| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046060 | A. BUILDING: _____ B. WING _____ | 03/16/2016 |

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| ROSE ESTATES ASSISTED LIVING COMMUNITY | 12700 ANTIOCH ROAD OVERLAND PARK, KS 66213 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a resurvey with complaint investigations 89485, 92935, 93786, 93865 and 98073 at the above named assisted living facility conducted on 3-10-16, 3-14-16, 3-15-16 and 3-16-16. Revised 2567 mailed 3/24/16 | S 000 | | |
| S3227 SS=E | 26-41-205 (l) (2) Medication Regimen Review Variance Report<br><br>(l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-205(1)(2)<br><br>The facility reported a census of 88 residents. The sample included 6 residents. Based on record review and interview for 2 (#420, #430) of 6 sampled residents, the licensed nurse failed to notify the medical care provider upon discovery of any variance identified in the medication regimen review. | S3227 | | |

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

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| S3227 | Continued From page 1<br><br>Findings included:<br><br>- Record review for resident #420 revealed admission on 2-11-14 with diagnoses Glaucoma, Spinal Stenosis, Atrial Fibrillation, Bell ' s Palsy, and Diabetes Mellitus. The Functional Capacity Screen dated 1-13-16 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Heath Care Service Plan dated 1-13-16 recorded services for facility staff (Licensed Nurse/Certified Medication Aides) to administer all medications and treatments as ordered by the physician.<br><br>Review of Medication Regimen Review dated 12-7-15 stated: 1.Pair diagnosis with furosemide (diuretic), hydralazine (lowers blood pressure) and pantoprazole (antacid) and 2.Decrease quetiapine if clinically appropriate. The record lacked documentation this recommendation sent to the physician for a response. Review of current medication administration record revealed the medications lacked diagnoses.<br><br>- Record review for resident #430 revealed admission on 3-19-15 with diagnoses Hypertension, Chronic Kidney Disease, Obesity, Anxiety, and Depression. The functional capacity screen dated 2-18-16 recorded resident unable to perform management of medications and treatments. The negotiated service agreement/health care service plan dated 2-18-16 recorded services for facility staff (Licensed Nurse/Certified Medication Aides) to administer all medications and treatments as ordered by the physician.<br><br>Review of Medication Regimen Reviews | S3227 | | |

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| S3227 | Continued From page 2<br>revealed:<br>12-7-15: "decrease quetiapine if clinically appropriate" and on 3-2-16: decrease duloxetine and quetiapine if clinically appropriate. Review of record revealed the record lacked documentation the recommendations sent to the physician for a response.<br><br>Interview on 3-15-16 at 9:59 am with licensed staff A and B confirmed not able to locate documentation of physician follow up. Stated they found the letters of pharmacist ' s recommendations which should have been sent to the physician and confirmed they were not sent out.<br><br>For residents #420 and #430, the licensed nurse failed to seek a response from the medical care provider upon discovery of a variance identified in the medication regimen review. | S3227 | | |
| S3298 SS=E | 26-41-206 (d) Food Preparation<br><br>(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.<br>(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.<br>(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.<br>(3) Food provided by a resident ' s family or friends for individual residents shall not be | S3298 | | |

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| S3298 | Continued From page 3<br>required to meet federal, state, and local laws and regulations.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-206(d)<br><br>The facility reported a census of 88 residents. The sample included 6 residents. The administrator 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 based on record review and interview for all residents receiving dietary services.<br><br>Findings included:<br><br>- During tour of kitchen on 3-10-16 at 11:12 am with administrator, surveyor requested food temperature logs form dietary staff C. Dietary staff C stated there were no food temperature logs available because they were kept on a computer which required a password. The secretary has the passwords and "we can't get into it unless he/she is here." Confirmed "we don't have them." Further confirmed all residents received dietary services.<br><br>On 3-14-16 at 9:37 am, dietary staff D and dietary staff E stated the food temperature logs are kept on a clipboard hung on the wall in the kitchen and provided copies of the available logs from 10-1-15 to 3-13-16. Review of these logs revealed they lacked documentation of temperatures on the following dates/meals: (Note: B=Breakfast; L=Lunch; D=Dinner)<br>10-1-15 (D); 10-9-15 (B,L,D); 10-10-15 (D); | S3298 | | |

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| S3298 | Continued From page 4<br><br>10-12-15 (B,L,D); 10-13-15 (B,L,D); 10-16, 17, and 18-15 (B,L,D); 10-19-15 (D); 10-20, 21, and 22-15 (B,L,D); 10-23-15 (B,L); 20-26, 27, and 28-15 (B,L,D);10-30, 31-15 (B,L,D); 11-1-15 (D); 11-2-15 (D); 11-4-15 to 11-30-15 no documentation; 12-5-15 to 1-2-16 no documentation; 1-2-16 (D); 1-3-16 (D); 1-4-16 to 1-8-16(B,L,D); 1-9-16 (D); 1-10-16 to 1-15-16 no documentation; 1-16-16 (D); 1-17-16 (D); 1-18-16 to 1-20-16 no documentation; 1-21-16 (D); 1-22-16 to 1-29-16 no documentation; 1-30-16 (D); 1-31-16 to 2-7-16 no documentation; 2-8-16 (D); 2-9-16 to 2-18-16 no documentation; 2-18-16 (D); 2-19-16 to 3-11-16 no documentation; 3-12-16 (D);<br><br>Interview on 3-14-16 at 9:37 am with dietary staff D and E confirmed the above dates/meals lacked documentation of temperatures.<br><br>Review of facility policy for "Monitoring Food Temperatures for Meal Service" revealed:<br>Guideline: Food temperatures will be monitored daily to prevent food borne illness and ensure foods are served at palatable temperatures.<br>Procedures included:<br>Prior to serving a meal, food temperatures will be taken and documented for all hot and cold foods to ensure proper serving temperatures. Any food item not found at the correct holding/serving temperature will not be served but will undergo the appropriate corrective action listed below.<br>The temperature for each food item will be recorded on the Food Temperature Log. Foods that required a corrective action (such as reheating); will have the new temperature recorded with a circle around it next to the original temperature.<br><br>The facility failed to follow policy for monitoring | S3298 | | |

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| S3298 | Continued From page 5<br>and recording food temperatures.<br><br>For all residents, the administrator failed to ensure food was prepared using safe methods that conserved the nutritive value, flavor and appearance and was served at the proper temperatures. | S3298 | | |
| S3299 SS=F | 26-41-206 (e) (1) Facility Food Storage<br><br>(e) Food storage. Facility staff shall store all food under safe and sanitary conditions.<br>(1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-206(e)<br><br>The facility reported a census of 88 residents. The sample included 6 residents. The administrator failed to ensure facility staff shall store all food under safe and sanitary conditions based on observation and interview and affecting all residents.<br><br>Findings included:<br><br>Observations of kitchen and serving areas in dining room during entrance tour on 3-10-16 from 10:51 am to 11:30 am revealed the following:<br><br>Coffee bar area -<br>- Three large plastic containers of repackaged cereals with no label or date when filled and food debris on the tops; | S3299 | | |

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| S3299 | Continued From page 6<br>- Two sandwich size ziploc bags with old food items, unidentified and unlabeled and a bottle of wine open and uncorked on shelf next to serving area in dining room.<br><br>Kitchen-<br>- Broken glass and large amount of food debris on floor in kitchen;<br><br>- Reach-in cooler contained a large white plastic container with white creamy substance covered with plastic wrap lacked label/date (identified as sour cream by dietary staff C) and a large plastic container with salad dressing lacked label/date.<br><br>- cooler in food prep area lacked thermometer and contained 4 square plastic containers identified by dietary staff C as " cooked chicken and Sweet and Sour Sauce " and an unidentified substance which lacked documentation of label/date;<br><br>- Hood/Vent above stove with large amount of greasy debris;<br><br>- Convection ovens with large amount of baked on black food debris inside and greasy debris around the doors;<br><br>- Cooler with container of picante sauce which lacked a top, 2 plastic bottles of salad dressing lacked label/date, and a square plastic container of cooked rice lacked labels/dates.<br><br>- Large upright freezer with opened frozen shrimp, Italian sausage and grilled chicken fingers which lacked dates when opened and 4 large square metal containers which were empty except for crumbs and food debris on the bottom; | S3299 | | |

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| S3299 | Continued From page 7<br>- Reach-in cooler which contained milk and other dairy products lacked thermometer;<br><br>- Hand sink lacked paper towels.<br><br>Interview on 3-10-16 at 11:12 am with dietary staff C throughout kitchen tour confirmed the above items.<br><br>Interview on 3-10-16 at 11:30 am with administrator confirmed dietary staff not following facility dietary standards.<br><br>Facility policy 'Labeling/Dating Foods (Date Marking)' stated:<br>"All foods stored will be properly labeled according to the following guidelines.<br>Date marking for refrigerated storage food items<br>Unopened cases of refrigerated food items will be dated with the date the item was received into the facility and will be stored using the " first in - first out " method of rotation.<br>Once a case is opened, the individual, refrigerated food items are dated with the date the item was received into the facility and placed in/on the proper storage location utilizing the " first in - first out " method of rotation.<br>Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines or by the manufacturers expiration date.<br><br>Date marking for freezer storage food items<br>Unopened cases of frozen food items will be dated with the date the item was received into the facility and will be stored using the " first in - first out " method of rotation.<br>Frozen food packages removed from the case will be dated with the date the item was received | S3299 | | |

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| S3299 | Continued From page 8<br>into the facility and will be stored using the " first in - first out " method of rotation.<br>Once a package is opened, it will be re-dated with the date the item was opened and shall be used by the safe food storage guidelines or by the manufacturer ' s expiration date."<br><br>For all residents, the administrator failed to ensure facility staff shall store all food under safe and sanitary conditions. | S3299 | | |