| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046050 | A. BUILDING: _____ B. WING _____ | 12/12/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TRUSTWELL LIVING OF OVERLAND PARK | 10665 BARKLEY OVERLAND PARK, KS 66212 |

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| S 000 | INITIAL COMMENTS<br><br>The following represents the findings of a resurvey with attached complaints complaints #179151, #176569, #174786, #174178, #173217, #170586, #169811, and #169367 at the above named assisted living facility conducted on 12/11/23 and 12/12/23. | S 000 | | |
| S3155 SS=D | 26-41-204 (a) Health Care Services<br><br>. (a) The administrator or operator in each assisted living facility or residential health care 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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(a)<br><br>The facility reported a census of 47 residents with 5 included in the sample and 2 closed records reviewed. Based on interview and record review the administrator failed to ensure a licensed nurse coordinated care to meet Resident (R) 1's needs for bathing, dressing, toileting, and bladder incontinence.<br><br>Findings included:<br><br>- Record review for R1 revealed an admission | S3155 | | |

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

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| S3155 | Continued From page 1<br>date of 02/01/20 with a diagnosis of dementia.<br><br>The 03/22/23 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with bathing, dressing, toileting, and was incontinent of bladder.<br><br>The 03/22/23 "Negotiated Service Agreement" (NSA) identified hospice staff would provide R1 bathing two times a week; facility staff would go in her room every morning to check and offer assistance with dressing; facility staff would check and offer assistance to the bathroom every three to four hours for toileting and incontinence.<br><br>R1's record lacked evidence of documentation of bathing.<br><br>On 12/12/23 at 08:08 AM during a phone interview R1's unidentified family member stated upon visiting she found R1 sitting in urine-soaked incontinence briefs several times. One time R1 was wearing a pajama top with no bottoms.<br><br>The administrator failed to ensure a licensed nurse coordinated care to meet R1's needs for bathing, dressing, toileting, and bladder incontinence. | S3155 | | |
| S3175 SS=D | 26-41-205 (a) (1) Self Administration of Medication<br><br>(a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family | S3175 | | |

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| S3175 | Continued From page 2 | S3175 | | |

member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance.
(1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(a)

The facility reported a census of 47 residents with five included in the sample and two closed records reviewed. Based on interview and record review the administrator failed to ensure a licensed nurse performed an assessment to determine if Resident (R) 6 could self-administer insulin safely and accurately.

Findings included:

- Record review for R6 revealed an admission date of 02/05/19 with a diagnosis of type two diabetes mellitus.

The 12/11/23 "Functional Capacity Screen" (FCS) identified R6 was unable to perform management of medications.

The 12/07/23 "Negotiated Service Agreement"

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| S3175 | Continued From page 3<br>(NSA) identified facility staff managed R6's medications and assisted with administration of insulin.<br><br>R6's record lacked evidence of documentation of a medication self-administration assessment.<br><br>On 12/12/23 at approximately 03:42 PM Administrative Nurse C confirmed R6's record lacked evidence of documentation of a medication self-administration assessment.<br><br>The administrator failed to ensure a licensed nurse performed an assessment to determine if R6 could self-administer insulin safely and accurately. | S3175 | | |
| S3215 SS=F | 26-41-205 (h) Medication Storage<br><br>(h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations.<br>(1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals.<br>(2) Each resident managing and | S3215 | | |

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| S3215 | Continued From page 4<br>self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides.<br>(3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility.<br>(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(h)<br><br>The facility reported a census of 47 residents. Based on observation and interview, the administrator failed to ensure medications were stored in accordance with each manufacturer's recommendations.<br><br>Findings included:<br><br>- Observation on 12/11/23 at 11:48 AM revealed the assisted living medication room had a refrigerator with an opened box that contained an unsealed vial of Tubersol. The vial lacked a date to indicate when it was opened.<br><br>The box and the vial of Tuberculin contained instructions that a vial of Tubersol which had been opened for 30 days should be discarded. | S3215 | | |

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| S3215 | Continued From page 5<br>On 12/11/23 at approximately 11:48 AM Licensed Nurse D confirmed the Tubersol vial was opened and not dated.<br><br>The administrator failed to ensure medications were stored in accordance with each manufacturer's recommendations. | S3215 | | |
| S3310 SS=F | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious;<br>(6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and<br>(c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-207(c)<br><br>The facility reported a census of 47 residents. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for two | S3310 | | |

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| S3310 | Continued From page 6<br>out of five sampled staff.<br><br>Findings included:<br><br>- Review of Administrative Nurse C's employee record revealed a hire date of 11/10/21 and lacked evidence of documentation of TB testing.<br><br>Review of Certified Nurse Aide (CNA) E's employee record revealed a hire date of 05/31/23 and lacked evidence of TB testing.<br><br>On 12/12/23 at approximately 12:20 PM Administrative Staff F confirmed Administrative Nurse C and CNA E's records lacked evidence of documentation TB testing had been completed according to the department's guidelines.<br><br>On 12/12/23 at approximately 04:20 PM Administrative Staff F and Administrative Nurse C stated TB testing had been completed upon hire. The results were requested which the facility failed to provide.<br><br>The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee shall receive a two-step TB skin test within seven days of employment.<br><br>The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105. | S3310 | | |