition: memory/recall. Per Resident FCS Manual the person performing the assessment is to enter a "0" at short term memory if the resident is able to recall recent events (describe the day so far); enter "1" if had difficulty recalling recent events. Under long term memory, person performing the assessment is to enter a "0" if the resident was able to demonstrate long term memory ((where lived, address, how many children and names, etc) and "1" if resident had difficulty with long term memory. Under Memory/recall ability, person performing	S3082		

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S3082	Continued From page 6 the assessment is to enter a "0" if the resident does not appear to have difficulty with memory/recall (able to identify current season, location, distinguish between family members) and a "1" if the resident has difficulty with memory/recall. Under Decision-making ability, the person performing the assessment is to enter a "0" if the resident is able to make consistent, reasonable and organized decisions and a "1" if the resident has difficulty with decision-making or does not make decisions. Interview on 7-19-17 at 2:53 p.m. with Administrative Nurse C stated he/she was not aware there was a manual which provided instructions for completion and proper coding of the FCS and confirmed he/she failed to complete the forms per these instructions. For residents #200, #201, #202, #203, the administrator failed to ensure designated facility staff ensured that the resident's functional capacity at the time of screening is accurately reflected on that resident's screening form.	S3082		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met:	S3200		

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S3200	Continued From page 7 (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 70 residents. The sample included 6 residents and 2 closed record reviews. Based on record reviews and interviews for 2 (#200, #203) of 5 sampled residents whose medications are managed by the facility, the administrator failed to ensure all medications and biologicals are administered to those residents in accordance with a medical care providers written order and professional standards of practice. Findings included: - Record review for Resident #200 revealed admission on 7-12-16 with diagnoses Macular Degeneration, Decreased Bone Mineral Density, Abnormal Gait and Mobility, Emphysema and Muscle Weakness. The Functional Capacity Screen dated 6-15-17 recorded resident required physical assistance with management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan dated 7-13-17 stated: "Medication management will be monitored by a licensed	S3200		

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S3200	Continued From page 8	S3200		

nurse. The community will assist the Resident to take medications, will order medications from the pharmacy, store medications per pharmacy directions, monitor for side effects, and communicate with the physician as needed for issues and concerns..."

Review of Medication Administration Record (MAR) for July 2017 revealed:
Hydrocodone/Acetaminophen (narcotic pain reliever) tab (tablet) 5-325 mg (milligrams). Take 1-2 tablets by mouth every 4 to 6 hours as needed for pain.
Norco 5-325 mg half-tablets. Take one half to one (0.5 to 1) tablet by mouth every 4-6 hours as needed for pain. (Note: Norco = Hydrocodone/acetaminophen).

Physician Order dated 9-19-16:
Hydrocodone/Acetaminophen 5-325 mg Take 1-2 tablets by mouth every 4 to 6 hours as needed for pain.

The record lacked documentation for the order for Norco.

Interview on 7-19-17 at 2:15 pm with Administrative Nurse C confirmed the discrepancy between the MAR and physician's orders stating he/she was unable to find an order for the Norco and further confirmed the Norco and Hydrocodone/Acetaminophen were the same medications. Stated Licensed Staff D would clarify the orders with the physician. Further confirmed per standards of practice, the medications/dosages should have been clarified with the resident's physician.

For Resident #200, the licensed nurse failed to ensure all medications and biologicals were

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S3200	Continued From page 9 administered in accordance with a medical care providers written order and professional standards of practice. - Record review for Resident #203 revealed admission on 6-21-17 with diagnoses Osteoporosis, Type 2 Diabetes Mellitus, Hypertension, Osteoarthritis Right Knee, Iron Deficiency Anemia, and Chronic Kidney Disease Stage II. The Functional Capacity Screen dated 6-16-17 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan dated 7-18-17 stated: "Medication management will be monitored by a licensed nurse. The community will assist the Resident to take medications, will order medications from the pharmacy, store medications per pharmacy directions, monitor for side effects, and communicate with the physician as needed for issues and concerns..." Review of Medication Administration Record (MAR) for July 2017 revealed: Benzonatate Capsule 100 mg. Take one capsule by mouth three times a day as needed. The order lacked an indication for administering. Physician order dated 7-7-17 stated Benzonatate capsule 100 mg. Take one capsule by mouth 3 times daily as needed. Interview on 7-20-17 at 10:45 am with Administrative Nurse C confirmed the order lacked an indication for use. Confirmed the order should have been clarified with the physician.	S3200		

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S3200	Continued From page 10 For Resident #203, the licensed nurse failed to ensure all medications and biologicals were administered in accordance with a medical care providers written order and professional standards of practice.	S3200		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The facility reported a census of 70 residents. The sample included 6 residents and 2 closed record reviews. Based on observation and interview, the licensed nurse failed to ensure over the counter medications shall be labeled with the resident's full name. Findings included:	S3211		

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S3211	Continued From page 11 - Observation of medication room during tour on 7-18-17 at 11:40 am revealed 2 cabinets which contained the following Over The Counter (OTC) medications: Joint Advantage Gold (supplement) Vitamin C 500 mg (milligrams) D3 5000 International Units (supplement) Aleve 220 mg (pain reliever) - Observation of medication cart revealed the following OTC medications: Mind Max Herbal Supplement Fiber Well Sugar-free Gummies (fiber supplement) Bilberry Dietary Supplement - 2 bottles Vitamin C 1000 mg (supplement) All medications lacked a resident's name. Interview on 7-18-17 at 11:40 am with Licensed Staff D confirmed the containers of over the counter medications lacked resident names. Facility policy for "Medication and Treatment Labels" Stated "Over-the-counter medications should have labels which meet the following criteria: a. Medication is in the original manufacturer's container b. The name of the medication is clearly identified. c. The strength of the medication is clearly identified d. The expiration date is clearly identified. e. Label is clean, legible and intact f. Label has not been altered" The policy lacked requirement for documentation of resident's full name by licensed pharmacist or licensed nurse.	S3211		

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S3211	Continued From page 12 The licensed nurse failed to ensure all over the counter medications were labeled with the resident's full name.	S3211		
S3216 SS=E	26-41-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(i) The facility reported a census of 70 residents. The sample included 6 residents and 2 closed	S3216		

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S3216	Continued From page 13	S3216		

record reviews. Based on observation and interview for 2 (#301, #302) discharged residents, the administrator failed to ensure licensed nurses and medication aides shall maintain records of the receipt and disposition of all medication managed by the facility in sufficient detail for an accurate reconciliation.

Findings included:

- Observation of medication room during entrance tour on 7-18-17 at 11:40 a.m. revealed a locked refrigerator which contained the following controlled medications:

For Resident #301: Lorazepam Intensol 2 mg/ml (milligrams/milliliter) - one full 30 ml bottle.
For Resident #302: Lorazepam Intensol 2 mg/ml - approximately 17 ml in bottle.

Interview on 7-18-17 at 11:40 am with Licensed Staff D stated resident #301 "moved out" and Resident #302 died "several months ago." Confirmed the medications were not being counted with the narcotics because these residents were "no longer in the computer." Confirmed the facility lacked documentation and monitoring for the controlled substances and the medications should have been destroyed.

Facility policy for "Medication Destruction: Controlled Substances" stated the following: "Discontinued, Expired or unused controlled medications: These medications will be destroyed by the community. Until destroyed, the medications will be kept secure and counted at each shift."

The policy lacked documentation of a time frame for disposal.

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S3216	Continued From page 14 For 2 (#301, #302) discharged residents, the administrator failed to ensure licensed nurses and medication aides maintained records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation.	S3216		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 70 residents. The sample included 6 residents and 2 closed record reviews. Based on record review and interview for all residents and all facility	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046077	A. BUILDING: _____ B. WING _____	07/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3280	Continued From page 15 employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of an emergency drill annually that included evacuation of the residents to a secure location. Findings included: - Review on 7-19-17 at 11:10 am of the facility's emergency management plan with Administrative Staff B, revealed the plan lacked documentation of quarterly review with residents and employees and performance of an evacuation drill. Provided copy of Evacuation Drill performed on 9-15-15 and stated "I can't find one for 2016" and further confirmed had not performed on for 2017 yet. Interviews on 7-20-17 at 3:15 pm with Administrative Staff A and Administrative Staff E stated evacuation drills are performed annually in August and confirmed they failed to ensure documentation of the drill performed last year. For all residents and employees, the administrator failed to ensure emergency preparedness by ensuring quarterly review of the emergency management plan and performance of an emergency drill that included evacuation of the residents to a secure location.	S3280		
S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and	S3298		

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S3298	Continued From page 16 regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 70 residents. The sample included 6 residents and 2 closed record reviews. The administrator failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature based on record review and interview and affecting all residents. Findings included: - On 7-18-17 at 3:37 pm Dietary Staff F provided completed food temperature logs for April, May and June 2017. Dietary Staff F stated he/she did not have food temperature logs for July 2017. Facility policy for "Food Production" stated "Policy: Temperature of Food Proper food holding temperatures 1. Hold hot foods at 140 degrees F (Fahrenheit), or higher for no longer than one hours...2. Hold cold foods below 45 degrees F..."	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3298	Continued From page 17 For all residents, the administrator failed to ensure food shall be served at the proper temperature.	S3298		