STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046037	A. BUILDING: _____ B. WING _____	03/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT LENEXA LLC	8710 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 a resurvey with complaint investigations 139003, 138612, 132860, 128987, 127584, and 124283 at the above named assisted living facility conducted on 3-12-19, 3-13-19, 3-14-19, 3-18-19 and 3-19-19.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(1)(2) The facility reported a census of 33 residents. The sample included 3 residents, one focus review resident and three closed record reviews. Based on record review and interview for 1 (#312) of 3 sampled residents, the operator failed to ensure designated facility staff shall conduct a screening to determine each resident's functional capacity at least once every 365 days. Findings included: - Record review for Resident #312 revealed admission on 10-27-17 with diagnoses Dementia,	S3081		

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

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S3081	Continued From page 1 Hypertension, Diarrhea and Falls. The current Functional Capacity Screen dated 1-17-19 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility; supervision of eating; and unable to perform management of medications and treatments. Incontinent of bladder. Cognition: problems with short and long term memory, memory recall and decision-making. Current problems/risks identified: falls/unsteadiness. Resident uses a wheelchair. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 1-17-19 recorded services for staff assistance with bathing, dressing, toileting, transfers, use of wheelchair and medication/treatment management. The record contained Functional Capacity Screen dated 10-27-17 for admission. The record lacked documentation of a screening performed in 2018. Interview on 3-13-19 at 10:30 am with Administrative Staff A confirmed he/she was unable to locate documentation of a functional capacity screening performed on 2018. For Resident #312, the operator failed to ensure designated facility staff conducted a screening to determine the resident's functional capacity at least once every 365 days.	S3081		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care	S3155		

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S3155	Continued From page 2 facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 33 residents. The sample included 3 residents, one focus review resident and three closed record reviews. Based on record review and interview for 1 (#312) of 3 sampled residents, the operator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services to address resident's actual and potential skin impairment. Findings included: - Record review for Resident #312 revealed admission on 10-27-17 with diagnoses Dementia, Hypertension, Diarrhea and Falls. The current Functional Capacity Screen dated 1-17-19 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility; supervision of eating; and unable to perform management of medications and treatments. Incontinent of bladder. Cognition: problems with short and long term memory, memory recall and decision-making. Current problems/risks	S3155		

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S3155	Continued From page 3 identified: falls/unsteadiness. Resident uses a wheelchair. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 1-17-19 recorded services for staff assistance with bathing, dressing, toileting, transfers, use of wheelchair and medication/treatment management. NSA/HCSP documented hospice services. The NSA/HCSP failed to document interventions to address resident's actual and potential for skin impairment. Observation of resident and interview Certified Staff D on 3-13-19 at 10:53 am revealed resident resting quietly in hospital bed with air mattress. Resident had alrge bandaid type dressing to right hip which was dry and intact. Noted superficial open area to back of left calf measuring approximately 1 inch by 0.75 inch. Bilateral lower extremities with multiple areas of bruising; bilateral upper extremities with multiple small dry scabs. Resident alert and oriented to self and place. Administrative Staff A transferred resident to wheelchair then to toilet for peri-care. Resident resistant at times and unable to follow directions for transfer. Also unable to stand and bear weight. Administrative Staff A and Certified Staff D report resident has extremely fragile skin which tears easily; further stated resident "picks at" his/herself. Certified Staff D stated he/she tries to put on long sleeve shirts and a sweater or jacket over the shirt to attempt to keep resident from picking. Administrative Staff A added that resident will peel off dressings as well; hospice changes the right hip dressing every 3 days as ordered.	S3155		

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S3155	Continued From page 4 Interview on 3-13-19 at 10:18 am with Administrative Staff A confirmed the NSA/HCSP lacked documentation of interventions to address residents actual skin impairment on right hip and open area to calf of left leg and further confirmed the HCSP lacked documentration of instructions to certified staff for prevention of further skin impairment related to resident's fragile skin. For Resident #312, the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to address residents actual and potential skin impairment.	S3155		
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: (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	S3200		

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S3200	Continued From page 5 by: KAR 26-41-205(d) The facility reported a census of 33 residents. The sample included 3 residents, one focus review resident and three closed record reviews. Based on record review and interview for 2 (#312, #314) of 3 sampled residents and 1 (#316) of 3 closed record reviews, the operator failed to ensure that all medications and biologicals are administered to the residents in accordance with professional standards of practice. Findings included: - Record review for Resident #312 revealed admission on 10-27-17 with diagnoses Dementia, Hypertension, Diarrhea and Falls. The Functional Capacity Screen dated 1-17-19 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 1-17-19 for Medication and Treatment Management stated: Management of medications and treatments by qualified staff as ordered by physician; CMA/LPN (certified medication aide/licensed practical nurse) to provide assistance with all medications and treatments as ordered by physician. Review of Medication Administration Record (MAR) for March and February 2019 revealed the following medications lacked documentation of administration citing resident's refusal as primary reason medications not administered: Levothyroxine 112 micrograms (for thyroid) at 6 am. In February received 14 of 28 doses. In March received 10 of 13 doses.	S3200		

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S3200	Continued From page 6 Buspirone 15 mg (milligrams) (anxiety). In February received 30 of 56 doses. In March received 26 of 35 doses. Carvedilol 3.125 mg (hypertension). In February received 30 of 56 doses. In March received 15 of 23 doses. Folic Acid 1 mg (supplement). In February received 1 of 28 doses. In March received 5 of 13 doses. Furosemide 20 mg (diuretic). In February received 10 of 28 doses. In March received 5 of 13 doses. Losartan Potassium 100 mg (hypertension). In February received 10 of 28 doses. In March received 5 of 13 doses. Meloxicam 15 mg (anti-inflammatory). In February received 10 of 28 doses. In March received 5 of 13 doses. Memantine Extended Release 7 mg (dementia). In February received 10 of 28 doses. In March received 5 of 13 doses. Mucinex 600 mg (expectorant). In February received 23 of 56 doses. In March received 9 of 23 doses. Prednisone 20 mg (glucocorticoid). In February received 9 of 28 doses. In March received 5 of 13 doses. Risperidone 0.5 mg (antipsychotic). In February received 30 of 56 doses. In March received 15 of 23 doses.	S3200		

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S3200	Continued From page 7 Vitamin D3 2,000 units (supplement). In February received 10 of 28 doses. In March received 5 of 13 doses. Divalproex Extended Release 250 mg (anti-seizure). In February received 20 of 28 doses. In March received 10 of 13 doses. Donepezil 10 mg (dementia). In February received 20 of 28 doses. In March received 10 of 13 doses. Minerin Creme (topical moisturizer). In February received 21 of 28 doses. In March received 12 of 13 doses. The reason for not administering included "not available" and "patient refused medication". The record lacked documentation of notification of physician that resident was not receiving medications as ordered. Interview on 3-18-19 at 11:40 am with Administrative Staff A confirmed the record showed the resident failed to receive medications as prescribed and the record lacked documentation of notification of physician of resident's continual refusal to take his/her medications as ordered. Stated he/she had not been informed the resident was not taking his/her medications. - Record review for Resident #314 revealed admission on 11-8-18 with diagnoses Osteoarthritis with Degenerative Joint Disease, Chronic Low Back Pain, Chronic Pain, Diabetes Mellitus, Hyperlipidemia, Depression with Anxiety and Constipation.	S3200		

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S3200	Continued From page 8 The Functional Capacity Screen dated 11-8-18 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 11-8-18 recorded resident to receive Management of Medications and Treatments to be provided by qualified staff (Certified Medication Aide/Licensed Practical Nurse) as ordered by physician. Review of Medication Administration Record (MAR) for March and February 2019 revealed the following medications lacked documentation of administration citing resident's refusal as reason medications not administered: Aspirin 81 mg (milligrams) (heart) at 8 am. In February received 23 of 28 doses. In March received 11 of 13 doses. Atorvastatin (cholesterol) 20 mg at 8 am on In February received 26 of 28 doses. In March received 2 of 13 doses. Escitalopram 10 mg (antidepressant) at 8 am. In February received 7 of 27 doses. Furosemide 40 mg (diuretic). In February received 36 of 56 doses. In March received 24 of 26 doses. Lisinopril 40 mg (hypertension) at 8 am. In February received 23 of 28 doses. Lyrica 150 mg (nerve pain) at 8 am. In February received 15 of 53 doses. Lactulose 10 grams/15 milliliters (laxative) take 3 times a day. Received only 4 of 84 doses.	S3200		

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S3200	Continued From page 9 Metformin 1,000 mg. In February received 38 of 56 doses. In March received 13 of 26 doses. Metformin 500 mg. In February received 8 of 28 doses. In March received 1 of 13 doses. Pantoprazole 40 mg (gastric reflux). In February received 7 of 28 doses. In March received 1 of 13 doses. Polyethylene Glycol (laxative) twice daily. In February received 3 of 56 doses. In March received 1 of 13 doses. Tamulosin 0.4 mg (urinary obstruction) at 8 am on 2-27-19, 2-28-19. In March received 1 of 13 doses. Vitamin B-12 1,000 micrograms (supplement) at 8 am. In February received 8 of 28 doses. In March received 1 of 13 doses. Vitamin D3 2,000 units (supplement) at 8 am. In February received 8 of 28 doses. In March received 1 of 13 doses. Lactulose 10 grams/15 milliliters (laxative) take 3 times a day. In February, received only 4 of 84 doses. In March received only 3 of 38 doses. Lidocaine 5% patch (topical pain relief). In February received 3 of 28 doses at 8 pm. In March received 1 of 12 doses at 8 pm. Diclofenac 1% gel (topical paint relief) apply four times a day. In February received 8 out of 112 doses. In March received only 5 of 50 doses. The record lacked documentation of notification	S3200		

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S3200	Continued From page 10	S3200		

of physician that resident was not receiving medications as ordered per professional standards of practice.

Interview on 3-13-19 around 2:35 pm with Administrative Staff A confirmed the record lacked documentation of notification of physician (per professional standards of practice) regarding resident's repeated refusals of medications.

- Record review for Resident #316 revealed admission on 6-30-18 with unknown diagnoses.

The Functional Capacity Screen dated 6-30-18 recorded the resident unable to perform management of medications and treatments.

The Negotiated Service Agreement/Health Care Service Plan dated 6-30-18 recorded resident to receive services for Management of Medications and Treatments by qualified staff (certified medication aide/licensed practical nurse) as ordered by physician.

Review of Medication Administration Record (MAR) for July 2018 revealed the following medications lacked documentation of administration citing resident's refusal as reason medications not administered:
Amphetamine Salts 20 mg on 7-6-18, 7-7-18, 7-8-18, 7-9-18, 7-10-18. Reason documented: "Not available". The record lacked documentation of follow-up with the pharmacy.

Interview on 3-13-19 at 4:00 pm with Administrative Staff A stated he/she was not aware the resident was not receiving all his/her medications as ordered and that the medication had not come from the pharmacy. Confirmed the

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S3200	Continued From page 11 record lacked documentation of administration of the Amphetamine Salts on the above dates. For Residents #312, #314, and #316 the operator failed to ensure that all medications and biologicals were administered to the residents in accordance with the medical care providers written orders and professional standards of practice.	S3200		
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 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 33 residents. The sample included 3 residents, one focus	S3298		

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S3298	Continued From page 12 review resident and three closed record reviews. Based on record review and interview, the operator 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. Findings included: - Review of food temperature logs on 3-12-19 at 2:15 p.m. revealed the following: Logs for February 2019 lacked documentation of food temperatures for Supper from 2-6-19 through 2-18-19. Logs for March 2019 lacked documentation of food temperatures for Supper from 3-4-19 through 3-11-19. Interview on 3-12-19 at 2:15 pm with Dietary Staff C confirmed the food temperature logs lacked documentation on the above dates/meals. Stated he/she takes the temperatures but does not write them down. Was unable to verbalize proper serving temperature ranges for hot and cold foods. The facility failed to provide a policy for monitoring and documentation of food temperatures. For all residents, the operator failed to ensure food shall be served at the proper temperature.	S3298		
S3415 SS=F	28-39-256 FINISHES (b) Finishes.	S3415		

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S3415	Continued From page 13 (1) Wall bases in kitchens, janitor's closets, laundries and resident bathrooms shall be made tightly sealed, and constructed without voids that can harbor insects. (2) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture-resistant. Finish trim, and wall and floor construction in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects. (3) Ceilings in the dietary, food preparation, and food storage areas shall be cleanable by dustless methods, such as vacuum cleaning or wet cleaning. Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces unless required for fire protection purposes. (4) Floor, wall and ceiling penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed. (5) Shower bases and tubs shall provide non-slip surfaces. This REQUIREMENT is not met as evidenced by: KAR 28-39-256(b)(1)(2) The facility reported a census of 33 residents. The sample included 3 residents, one focus review resident and three closed record reviews. Based on observation and interview, the operator failed to ensure wall bases in the kitchen shall be made tightly sealed and constructed without voids that can harbor insects; and wall finishes shall be washable and, in the immediate area of plumbing	S3415		

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fixtures, shall be smooth and moisture-resistant. Finish trim, and wall and floor construction in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects.

Findings included:

- Observation during entrance tour of kitchen on 3-12-19 at 1:55 pm revealed the following:

Kitchen flooring consisted of ceramic tile, with matching tile around toe kick area of cabinets and base board areas. Upon crossing threshold from dining room, noted to the right a cabinet with serving area/window. At the base of cabinet which held the ice machine, the tiles were loose and missing. Also noted loose and/or missing tiles in multiple areas around bottoms of cabinets.

Short wall between dishroom and hand sink with eroded plaster on all sides and peeling paint on side of wall with hand sink. Also noted loose tile at bottom of short wall on side with hand sink. Stainless Steel dishwasher with flashing coming loose from wall and revealing black discoloration along entire length.

Wall next to single door reach-in freezer with peeling paint.

Interview on 3-12-19 at 1:55 pm with Administrative Staff A and Dietary Staff B confirmed the loose and missing tiles, peeling paint and eroded plaster. Dietary Staff B stated the black discoloration along the edges of the stainless steeling flashing around the dishwasher was adhesive.

For all residents, the operator failed to ensure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046037	A. BUILDING: _____ B. WING _____	03/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT LENEXA LLC	8710 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
S3415	Continued From page 15 wall bases in the kitchen shall be made tightly sealed and constructed without voids that can harbor insects; and wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture-resistant. Finish trim, and wall and floor construction in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects.	S3415		