STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046069	A. BUILDING: _____ B. WING _____	07/05/2018

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VINTAGE PARK AT STANLEY LLC	14430 METCALF AVE OVERLAND PARK, KS 66223

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S 000	INITIAL COMMENTS The following citations represent the findings of resurvey with complaint investigations 130395, 127870, 124609, and 121025 at the above named assisted living facility conducted on 7-2-18, 7-3-18 and 7-5-18.	S 000		
S3026 SS=D	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(1)(B) The facility reported a census of 37 residents. The sample included 3 residents, 1 focus review resident and 1 closed record review. Based on record review and interview for 1 (#300) of 3 sampled residents, the operator failed to ensure the resident was not subjected to neglect when the licensed nurse failed to provide services reasonably necessary (monthly assessments of feet) to ensure the resident's well-being and to avoid physical harm or illness as indicated in the resident's negotiated services agreement. Findings included: - Record review for Resident #300 revealed	S3026		

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

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admission on 11-28-14 with diagnoses Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, Depression, Hypercholesterolemia, Sleep Apnea, Cognitive Dysfunction and History of Transient Ischemic Attacks.

The Functional Capacity Screen (FCS) dated 12-5-17 recorded resident independent with bathing, dressing, toileting, transfers, walking/mobility and eating; unable to perform management of medications/treatments. Usually continent of urine. No problems with cognition or communication. No problems/risks identified.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 12-5-17 recorded services for: supervision of bathing, and assistance with dressing. Staff to manage medications and treatments per physician's orders. Qualified staff to obtain Accuchecks (blood glucose monitoring) per physician's orders. If nurse unavailable, CMA (certified medication aide) can assist with dialing pen and resident can self-inject insulin per physician's orders. Nurse to assess feet monthly and as needed.

Nurse's Notes:
7-22-17 at 3:15 pm: "Resident requested this nurse to look at heel, complained of pain. Large wound present to right heel. Approximately 3 inches by 5 inches in length and 2 inches wide. Previous dressing in place caused the skin to stay soft so it is difficult to ascertain if the edges are soft/wet or (?). Wound bed appears several epidermal layers deep. However, it is difficult to discern actual depth and severity of wound. Wound dressed, cleansed and resident advised to avoid hard shoes until home health evaluation, director of nursing to set up." Signed by Licensed Staff D.

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7-23-17 at 3:00 am: "Dressing change about 9:50 pm 7-22-17 per director of nursing instruction. Wound edges clean Approximately 2.5 inches to 3 inches long and 1.5 inches wide. Tolerated well. Area cleansed thoroughly." Signed by Licensed Staff D.

8-9-17 at 10:25 pm: "Wound to right heel improving. 1 inch long by 3/4 inch wide. Mostly quite shallow except very center. The natural crease of foot goes across wound and that is where it is deeper. Unable to determine how deep, wound is not draining." Signed by Licensed Staff D.

The record lacked further documentation regarding wound to resident's right foot.

Record review revealed a visit on 11-21-17 to endocrinologist who prescribed Amoxicillin (antibiotic) for "Cellulitis of toe on left foot."

Resident seen by podiatrist at the facility on 2-27-18 who documented callus on both heels. "Debride callus times 2 on right heel and left heel." No documentation of open wounds noted. Prescription given for diabetic shoes.

Observation of resident's feet on 7-3-18 at 2:14 pm with Administrative Nurse B revealed the following:
Right foot with approximately 1 cm (centimeter) round area with light brown center and no drainage noted on right heel. Left foot with a 1.5 irregularly shaped area to medial heel which appears to be a broken blister with moderate amount of serous drainage noted. Hard skin noted to bottom and back of heel. No issues noted with toes on either foot. Resident states

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S3026	Continued From page 3 the diabetic shoes rubbed his/her heels. Interview on 7-3-18 at 2:14 pm with Administrative Nurse B confirmed the findings of impaired skin to resident's bilateral heels. Confirmed he/she had not performed any routine monitoring of the resident's feet per resident's negotiated service agreement and stated he/she was not aware of the problems with resident's impaired skin. Stated the resident goes to outside physicians independently and had offered no complaints. Administrative Nurse B stated he/she knew resident had some continual fungal issues and was seen by a podiatrist off and on for this. Stated the resident in the past has refused treatment to feet. For Resident #300, the operator failed to ensure the resident was not subjected to neglect when the licensed nurse failed to perform monthly assessments of the diabetic resident's feet.	S3026		
S3215 SS=E	26-41-205 (h) Medication Storage (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. (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.	S3215		

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S3215	Continued From page 4 Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (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. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 37 residents. The sample included 3 residents, 1 focus review resident and 1 closed record review. Based on observation and interview for all residents and staff requiring tuberculosis skin testing, the operator failed to ensure licensed nurses and medication aides stored all medications and biologicals in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. Findings included: - Observation of medication room accompanied by Administrative Nurse C on 7-2-18 at 1:17 pm	S3215		

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S3215	Continued From page 5 revealed the following: refrigerator in with 1 open half full bottle of TB (tuberculosis) skin testing solution, dated as opened on 4-1-18. Interview on 7-2-18 at 1:17 pm with Administrative Nurse C stated the testing solution was last used "this past week" on an employee and a new resident. Was unclear regarding when the bottle should be discarded after first use. Later confirmed the solution should be discarded and removed it from the refrigerator. Manufacturer's recommendations states: "Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency." For all residents and staff requiring TB skin testing, the operator failed to ensure licensed nurses and medication aides stored TB skin testing solution in accordance with the manufacturer's recommendations by discarding after 30 days.	S3215		
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)	S3299		

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The facility reported a census of 37 residents. The sample included 3 residents, 1 focus review resident and 1 closed record review. The operator failed to ensure facility staff shall store all food under safe and sanitary conditions as evidenced by observation and interview and affecting all residents.

Findings included:

- Observations during entrance tour of kitchen on 7-2-18 at 12:34 pm accompanied by Administrative Staff A revealed the following:

Storage cabinets and drawers with food debris, crumbs, sawdust and staining. The cabinets and drawers lacked shelf paper. The reach-in cooler and a residential style refrigerator/freezer contained food debris and spillage.

Observed an uncovered plastic container with bacon sitting on counter (left out since breakfast per Dietary Staff B). Raw meat thawing in sink at room temperature included chicken parts in a plastic container and a roll of ground beef. Several sausage links wrapped in plastic wrap in a metal container on the counter also left out since breakfast (Dietary Staff B stated he/she was going to make gravy with it). Cabinet with spices contained spillage and crumbs. Various slices of bread in a metal pan on top of a cart were uncovered (to be used for bread crumbs per Dietary Staff B). A large roast in a metal pan was uncovered on the same cart (it was removed and place uncovered in the reach-in cooler).

A lower cabinet contained 4 plastic containers of cereals which lacked labels and dates when filled.

Reach-in cooler contained the following items

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which lacked a label and date prepared: plastic container of sliced oranges; watermelon slices uncovered in a plastic container; cut up cantaloupe in covered plastic container; Omelet prep items (cubed ham, shredded cheese, spinach); sauerkraut; large uncovered plastic container of a creamy soup and a covered plastic container of vegetable soup.

Reach-in freezer in the dry storage room contained the following items which lacked a label and date prepared:
3 ziplock baggies (substance identified as soup by Dietary Staff B); Several repackaged meat items (identified as turkey, sliced ham and steaks by Dietary Staff B); 7 plastic wrap packages of 6 baked biscuits each; and plastic wrapped bread dough.

A residential style refrigerator/freezer with juice spillage; and the freezer with an uncovered dish of semi-melted ice cream and a covered styrofoam cup of unknown substance.

A reach in cooler for milk lacked a thermometer inside. There was a black substance along the top door of the cooler which was confirmed and cleaned off by Dietary Staff B who stated there was no current cleaning schedule in use.

Kansas Department of Agriculture publication" Focus on Food Safety " reads as follows: Food must be date marked if it is prepared on-site, or commercially processed, after the original container is opened and held under refrigeration.

Facility policy for "Storage Area Guidelines" stated: "Refrigerator...temperatures will be checked at least daily and recorded...Refrigerators will be kept clean and

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S3299	Continued From page 8 organized. Spills are to be wiped up immediately...Food must be covered, dated and labeled to identify the content when stored." The facility failed to follow policy for cleaning and labeling repackaged food items. Interview with Administrative Staff A and Dietary Staff B on 7-2-18 during the tour of kitchen, confirmed the above items which lacked proper labeling. Both further confirmed the milk cooler lacked an internal thermometer and there was no current cleaning schedule in use. For all residents, the operator failed to ensure facility staff stored all food under safe and sanitary conditions.	S3299		