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	N046051	A. BUILDING: _____ B. WING _____	04/23/2018

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LAMAR COURT ASSISTED LIVING COMMUNITY	11909 LAMAR OVERLAND PARK, KS 66209

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S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey with attached complaints was conducted at the above named assisted living facility in Overland, Park, KS on 4/17/18, 4/18/18, 4/19/18 and 4/23/18.	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 census equaled 73 the sample included 6 residents. Based on observation, record review and interview for 4 residents (#416, 417, 418, 420) the administrator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care	S3085		

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

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S3085	Continued From page 1	S3085		

services, is done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.

Findings included:

- Record review for resident #416 recorded admission date of 5/23/14 with diagnoses of Atrial fibrillation, Hypertension, heart failure, hyperlipidemia, chronic pain, constipation and allergies.

Functional Capacity Screen (FCS) dated 4/5/18 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications.

Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 1/25/18 (most recent) recorded resident to receive physical assistance from staff with bathing, dressing, toileting, transfer, walk/mobility and licensed nursing staff to administer medication.

Nurses note dated 4/12/18 at 1:16pm recorded: 4/101/8 PT (physical therapy) to increase strength and transfer ability and 4/1/18 OT (occupational therapy) evaluation complete.

Interview on 4/18/18 with resident confirmed he/she currently received PT/OT services.

NSA lacked entry for resident use of outside provider services including the name, service provided and party responsible for payment of the outside service.

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S3085	Continued From page 2 Interview on 4/19/18 at 11:07am with licensed nurse #C confirmed NSA lacked an entry for the provider of outside PT/OT services. Record review for resident #417 recorded admission date of 5/31/16 with diagnoses of: hypertension. anxiety and insomnia. FCS dated 12/5/17 recorded resident required supervision with bathing. Resident is at risk for/has a history of falls. NSA/HCSP dated 2/20/18 recorded resident's daughter will assist resident with bathing. Referred to PT/OT with [provider name] for evaluation of modified walker for ambulation in apartment. Nurses notes dated 3/8/18 at 6:25pm recorded seen by [nurse practitioner] gave orders. Please consult home health PT/OT to evaluate. NSA lacked the party responsible for payment of the outside PT/OT services. Interview on 4/19/18 with licensed nurse #C confirmed NSA lacked payor for outside services. Record review for resident #418 recorded admission date of 7/1/13 with diagnoses of: hypothyroidism, gastroesophogeal reflux disease, chronic obstructive pulmonary disease, depression, hyperlipidemia, insomnia and asthma. FCS dated 1/11/18 recorded resident required assistance with bathing, dressing, toileting, walk/mobility and management of medications and treatments. Resident is at risk for/has a history of falls.	S3085		

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S3085	Continued From page 3 NSA/HCSP dated 1/12/18 recorded resident to receive staff assistance with bathing, dressing, toileting, walk/mobility and management of medications. Oxygen use: 2 liters continuous via NC (nasal cannula) supplied by (provider name). NSA lacked the name of the party responsible for payment of the outside service. Observation and interview on 4/18/18 at 9:15am with resident #418 revealed resident wearing oxygen by NC at 3 LPM (liters per minute) and many oxygen tanks in the room. Resident stated facility wanted him/her to pay for past oxygen supplied [prior to the current supplier] and his/her case manager is working on resolving it. Interview on 4/18/18 at 3:20pm with administrative nurse #G confirmed facility paid for resident oxygen prior to current oxygen provider. Interview on 4/18/18 at 3:20pm with licensed nurse #C confirmed current NSA listed the oxygen provider but lacked the party responsible for payment of the oxygen. He/she confirmed the oxygen provider and party responsible for payment of the outside service (oxygen) was not listed on any prior NSA for the resident. Record review for resident #420 recorded admission date of 10/28/16 with diagnoses of: Cerebral Palsy, anxiety, poly-osteoarthritis, hypertension, hypothyroidism, gastroesophogeal reflux disease, irritable bowel syndrome and right-hand contracture. FCS dated 2/2/18 recorded resident required assistance with bathing, dressing, toileting, transfer, and management of medications and	S3085		

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S3085	Continued From page 4 treatments. NSA/HCSP dated 3/4/18 recorded resident to receive staff assistance with bathing, dressing, toileting and transfer. Resident has an electric wheelchair, administers own medications and has a suprapubic catheter he/she cares for. Interview on 4/18/18 at 9:00am with resident confirmed he/she has an ostomy he/she cares for him/herself, and a suprapubic catheter home health changes every month. Interview on 4/19/18 at 11:45 with licensed nurse #C confirmed a home health agency changes resident catheter monthly and NSA lacked entry for use of the outside provider. For residents #416, 417, 418 and 420 the administrator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, is done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.	S3085		
S3155 SS=E	26-41-204 (a) Health Care Services . (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.	S3155		

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S3155	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 73 residents. The sample included 6 residents. Based on record review, observation and interview for 2 (#416, 420) sampled residents requiring health care services, the administrator failed to 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. Findings included: - Record review for resident #416 recorded admission date of 5/23/14 with diagnoses of Atrial fibrillation, Hypertension, heart failure, hyperlipidemia, chronic pain, constipation and allergies. Functional Capacity Screen (FCS) dated 4/5/18 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 1/25/18 (most recent) recorded resident to receive physical assistance from staff with bathing, dressing, toileting, transfer, walk/mobility and licensed nursing staff to administer medication.	S3155		

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S3155	Continued From page 6 Observation on 4/18/18 at 9:27am in resident's room revealed 2 brown metal half side rails on resident's bed and an air mattress in place. Resident stated he/she uses the rails to help stand. NSA/HCSP lacked entry for resident use of side rails and an air mattress. Interview on 4/19/18 at 11:07am with licensed nurse #C confirmed NSA/HCSP lacked entries for resident use of side rails and an air mattress. Record review for resident #420 recorded admission date of 10/28/16 with diagnoses of: Cerebral Palsy, anxiety, poly-osteoarthritis, hypertension, hypothyroidism, gastroesophogeal reflux disease, irritable bowel syndrome and right-hand contracture. FCS dated 2/2/18 recorded resident required assistance with bathing, dressing, toileting, transfer, and management of medications and treatments. NSA/HCSP dated 3/4/18 recorded resident to receive staff assistance with bathing, dressing, toileting and transfer. Resident has an electric wheelchair, administers own medications and has a suprapubic catheter he/she cares for. Observation on 4/18/18 at 9:00am in resident's room revealed a trapeze attached to the head of resident's bed. Interview on 4/18/18 at 9:40am with licensed nurse #H confirmed resident administers own medications and family might be assisting him/her.	S3155		

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S3155	Continued From page 7 Interview on 4/19/18 at 11:45 with licensed nurse #C confirmed resident uses a trapeze and has an ostomy he/she cares for him/herself and HCSP lacked entries for use of a trapeze and resident ostomy. NSA/HCSP lacked entry for resident use of a trapeze, ostomy and provider of assistance with medication management. For residents #416 and 420 who required health care services, the administrator failed to 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.	S3155		
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:	S3211		

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S3211	Continued From page 8 KAR 26-41-205(g) (3) The facility reported a census of 73 residents. The sample included 6 residents. The resident roster identified 59 residents as receiving medication management. Based on observations and interviews for 13 residents, the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications. Findings included: - Observation on 4/17/18 at 2:00pm of facility's medication carts revealed the following OTC (over the counter) medications. Bottles lacked the full name of the resident on the package: Medication cart "C-side-1" with certified staff #F: Calcium(supplement) 500/50 gummies (224 written on top cap); Magnesium (supplement) 400 mg (milligrams), 150 soft gels (139 am written on top cap); Fish oil (supplement) 200mg, 130 soft gels (129 written on cap); Best choice arthritis pain relief,100 caps (129 written on cap); plus 2 more OTC bottles with only "129" written on cap. B12 (supplement) 1000 mg 400 soft gels, Magnesium 250mg 100 tabs, 2 bottles (all with 139 written on the cap). Plus 4 more bottles with "136" written on the top	S3211		

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S3211	Continued From page 9 cap. Medication Cart "C-side-3" contained 2 bottles of OTC medications with "330" written on the cap. Medication Cart "A-side-3" contained magnesium 250mg, 250 tablets "302" written on top cap. Medication cart "A-side-1/2" contained 21 bottles of OTC medications with only numbers (no resident names) written on the top cap: (219, 111, 218, 112, 115, 116, 216). Interview on 4/18/18 at 11:00am with licensed nurse #B confirmed facility lacked a policy for use of OTC medications prior to 4/18/18. For 13 residents who received facility administered over the counter medications the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	S3211		
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	S3280		

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S3280	Continued From page 10 (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 26-4-104(d)(3) The census equaled 73 residents, the sample included 6 residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 4/17/18 at 4:55pm reviewed staff in-service records on disaster preparedness with maintenance staff #D. Facility records revealed review of the facility emergency management plan with staff on 9/7/17 (43 staff signed) and 4/17/17 to 4/17/18 (11 staff signed as completed with hire). Fire plan was reviewed on 3/16 (year not recorded) fire drills with staff were conducted on 1/25/18, 2/15/18, 3/9/18 and 3/16/18 with staff. Records lacked	S3280		

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S3280	Continued From page 11 disaster review with residents. Interview on 4/17/18 at 4:55 pm with maintenance staff #D stated he/she cannot find any records at the facility or online of any full evacuations completed. He/she stated an evacuation drill is scheduled for 4/25/18. Interview on 4/17/18 at 5:30pm with facility administrator stated he/she did not know if the disaster plan was reviewed with residents on admission or with staff upon hire. He/she confirmed records lacked documentation of quarterly disaster reviews with staff and residents. For all residents of the facility the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure an annual evacuation and quarterly review of the facility's emergency management plan with employees and residents.	S3280		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility census equaled 73. Based on observation, record review and interview the	S3299		

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S3299	Continued From page 12 administrator failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation of contents of facility kitchenette (North 1) refrigerator on 4/17/18 at 12:25pm revealed: 24-ounce container of yogurt, sealed, best by date of 1/29/18 and 6#5-ounce container, open, cranberry sauce, 12/14/17 written on top. Refrigerator did not contain a thermometer. (confirmed by maintenance staff #D). Observation on 4/17/18 at 1:18pm of facility salad prep (reach in cooler) and food contents stored in closed top prep area revealed the following: lower reach in cooler thermometer read 50 F (degrees Fahrenheit). Cooked spaghetti 45.3F, beef patties (stacked) 44.2F. In top prep area, coleslaw, uncovered 44.7F. Recheck of temperatures on 4/17/18 at 1:35pm with facility thermometer and department thermometer recorded the following: Top prep area: Coleslaw: facility- 46.4F, department-44.4F beef patties stacked: facility-44.4F, department-44.2F Reach in (below): turkey slices dated 4/10: facility 49.2F, department-48.2F, spaghetti: facility-46F, department-46F. Observation on 4/17/18 at 1:23pm of facility kitchen reach- in freezer revealed French fries, frozen carrots, country fried steaks. Thermometer was an oven thermometer and read: below 100 degrees. Recheck with facility thermometer recorded freezer temperature at	S3299		

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S3299	Continued From page 13 32F. On 4/17/18 review of kitchen "Inspection Log-refrigeration temperatures" recorded temperatures for the reach- in cooler at 34F to 36F for 4/1/18 through 4/31/18 and temperatures for the reach in freezer at zero to minus one-degree 4/1/18 to 4/9/18 and 4/12/18 through 4/31/18. (Temperatures recorded and initialed by staff for 13 days ahead) Interview on 4/17/18 at 1:23pm with dietary supervisor #E, confirmed findings and stated they have had some trouble with the salad prep cooler plug. Perishable food from the salad prep cooler was later reported as destroyed by dietary supervisor #E. Facility dining services policy #4.13 "Food borne illness policy" recorded: Staphylococcus aureus-bacteria found on normal skin. Keep food at the appropriate temperatures- avoid the "temperature danger zone" of 40F to 140F. And Food storage policy: Fresh meat, poultry, seafood, dairy products, most fresh fruits and vegetables and leftovers from cooked or cooled foods should be kept in the refrigerator at internal temperatures of below 40F. Inspection worksheet from the city of Overland Park, Inspection date 12/15/17 recorded: "Potentially hazardous food, hot and cold holding: Cooks line prep table was unplugged and tempted at 49-50 degrees." For all residents of the facility, the administrator failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		