| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046075 | A. BUILDING: _____ B. WING _____ | 06/16/2021 |

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| THE PLAZA HEALTH SERVICES AT SANTA MARTA | 13875 W 115TH TERRACE OLATHE, KS 66062 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| S 000 | INITIAL COMMENTS<br><br>The following citations are the result of a survey for re-licensure conducted on 6/14/21, 6/15/21 and 6/16/21 at the above named assisted living/ residential care facility in Olathe, Ks. | S 000 | | |
| S3080 SS=E | 26-41-201 (a) (b) Functional Capacity Screen on Admission<br><br>a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department.<br>(b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-201(a)<br><br>The facility reported a census of 59 residents. The sample included 3 residents. For all new residents, the administrator failed to ensure that facility's screening form to determine the resident's functional capacity included each element and definition as specified by the department. Based on record review and interview for 1 resident (#616).<br><br>Findings included: | S3080 | | |

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

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| S3080 | Continued From page 1<br><br>- Record review for resident #616 recorded admission date of 6/1/21 with diagnoses of atrial fibrillation, cerebral-vascular accident, benign prostatic hypertrophy, osteoarthritis and gastro-esophageal reflux disease.<br><br>Functional Capacity Screen (FCS): Titled "functional evaluation" recorded resident required physical assistance with bathing and unable to perform management of medications and treatments. Document lacked the following sections required on the FCS: 1C: primary reason for screen, 1D: gender, 1E: birthdate, section V: rehab potential and section VIII B: Support primary person who manages care/financial matters.<br><br>Interview on 6/15/21 at 3:50pm with licensed nurse #B stated the form "functional evaluation" is completed on admission only. He confirmed sections are missing, according to requirements for the FCS and was the form used on all new admissions for the past couple years.<br><br>For all new residents including resident #616, the administrator failed to ensure that facility's screening form to determine the resident's functional capacity included each element and definition as specified by the department. | S3080 | | |
| S3081 SS=F | 26-41-201 (c) Functional Capacity Screen Reassessment<br><br>(c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: | S3081 | | |

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| S3081 | Continued From page 2<br>(1) At least once every 365 days;<br>(2) following any significant change in condition as defined in K.A.R. 26-39-100; and<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-201(c)<br><br>The facility reported a census of 59 residents. The sample included 3 residents. Based on record review and interview for 2 of 3 residents sampled (#614, 615) the administrator failed to ensure designated facility staff conduct a screening at least once every 365 days and with each change in condition for all residents of the facility.<br><br>Findings included:<br><br>- Record review for resident #614 recorded admission date of 5/8/18 with diagnoses including: Fibromyalgia, hypothyroidism, hypertension, lupus erythematosus, migraines and atrial fibrillation.<br><br>Functional Capacity Screen (FCS): most recent dated 5/8/18, record lacked a current FCS.<br><br>- Record review for resident #615 recorded admission date of 8/18/16 with diagnoses of dementia, gastro-esophageal reflux disease, depression, constipation, osteoarthritis, sequela, heart failure and paranoid personality disorder.<br><br>Functional Capacity Screen (FCS): record lacked a FCS. | S3081 | | |

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| S3081 | Continued From page 3<br><br>Interview on 6/15/21 at 3:50pm with licensed nurse #B stated they complete facility's FCS form titled "functional evaluation" on admission only and it is not completed annual on upon change of condition.<br><br>For all residents of the facility, the administrator failed to ensure designated facility staff conduct a screening at least once every 365 days and with each change in condition for all residents of the facility. | S3081 | | |
| S3085 SS=E | 26-41-202 (a) Negotiated Service Agreement<br><br>(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:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202 (a) | S3085 | | |

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| S3085 | Continued From page 4<br><br>The facility census equaled 59 the sample included 3 residents. Based on observation, record review and interview for 2 residents (#614, 616) 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 and identify the provider of each service.<br><br>Findings included:<br><br>- Record review for resident #614 recorded admission date of 5/8/18 with diagnoses including: Fibromyalgia, hypothyroidism, hypertension, lupus erythematosus, migraines and atrial fibrillation.<br><br>Functional Capacity Screen (FCS): most recent dated 5/8/18, record lacked a current FCS.<br><br>Negotiated Service Agreement/ health Care Service Plan (NSA/HCSP) dated 9/26/20 recorded staff to provide physical assistance with bathing and dressing, resident self-administered medications.<br><br>Observation on 6/15/21 at 2:10pm in resident's room revealed companion #D in room with resident, she stated she helps resident with things, like laundry, taking her to appointments, extra cleaning, buying her "healthier food" about 10 hours a week. She does not do any hands-on care.<br><br>NSA lacked entry for resident use of a private companion for services. | S3085 | | |

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| S3085 | Continued From page 5<br><br>- Record review for resident #616 recorded admission date of 6/1/21 with diagnoses of atrial fibrillation, cerebral-vascular accident, benign prostatic hypertrophy, osteoarthritis and gastro-esophageal reflux disease.<br><br>Functional Capacity Screen (FCS): Titled "functional evaluation" recorded resident required physical assistance with bathing and dressing and unable to perform management of medications and treatments.<br><br>Negotiated Service Agreement/ health Care Service Plan (NSA/HCSP) dated 5/28/21 recorded staff to provide physical assistance with bathing, dressing and facility to provide management of medications and treatments.<br><br>Outside service providers: Private companions from 8pm to 8am. Payor: resident<br><br>Interview on 6/15/21 at 3:50pm with licensed nurse #B confirmed resident companions sit with resident at night and call staff if resident needs assistance. He confirmed NSA entry lacked name of the company and services provided.<br><br>For residents #614 and 616 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 and identify the provider of each service. | S3085 | | |
| S3155 SS=E | 26-41-204 (a) Health Care Services | S3155 | | |

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| S3155 | Continued From page 6<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>The facility reported a census of 59 residents. The sample included 3 residents. Based on record review, observation and interview for 3 (614, 615, 616) 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.<br><br>Findings included:<br><br>- Record review for resident #614 recorded admission date of 5/8/18 with diagnoses including: Fibromyalgia, hypothyroidism, hypertension, lupus erythematosus, migraines and atrial fibrillation.<br><br>Functional Capacity Screen (FCS): most recent dated 5/8/18, record lacked a current FCS. | S3155 | | |

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| S3155 | Continued From page 7 | S3155 | | |

Negotiated Service Agreement/ health Care Service Plan (NSA/HCSP) dated 9/26/20 recorded staff to provide physical assistance with bathing and dressing, resident self-administered medications.

Observation on 6/15/21 at 2:10pm in resident's room revealed resident ha a twin bed with a bed cane attached to the right-hand side.

HCSP lacked entry for resident use of a bed cane.

Interview on 6/15/21 at 3:50pm with licensed nurse #B confirmed HCSP lacked entry for resident use of a bed cane.

- Record review for resident #615 recorded admission date of 8/18/16 with diagnoses of dementia, gastro-esophageal reflux disease, depression, constipation, osteoarthritis, sequela, heart failure an paranoid personality disorder.

Functional Capacity Screen (FCS): record lacked a FCS.

Negotiated Service Agreement/ health Care Service Plan (NSA/HCSP) dated 2/19/21 recorded staff to provide physical assistance with bathing, dressing (1-2 assist), toileting (2 assist) after meals, transfer (2 assist), mobility (1 assist with wheelchair), eating, and management of medications and treatments.

Observation on 6/15/21 at 11:40am in resident's room revealed resident in a specialized wheelchair that raised resident to an angle raising her feet off of the floor, resident moved constantly with feet and hands. Resident did not respond to questions. Private Caregiver #C was in the room

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| S3155 | Continued From page 8<br>and stated resident is unable to provide any care for herself, caregiver does all personal care including checking and changing her for incontinence.<br><br>HCSP lacked entries for resident use of a specialized wheelchair, scheduled check and change program for incontinence, repositioning program for pressure relier and plan to evacuate the building.<br><br>Interview on 6/15/21 at 3:50pm with licensed nurse #B confirmed resident is total-care. He confirmed HCSP lacked entries for resident use of a specialized wheelchair and plans for incontinence check and change program, repositioning and evacuation and resident is unable to perform care and evacuation on own.<br><br>- Record review for resident #616 recorded admission date of 6/1/21 with diagnoses of atrial fibrillation, cerebral-vascular accident, benign prostatic hypertrophy, osteoarthritis and gastro-esophageal reflux disease.<br><br>Functional Capacity Screen (FCS): Titled "functional evaluation" recorded resident required physical assistance with bathing and dressing and unable to perform management of medications and treatments. Resident is stand by assistance with toileting, mobility and transfers.<br><br>Negotiated Service Agreement/ health Care Service Plan (NSA/HCSP) dated 5/28/21 recorded staff to provide physical assistance with bathing, dressing and facility to provide management of medications and treatments. Resident to use wheelchair for distances. | S3155 | | |

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| S3155 | Continued From page 9<br><br>Observation on 6/15/21 at 3:20pm in resident's room revealed a pressure reduction cushion in the recliner and a walker at the foot of the bed.<br><br>HCSP lacked entries for resident use of a pressure reduction cushion and a walker.<br><br>Interview on 6/15/21 at 3:50pm with licensed nurse #B confirmed HCSP lacked entries for resident use of a pressure reduction cushion and a walker. He confirmed staff walks resident with a walker.<br><br>For residents #514, 515, 516, 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 | | |
| S3165 SS=F | 26-41-204 (d) Health Care Services<br><br>(d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(d)<br><br>The facility reported a census of 59 residents. The sample included 3 residents. Based on record review and interview, for all residents, the administrator failed to ensure the negotiated | S3165 | | |

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| S3165 | Continued From page 10<br>service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan as evidenced by review of resident records for residents (#614, 615, 616) who required health care services.<br><br>Findings included:<br><br>- Record review for resident #614 recorded admission date of 5/8/18 with diagnoses including: Fibromyalgia, hypothyroidism, hypertension, lupus erythematosus, migraines and atrial fibrillation.<br><br>Functional Capacity Screen (FCS): most recent dated 5/8/18, record lacked a current FCS.<br><br>Negotiated Service Agreement/ health Care Service Plan (NSA/HCSP) dated 9/26/20 recorded staff to provide physical assistance with bathing and dressing, resident self-administered medications. Section 3: Licensed nurse responsible for supervision and implementation of Health Care services: [facility name].<br><br>- Record review for resident #615 recorded admission date of 8/18/16 with diagnoses of dementia, gastro-esophageal reflux disease, depression, constipation, osteoarthritis, sequela, heart failure an paranoid personality disorder.<br><br>Functional Capacity Screen (FCS): record lacked a FCS.<br><br>Negotiated Service Agreement/ health Care Service Plan (NSA/HCSP) dated 2/19/21 recorded staff to provide physical assistance with | S3165 | | |

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| S3165 | Continued From page 11<br>bathing, dressing (1-2 assist), toileting (2 assist), transfer (2 assist), eating, and management of medications and treatments. Section 3: Licensed nurse responsible for supervision and implementation of Health Care services: [facility name].<br><br>- Record review for resident #616 recorded admission date of 6/1/21 with diagnoses of atrial fibrillation, cerebral-vascular accident, benign prostatic hypertrophy, osteoarthritis and gastro-esophageal reflux disease.<br><br>Functional Capacity Screen (FCS): Titled "functional evaluation" recorded resident required physical assistance with bathing and dressing and unable to perform management of medications and treatments.<br><br>Negotiated Service Agreement/ health Care Service Plan (NSA/HCSP) dated 5/28/21 recorded staff to provide physical assistance with bathing, dressing, and facility to provide management of medications and treatments. Section 3: Licensed nurse responsible for supervision and implementation of Health Care services: [facility name]<br><br>All NSAs lacked the name of licensed nurse responsible for the implementation and supervision of the HCSP when only the facility name was listed.<br><br>Interview on 6/15/21 at 10:45am with licensed nurse #B confirmed he is the nurse responsible for the implementation and supervision of the care plan and all NSAs lacked his name as the nurse responsible. | S3165 | | |

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| S3165 | Continued From page 12<br><br>For all residents, the administrator failed to ensure the negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan as evidenced by review of resident records for residents (#614, 615, 616) who required health care services. | S3165 | | |
| S3280 SS=F | 26-41-104 (d) Disaster and Emergency Preparedness<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;<br>(2) education of each resident upon admission to the facility regarding emergency procedures;<br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-104(d)<br><br>The census equaled 59 residents; the sample | S3280 | | |

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| S3280 | Continued From page 13<br>included 3 residents. Based on interview and review of records, for all residents, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly reviews of the facility's emergency management plan with staff and residents.<br><br>Findings included:<br><br>- On 6/15/21 at 9:40am during review of the facility's emergency management plan with administrator #A, the records contained the following:<br><br>Emergency evacuation was conducted on 3/25/19, none conducted in 2020 due to COVID 19 restrictions.<br><br>Review of the emergency management plan was completed with employees and residents during resident council on 3/25/19, 9/23/19 and 12/23/19, records lacked names/ participants in the reviews.<br><br>Interview on 6/15/21 at 9:40am with administrator #A confirmed records lacked review of the emergency management plan with employees and residents for 2020 and first quarter of 2021.<br><br>For all residents, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly reviews of the facility's emergency management plan with staff and residents. | S3280 | | |
| S3310 SS=F | 26-41-207 (b) (5-6) (c) Infection Control Policies | S3310 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046075 | A. BUILDING: _____ B. WING _____ | 06/16/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE PLAZA HEALTH SERVICES AT SANTA MARTA | 13875 W 115TH TERRACE OLATHE, KS 66062 |

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|---|---|---|---|---|
| S3310 | Continued From page 14<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 59 residents. The sample included 3 residents. Based on record review, and interview, for all residents of the facility, the administrator failed to ensure compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.<br><br>Findings included:<br><br>- Review of personnel records on 6/15/21 at 9:50am, lacked records of TB skin testing according to guidelines as follows:<br><br>Licensed nurse #E, hire date 5/1/19, symptom screen and 1 step TB test 9/2/19, record lacked a | S3310 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| S3310 | Continued From page 15<br>2020 symptom screen and a second TB skin test. Initial TB test conducted 4 months after hire.<br><br>Certified staff #F, hire date 4/29/19, symptom screen dated 8/1/19, record lacked a 2020 symptom screen.<br><br>Certified staff #G, hire date 2/25/21, record lacked a symptom screen and 2 step TB test on hire.<br><br>Certified staff #H, hire date 10/23/19, symptom screen 10/23/19, 1 step TB test 11/16/19, record lacked a 2020 symptom screen and a second TB skin test. Initial TB test conducted 2 months after hire.<br><br>Resident #614 admission date of 5/8/18, record lacked an annual 2020 or 2021 symptom screen.<br><br>Resident #615, admission date of 8/18/16, record lacked an annual 2020 symptom screen.<br><br>Resident #616, admission date 6/1/21, TB skin test 2/12/21, record lacked a symptom screen and a second TB skin test.<br><br>Interview on 6/15/21 at 12:50pm with licensed nurse #B stated a 2020 TB skin test or symptom screen had not been conducted on any residents, confirmed TB skin testing not completed according to TB guidelines.<br><br>For all residents of the facility, the administrator failed to ensure compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. | S3310 | | |

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| S3320 | Continued From page 16 | S3320 | | |
| S3320 SS=E | 28-39-254 CONSTRUCTION<br><br>(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.<br><br>(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.<br><br>(c) New construction, modifications and equipment shall conform to the following codes and standards:<br><br>(1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and<br><br>(2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 28-39-254(a)<br><br>The facility reported a census of 59 residents. The sample included 3 residents. Based on observation and interview for all residents of the memory care unit, the administrator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the residential laundry. | S3320 | | |

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|---|---|---|---|---|
| S3320 | Continued From page 17<br><br>Findings included:<br><br>- Observation on 6/14/21 at 2:25pm during tour of the facility memory care unit, in a cabinet under the sink in the activity room: Clorox cleaner with bleach 32 ounces, and a spray bottle of unknown, unlabeled chemical containing about ½ cup of solution. In an unlocked cabinet over the same sink: a 32 ounce spray bottle of Redi San surface sanitizer. In another unlocked cabinet in the same area 2 bottles labeled "spray sanitizer", "Bleach water".<br><br>Resident roster recorded census for the memory care unit at 17 residents. All have cognitive impairment.<br><br>Facility policy titled Chemical storage recorded: All chemicals that are used by the facility staff must be appropriately labeled. No chemicals may be used in the facility that are in unlabeled containers.<br><br>For all residents of the memory care unit the administrator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the residential laundry. | S3320 | | |