STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046033	A. BUILDING: _____ B. WING _____	C 09/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE FORUM AT OVERLAND PARK	3501 W 95TH ST OVERLAND PARK, KS 66206

(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 with complaint #144890 at the above named assisted living facility conducted on 9/1,2,13/2021.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (a)(1)(2)(3) The facility reported a census of 25 residents. The sample included 3 residents and 1 focused record review. Based on interview, and record review the director failed to ensure the development of the Negotiated Service Agreement/Health Service Plan (NSA/HSP) for 3 (#901, #902, #903) of 3 sampled residents which	S3085		

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

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S3085	Continued From page 1	S3085		

identified the services the resident received, identification of the provider of each service and the responsible party for payment for outside service of podiatry.

Findings included:

- Review of resident #901 medical record revealed the resident moved into the facility on 8-24-19 with diagnoses of diabetes type 2.

Review of the residents record included a functional capacity screen (FCS) dated 4-16-21 which revealed the resident was unable to manage his medications and medical treatments and had impaired cognition.

Review of the resident's negotiated service agreement/health care service plan (NSA/HCSP) dated 5-7-21 revealed staff would administer the resident's insulin as ordered. It failed to identify that the resident's insulin would be administered by a licensed nurse or when necessary a certified medication aide would prepare and dial the residents insulin pen to the proper dosage and the resident would self-inject. It also failed to include the resident received podiatry services from a local podiatrist and who was responsible for payment of the service.

On 9-2-21 at 1:08 PM licensed nurse B confirmed the resident's NSA/HCSP did not include specifics as to the medication aide preparing and dialing the resident's insulin pen or that the resident received podiatry services from an outside source.

- Review of resident #902's medical record

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S3085	Continued From page 2 revealed she moved into the facility on 5-17-17 with diagnoses type 2 diabetes. Review of the residents functional capacity screen (FCS) dated 5-8-21 revealed the resident was unable to manage her own medications and medical treatments. Review of the resident's negotiated service agreement (NSA) dated 8-16-21 identified the resident could self administer her insulin under a licensed nurses supervision but failed to identify the certified medication aides would prepare and dial the pen to the ordered dosage for the resident to self-inject. The NSA also failed to include that the resident received podiatry services from an outside source. On 9-2-21 at 1:08 PM licensed nurse B confirmed the resident's NSA/HCSP did not include specifics as to the medication aide preparing and dialing the resident's insulin pen or that the resident received podiatry services from an outside source. The administrator failed to ensure the development of the Negotiated Service Agreement/Health Service Plan (NSA/HSP) for 3 (#901, #902, #903) of 3 sampled residents which identified the services the resident received, identification of the provider of each service and the responsible party for payment for outside service of podiatry.	S3085		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide	S3202		

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S3202	Continued From page 3 curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(4) The facility reported a census of 25 residents. Based on interview and record review of 3 newly hired certified medication aides the administrator failed to ensure the delegation of the nursing procedure of dialing dosages of insulin pens to each certified medication aide under the Kansas nurse practice act, K.S.A.65-1124 and amendments thereto. This had the potential to effect all residents who had their blood sugar checked by certified medication aides. Findings included: - Review of employee records revealed certified staff E, R, and G did not have evidence of a licensed nurse delegating each step of the preparation and dialing of an insulin pen for the resident then to self-inject the insulin. Records included a check off list of multiple tasks that a certified medication aide would complete that were a part of the Kansas medication aide curriculum but did not include specifics on how to set up and dial the resident's insulin pen. During an interview on 9-2-21 at 12:58 PM Administrator A confirmed the check list did not include specifics on how staff were to properly prepare and dial an insulin pen to the ordered dosage.	S3202		

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S3202	Continued From page 4 The administrator failed to ensure the delegation of the nursing procedure of dialing dosages of insulin pen to each certified medication aide under the Kansas nurse practice act, K.S.A.65-1124 and amendments thereto. The failure had the potential to effect all residents who had blood sugar checks monitored by certified medication aides.	S3202		