STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046051	A. BUILDING: _____ B. WING _____	01/19/2023

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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 represent the findings of the licensure resurvey with attached complaint numbers 177377, 171797, 170009, 168798, 168485, 166511, 166348, 164950, 164781, 161882, 160438, and 159712 for the above named facility conducted on 01/17/23 and 01/18/23.	S 000		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204(i) The facility reported a census of 71 residents. The sample included 6 "Residents'" (R1, R2, R3, R4, R5 and R6). Based on observation, interview and record review the administrator failed to ensure the licensed nurse performed an assessment on bed assist devices to ensure the device was not a restraint, determine the purpose of the bed assist device, make sure the device was securely attached to the bed and posed no risk for entrapment, and documented periodic reassessments of the bed assist device and the resident ability to use the device, in accordance with best practice for R's1 and 6. Findings Included:	S3171		

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

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S3171	Continued From page 1 - Record Review on 01/17/23 of the facility provided resident roster identified R1 and R6 as having a bed assist device. Record review on 01/17/23 for R1 revealed an admission date of 10/21/2019 with diagnoses of age-related osteoporosis without pathological fracture, noninfective gastroenteritis and colitis, dysphagia, cachexia, major depressive disorder, difficulty in walking, paroxysmal atrial fibrillation, hypertensive heart and chronic kidney disease. Record review on 01/17/23 of R1 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with bathing, dressing, and toileting, mobility, was occasionally incontinent and managed some of her own medications. She required supervision with transferring, she was able to make herself understood and she understood others, her cognition was intact, and she used a wheelchair mobility device. Record review on 01/17/23 of R1 combined "Negotiated Service Agreement" (NSA)/ "Health Service Plan" (HSP) identified/instructed staff to provide the following health services: staff to assist with bathing, including transferring in and out of the shower, staff to assist with dressing/undressing, staff to assisting with toileting and hygiene, and she had a bed cane attached to the bed for increased mobility for assistance getting in and out of bed. Record Review on 01/18/23 of the facility provided document titled "Assistive Bed Devices Assessment" revealed the document was signed on 01/18/23.	S3171		

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S3171	Continued From page 2 The record lacked an assessment on bed assist devices to ensure the device was not a restraint, determine the purpose of the bed assist device, make sure the device was securely attached to the bed and posed no risk for entrapment, and documented periodic reassessments of the bed assist device and the resident ability to use the device prior to 01/18/23. Interview with on 01/18/23 at 10:34 AM with "Licensed Nurse" B, she confirmed the records lacked an assessment on bed assist devices to ensure the device was not a restraint, determine the purpose of the bed assist device, make sure the device was securely attached to the bed and posed no risk for entrapment, and documented periodic reassessments of the bed assist device and the resident ability to use the device prior to 01/18/23, and the only documentation present was the documentation of the bed assist device on R1 NSA. - Record Review on 01/17/23 for R6 revealed an admission date of 06/23/20 with diagnoses of hypertension, hypothyroidism, diarrhea, and osteo arthritis. Record Review on 01/17/23 of R6 FCS identified R6 required physical assistance with bathing, toileting, transferring, and she lacked the ability to manage her own medications. She was occasionally incontinent, had impaired memory recall, was able to make herself understood and she understood others. She used a walker and wheelchair mobility device. Record review of R6 NSA/HSP identified/instructed staff to provide the following	S3171		

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S3171	Continued From page 3 health care services: physical assist with showering, supervision with toileting, and resident had a bed assist device to assist with mobility and transferring. Record Review on 01/18/23 of the facility provided document titled "Assistive Bed Devices Assessment" revealed the document was signed on 01/18/23. The record lacked an assessment on bed assist devices to ensure the device was not a restraint, determine the purpose of the bed assist device, make sure the device was securely attached to the bed and posed no risk for entrapment, and documented periodic reassessments of the bed assist device and the resident ability to use the device prior to 01/18/23. Interview with on 01/18/23 at 10:34 AM with "Licensed Nurse" B, she confirmed the records lacked an assessment on bed assist devices to ensure the device was not a restraint, determine the purpose of the bed assist device, make sure the device was securely attached to the bed and posed no risk for entrapment, and documented periodic reassessments of the bed assist device and the resident ability to use the device prior to 01/18/23, and the only documentation present was the documentation of the bed assist device on R6 NSA. Observation 01/18/23 at 02:06 PM of R6 bed assist device revealed the bed assist device was observed to right side of bed: unsecure, able to pull out from under bed. R6 confirmed she used bed assist device to get in and out of bed.	S3171		

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S3171	Continued From page 4 The administrator failed to ensure the licensed nurse performed an assessment on bed assist devices to ensure the device was not a restraint, determine the purpose of the bed assist device, make sure the device was securely attached to the bed and posed no risk for entrapment, and documented periodic reassessments of the bed assist device and the resident ability to use the device, in accordance with best practice for R's1 and 6.	S3171		
S3211 SS=D	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: KAR 26-41-205 (g) (3) The census totaled 71 residents. The sample included 6 residents. Based on observation and interview for 2 non-sampled resident (R)7 and R8, Administrator A failed to ensure licensed	S3211		

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S3211	Continued From page 5	S3211		

nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication.

Findings included:

- Observation on 01/17/23 at 01:44 PM with Certified Medication Aide (CMA) D revealed a locked medication cart in the facility. The following over the counter medications were noted without full names:

For R7 the cart contained one bottle of Calcium (supplement), one bottle of Vitamin B12 (supplement), one bottle of Omeprazole (antacid), and one bottle of daily fiber supplement.

Observation on 01/17/23 at 02:15 PM with CMA E revealed a locked medication cart in the facility. The following over the counter medications were noted without full names:

For R8 the cart contained one bottle of D-Mannose (supplement), one bottle of Vitamin C (supplement), one bottle of Melatonin (supplement), and one bottle of Extra Strength Chelated Iron (supplement).

Interview on 01/17/23 at 01:44 PM with CMA E confirmed the above listed medications were without full first and last names for R7.

Interview on 01/17/23 at 02:15 PM with CMA E confirmed the above listed medications were without full first and last names for R8.

Administrator A failed to ensure licensed nurses

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S3211	Continued From page 6 or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
S3290 SS=D	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by:	S3290		

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S3290	Continued From page 7 K.A.R. 26-41-206 (b)(2) The facility reported a census of 71 residents. The sample included 6 "Residents" (R). Based on interview and record review the administrator failed to ensure the dietary staff prepared the mechanically altered diet for R2 according to the instructions from a medical care provider or a licensed dietitian. Findings included: - Record review on 01/17/23 for R2 revealed and admission date of 09/29/2016 with diagnoses of cerebellar ataxia in diseases classified elsewhere, type 2 diabetes mellitus with diabetic autonomic poly neuropathy, urine retention, essential hypertension, other and chronic pain. Record review on 01/17/23 of R2 "Functional Capacity Screen" (FCS) identified R2 required physical assistance of 2 staff with showers, physical assistance of 1 staff for dressing, 2 staff assistance with transferring, he was on a mechanical soft diet, lacked the ability to manage his own medications, had impaired memory recall and impaired decision making. He used a wheelchair and mechanical lift mobility devices. Record Review on 01/17/24 of R2 combined "Negotiated Service Agreement" (NSA)/ "Health Service Plan" (HSP) identified/instructed staff to provide the following healthcare services: 2 staff to assist with showers, 1 staff to assist with dressing, 2 staff to assist with toileting and hygiene, 2 staff to assist with all transferring, and R2 is identified to have a mechanical soft diet.	S3290		

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S3290	Continued From page 8 Interview on 01/17/24 at approximately 03:30 PM with licensed nurse B revealed the dietary staff was unable to provide the instructions from a medical care provider or a licensed dietitian on how to prepare a mechanically altered diet. Interview on 01/18/23 at 04:00 PM with Administrator A and Licensed Nurse B, they confirmed the facility did not have the instructions from a medical care provider or a licensed dietitian on how to prepare a mechanically altered diet prior to 01/17/23. The administrator failed to ensure the dietary staff prepared the mechanically altered diet for R2 according to the instructions from a medical care provider or a licensed dietitian.	S3290		
S3299 SS=D	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 census equaled 71 residents. The sample included 6 residents. Based on record review, interview and observation for all residents receiving meal services, Administrator A failed to	S3299		

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S3299	Continued From page 9 ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour with Administrator A on 01/17/23 at 01:10 PM revealed a kitchen containing food and beverages in the activity room of the facility. Observation of the kitchen cabinets revealed the following foods, which were not sealed: one container of baking soda, one bag of chocolate chips, one bag of peanut butter chips, two bags of brown sugar, one bag of sugar and one bag of marshmallows. Observation on 01/17/23 at 01:21 PM revealed a kitchen containing food and beverages. The kitchen revealed the following food item, which was not sealed: one container of turkey burgers. Interview on 01/17/23 with Administrator A confirmed the above listed foods were not sealed. For all residents receiving meal services, Administrator A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		
S3320 SS=E	28-39-254 CONSTRUCTION (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.	S3320		

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S3320	Continued From page 10 (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 census equaled 71 residents. The sample included 6 residents. Based on record review, observation, and interview, the facility failed to keep cleaning chemicals in a locked, secured area, posing a potential safety hazard. Findings included: - On 01/17/23, Licensed Nurse (LN) B provided a "Resident Roster", which included 71 residents and noted 19 of the 71 residents had impaired cognitive abilities.	S3320		

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S3320	Continued From page 11 During the initial tour on 01/17/23 at 01:10 PM with Administrator A, observation revealed an unlocked cabinet under the kitchen sink in the activity room. The cabinets contained the following chemicals: One 4-pound box of Miracle Gro-All Purpose Plant Food, one 19-ounce (oz) bottle of Lysol disinfectant spay, one 4 oz container of Mycolio Disinfectant Wipes, and one 30 oz bottle of Clorox gel cleaner. The listed containers included a warning label on each of them. Observation of the second floor public restroom on 01/17/23 at 01:25 PM with Administrator A revealed one unsecured 22 oz bottle of Microban Multi-Purpose Cleaner. The cleaner included a warning label. Interview on 01/17/23 at 01:10 PM with Administrator A confirmed the chemicals were unsecured in the activity room. The facility failed to keep cleaning chemicals in a locked secured area, posing a potential safety hazard.	S3320		