STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046049	A. BUILDING: _____ B. WING _____	C 10/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF PRAIRIE VILLAGE	7105 MISSION ROAD PRAIRIE VILLAGE, KS 66208

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S 000	INITIAL COMMENTS The following citations represent the findings of the resurvey for the above named facility and complaint investigations #156422, #155130, #152940, #152581, #146836, #140101, and #140074 conducted on 10/13/2020, 10/14/2020, and 10/15/2020.	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 26-41-202 (a) The facility reported a census of 53 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the operator failed to ensure the development of a written negotiated service agreement 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 a list of services the resident would receive, identification of the provider of those services, and the responsibility party for payment of those providers for 2 of 4 sampled residents (#186 and #277) regarding outside providers of physical therapy and podiatry services.

Findings included:

- Record review for resident #186 revealed an admission date of 02/02/2019 with diagnoses of mild cognitive impairment, hypertension, heart disease, atrial fibrillation, cardiac pacemaker and chronic obstructive pulmonary disease.

The significant change functional capacity screening (FCS) dated 08/19/2020 identified the resident with short-term cognition deficit and impaired decision making. He required physical assistance with bathing, dressing and toileting. He had a risk for falls/unsteadiness and ambulated independently without an assistive device.

The significant change negotiated service agreement/health service plan (NSA/HSP) dated 08/19/2020 included the following services provided by the facility: physical assistance by staff with bathing, dressing and toileting. He could be independent with transfers and walking. He lacked the ability to manage his own medications and treatments with facility staff directed to provide this service. Facility staff to manage housekeeping or laundry services. The NSA/HSP lacked any information about outside providers of services in regard to physical or occupational services or podiatry visits.

Review of the interdisciplinary notes between 08/07/2020 and 10/09/2020 revealed the

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S3085	Continued From page 2	S3085		

following entries: on 10/08/2020 at 11:10 AM indicated the resident would continue to work with therapy per private pay. Another entry on 09/20/2020 indicated the resident received physical therapy for ambulation and balance. On 10/09/2020 at 1:52 PM the note indicated the resident would be seen by a visiting outside podiatry service provider.

Interview on 10/14/2020 at 2:40 PM with licensed nurse D confirmed the resident remained on physical therapy through an outside provider and received podiatry services from an outside provider; neither of which was reflected on the negotiated service agreement/health Service plan Interview.

The administrator/operator failed to ensure the development of a written negotiated service agreement which identified a list of services the resident would receive, identification of the provider of those services, and the responsibility party for payment of those providers for resident #186 regarding outside providers of physical therapy and podiatry services.

- Record review for resident #277 revealed an admission date of 03/31/2017 with diagnoses of multiple sclerosis, muscle weakness and unsteadiness on feet

The 6 month functional capacity screening (FCS) dated 08/25/2020 identified the resident with intact cognition and required physical assistance with bathing, dressing, toileting, and transferring, is not marked as a fall risk and used an electric

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S3085	Continued From page 3 wheelchair assistive device The negotiated service agreement/health service agreement (NSA/HSP) dated 08/24/2020 included the following services provided by the facility and staff: physical assistance in positioning legs in bed, 1 person assist with: dressing and bathing. Use of a Hoyer lift for transfers with 2 person assist. A home health agency will provide catheter care and physical therapy. Interview on 10/13/2020 at 4:20 PM with resident #277 revealed the physical therapist discharged her from physical therapy. Interview on 10/14/2020 at 5:00 PM with licensed nurse G confirmed the NSA/HSP lacked an update when the resident discharged from physical therapy. For all of the above findings, the operator failed to ensure the development of a written negotiated service agreement which identified a list of services the resident would receive, identification of the provider of those services, and the responsibility party for payment of those providers for 2 of 4 sampled residents (#186 and #277) regarding outside providers of physical therapy.	S3085		
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	S3211		

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S3211	Continued From page 4	S3211		

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 53 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on over the counter (OTC) medications found in 3 out of 4 medication carts observed which affected 4 residents (#425, #577, #654 and #772).

Findings included:

- On 10/13/2020 licensed nurse G provided a resident roster which indicated the facility managed the medications for residents (#425, #577, #654 and #772).

- On 10/13/2020 at 9:10 AM certified medication aide (CMA) F opened the medication carts (2) on the third floor for inspection. Observation revealed several bottles of over the counter medications (OTC) labeled with a room number only. She identified the following medications belonged to resident #425: an open box (24 tablets) of Imodium AD, an open bottle of Biotin B-7 10,000 milligrams (mg), 2 bottles of curcumin (1 open), an open bottled of Vitamin C 1,000 mg

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S3211	Continued From page 5	S3211		

tablets, an open bottle of Ester C 1,000 mg, an open bottle (200 tablets) of antidiarrheal medication, an open bottle of cranberry 30,000 mg and an open box of lidocaine patches. CMA F identified the following OTC medications belonged to resident #577 had an open bottle of centrum silver, an open bottle of B-complex, 2 open bottles of Biotin, an open box of single use lubricating eye drops and an unopened bottle of cranberry capsules.

On 10/13/2020 at 10:00 AM certified medication aide (CMA) E opened the locked medication cart on the level 1 memory care unit. The following 2 over the counter medications lacked any identifications: Zypan and cyruta plus. She confirmed the OTC medications lacked the resident's full name and they belonged to resident #772.

On 10/13/2020 at 10:15 AM certified medication aide (CMA) E opened the locked medication cart on the first level hallway, a tube of Calmoseptine lacked any identification of who it belonged to. CMA E said the tube of Calmoseptine was used on all the residents.

Review of the facility's policy on 10/14/2020 at 4:14 PM revealed over the counter medication, supplement, and/or herbal preparation must be kept in the original labeled container from the pharmacy or manufacturer with resident's name affixed.

For all of the above findings, the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on over the counter (OTC) medications found in 3 out of 4 medication carts observed which affected 4

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S3211	Continued From page 6 residents (#425, #577, #654 and #772).	S3211		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d)(3) The facility reported a census of 53 residents. Based on interview and record review the	S3248		

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S3248	Continued From page 7 administrator failed to have evidence of verification from certified nurse aide registry for 2 of 4 certified staff reviewed (certified medication aide's B and C), as required to ensure the individual did not have a finding of abuse/neglect/exploitation. Both certified staff had the potential to provide care to all the residents. Findings included: - Personnel record review on 10/14/2020 at 4:00 PM revealed for certified medication aide (CMA) B, she began employment on 02/17/2020. The personnel file lacked evidence the nurse aide registry verification was conducted prior to 02/17/2020. The verification with the nurse aide registry was date stamped 10/14/2020. The personnel record for certified medication aide (CMA) C, revealed she started employment on 01/02/2020, the verification with the nurse aide registry lacked the date stamp to indicate it was checked prior to her providing care to residents. On 10/14/2020 at 4:35 PM the administrator confirmed she verified CMA B with the nurse aide registry on 10/14/2020 and CMA C did not have the date stamp of verification. The administrator failed to have evidence of verification from the certified nurse aide registry for 2 of 4 certified staff reviewed (certified medication aide's B and C), as required to ensure the individual did not have a finding of abuse/neglect/exploitation. Both certified staff had the potential to provide care to all the residents.	S3248		
S3320 SS=E	28-39-254 CONSTRUCTION	S3320		

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S3320	Continued From page 8 (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254 (a) The facility reported a census of 53 residents. The second floor memory care reported a census of 4 residents with 3 independently mobile and cognitively impaired residents. Based on observation, interview and record review the administrator/operator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel and the public regarding unlocked chemicals. Findings included:	S3320		

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S3320	Continued From page 9 - Observation during the entrance tour on 10/13/2020 at 9:40 AM revealed in the upstairs memory care unit kitchenette a cabinet door freely opened next to the refrigerator, the cabinet contained 2 containers of fingernail polish remover. In the unlocked cabinet under the sink were the following jugs of chemicals: eco lab ultra klene and eco sanitizer. Interview on 10/13/2020 at 9:40 AM with certified medication aide A confirmed the cabinets which contained chemicals were not locked. The material safety data sheet dated 09/22/2015 identified nail polish remover as a hazardous chemical with precautionary statement to avoid breathing fumes and wear eye/face protection. The material safety data sheet dated 12/24/2019 identified eco sanitizer as a hazardous chemical with precautionary statement to call poison control if ingested, and do not induce vomiting. The material safety data sheet identified ultra klene as a hazardous chemical with a cautionary statement if in eyes rinse cautiously with water for several minutes. The administrator/operator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel and the public regarding unlocked chemicals with the potential to affect 5 cognitively impaired and independently mobile residents.	S3320		