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	N046086	A. BUILDING: _____ B. WING _____	C 06/12/2019

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ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigations 135430 and 135375 at the above named assisted living facility conducted on 6-10-19, 6-11-19 and 6-12-19.	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: KAR 26-41-204(i) The facility reported a census of 65 residents and 1 day stay resident. The sample included 6 residents, and one focus review resident. Based on observation, record review and interview for 1 (#356) of 6 sampled residents, the administrator failed to ensure all health care services were provided to the resident in accordance with acceptable standards of practice. Resident #356 was assessed to be at risk for elopement by a licensed nurse with no interventions put in place to address the risk. The cognitively impaired resident left the facility property unsupervised and walked across the street around 5-21-19. Findings included: - Record review for Resident #356 revealed admission on 4-5-17 with diagnoses Anxiety, Depression, Pain, Gastro-Esophageal Reflux Disease, Hypertension, Congestive Heart Failure,	S3171		

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

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Hypothyroidism, Chronic Obstructive Pulmonary Disease, Alzheimer's Disease, Dementia and Hyperlipidemia.

The Functional Capacity Screen dated 4-24-19 recorded resident required supervision with bathing, dressing; independent with toileting, transfers, walking/mobility, eating; and unable to perform management of medications/treatments. Cognition: problems with memory/recall and decision-making. No assistive devices.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 4-24-19 stated: Resident is independent with transfers, likes to walk and sit outside, able to do this safely. Staff to provide reminders as needed to resident for activities/meals when resident seems forgetful or turned around. Resident is alert, able to find her apartment, dining room, living room, bathroom. staff to notify nurse if resident seems confused. Resident identified as an elopement risk on the NSA.

The NSA/HCSP lacked interventions to address resident's risk for elopement.

Facility "Elopement Risk Evaluation" dated 10-15-18 recorded resident with total score of 42 points. 0-5 points = Low Risk. 6-15-points = Moderate Risk. 16+ points = High Risk: Consider recommendation to move to a SECURE MEMORY CARE NEIGHBORHOOD" "*NOTE: If any of the HIGH RISK FACTORS (disoriented to time and place; intermittent confusion) are present, secure neighborhood is recommended." The evaluation tool was signed by Licensed Staff C.

The resident was re-evaluated on 4-24-19 with

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same result of 42 points, signed by Licensed Staff F. On 5-25-19, after she eloped, the resident scored 57 points, signed by Licensed Staff C.

Nurse's Notes stated the following:
5-21-19 at 8:46 pm: "NP (Nurse Practitioner) and this resident's spouse were visiting today about the progression of this resident's dementia, when resident's husband informed NP that last week he went to look for resident and she was across the street and him and a former resident had to yell to get her back to the facility. Once given this information, this nurse, acting DON (director of nursing) and administrator went and spoke to resident's husband...Resident's husband stated that resident loves to go outside and look at the flowers, but she has never wandered off of the premises. He stated that she normally goes out after breakfast. Several options were discussed...He was informed that it is no longer safe for resident to go outside without him or staff. Administrator spoke with him about resident moving to the memory care unit...he agreed to resident coming to the memory care unit after breakfast each day for safety. Informed (him) that resident would have access to the courtyard which has flowers, but she wouldn't be able to wander out. (husband) denies that resident ever goes out during the night and ensured if resident happened to leave the room without him, he would use his pendant to get assistance, since resident is unable to. Negotiated risk agreement has been signed by all parties and in resident chart." Signed by Licensed Staff E.

Per facility report to the department: resident crossed a side street (as opposed to the busier street in front of the facility) which "is not heavily trafficked and speeding is very difficult as a stop

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S3171	Continued From page 3 sign is at the north end of this block and a traffic light is at the south end. Just one city block separated these traffic signs....On 5-24-19 a one on one aide was hired to stay with resident until a decision is made by family on the next step. One on one will continue indefinitely. Observations on Resident #356 during survey revealed her to be ambulatory, gait steady with no need for assistive devices. Alert, friendly and pleasantly confused at times, accompanied at all times by companion/sitter from after breakfast until dinner time. Resident participates in activities. Interview on 6-11-19 at 3:52 pm with Licensed Staff B confirmed the resident was identified as an elopement risk on 10-15-18 with no interventions put in place to address the resident's risk; and continued to be identified as at risk on 4-24-19 with no interventions in place. Confirmed the resident was allowed to go outside without staff supervision and "she should have been monitored." For Resident #356 the administrator failed to ensure all health care services provided to the resident in accordance with acceptable standards of practice. Resident #356 was assessed to be at risk for elopement by a licensed nurse with no interventions put in place to address the risk. The cognitively impaired resident left the facility property unsupervised and walked across the street.	S3171		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive	S3298		

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S3298	Continued From page 4 value, flavor, and appearance and shall be served at the proper temperature. (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. (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. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 65 residents and 1 day stay resident. The sample included 6 residents, and one focus review resident. 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 as evidenced by observation and interview and affecting all residents. Findings included: - Observation during tour of main kitchen on 6-10-19 at 1:37 pm revealed facility dietary staff had just finished serving lunch to residents. Requested food temperature logs.	S3298		

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S3298	Continued From page 5	S3298		

Review of food temperature logs for April 2019, May 2019 and June 2019 revealed the following dates/meals lacked documentation of food temperatures:
4-3-19 (lunch); 4-7-19 (dinner); 4-12-19 (dinner); 4-13-19 (lunch); 4-23-19 (dinner); 4-24-19 (dinner); 4-25-19 (dinner); 4-26-19 (dinner); 4-29-19 (breakfast, lunch); and 4-30-19 (breakfast, lunch, dinner).
5-5-19 (dinner); 5-15-19 (pasta salad served at 43 degrees Fahrenheit).
6-1-19 (dinner); 6-2-19 (dinner); 6-4-19 (no temperature documented for cucumber salad); 6-5-19 (dinner); 6-7-19 (dinner).

Review of consulting dietitian's visit report dated 5-1-19 stated:
"Reviewed April food temperature logs - mostly completed approximately 10 meals not recorded - please continue to record temperatures at each meal."

Interview on 6-10-19 at 1:47 pm with Dietary Staff D confirmed the food temperature logs for June lacked documentation of monitoring on the above dates.

Interview on 6-10-18 at 2:46 pm with Administrator, after review of the logs for April and May, confirmed the logs lacked documentation of food temperatures on the above dates. Further confirmed the temperature for the pasta salad on 5-5-19 was possibly not corrected prior to serving as the form lacked documentation of this.

Interview on 6-11-19 at 4:25 pm with Administrator stated food temperatures were taken in the main kitchen prior to food being loaded into the hot carts. Stated the hot carts are

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S3298	Continued From page 6 electric and in good working order to maintain food temperatures. Confirmed the food temperatures were not measured on the memory care units prior to serving. Facility policy for "Monitoring Food Temperatures for Meal Service"stated Food temperatures will be taken and recorded for all hot and cold foods prior to placing them on the serving line...the temperature for each food shall be recorded on the Food Temperature Log. Foods that require a corrective action (such as reheating); shall have the new temperature recorded with a circle around it. If hot foods are not 135 degrees F or higher when checked, they will be reheated to at least 165 degrees F, only once and discarded or consumed within 2 hours. Cold foods and beverages which are not 41 degrees F or below will be chilled on ice or in the freezer.." For all residents, the administrator failed to ensure food shall be served at the proper temperature.	S3298		
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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S3299	Continued From page 7 The facility reported a census of 65 residents and 1 day stay resident. The sample included 6 residents, and one focus review resident. The administrator 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 on 6-10-19 at 1:19 pm accompanied by Administrator included the following: Kitchen area adjacent to main dining room with a residential style refrigerator/freezer. The freezer lacked a thermometer and contained a beverage cup, two frozen bottles of liquid laying on their sides and dark colored sticky food spillage/debris. A cereal dispenser on the counter lacked a label. - Observations in main kitchen on 6-10-19 at 1:25 am revealed the following: Dry Storage Room: Red-tiled floor with moderate amounts of sticky spillage and food debris underneath metal shelving. Two potatoes on the floor underneath shelves. Unsecured/open packaging. Main Kitchen: Microwave with exposed area where paint had peeled off and food debris inside. "Chicken Pot Pie" filling repackaged into a large ziplock bag thawing in a dirty stainless steel sink. Three white ingredient bins underneath a stainless steel table with large amounts of sticky/greasy spillage and food debris inside and outside. Large uncovered trash barrel next to the stainless steel serving table. Moderate amounts of food spillage and food debris/crumbs on floor under and around stove.	S3299		

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S3299	Continued From page 8	S3299		

Convection Oven with large amount of dried spillage underneath.
Green shelving next to stove had a plate with what appeared to be seasoned flour and a ziplock bag of the same sitting on top. Food debris/spillage noted on the shelving.
Reach-in cooler with a medium sized plastic container of cooked ground meat which lacked a label/date. All reach-in coolers contained food debris on shelving and on the bottom.
Reach-in freezer with moderate amount of sticky spillage/food debris. Front metal vent broken.

Interview on 6-10-19 at 1:37 pm with Dietary Staff D stated she did not know what was on the plate next to the stove or how long it had been there. Stated she had just recently taken the chicken pot pie filling out of the freezer and had placed it in the sink to thaw. Confirmed it was not being thawed under running water.

Interview with Administrator on 6-10-19 during tour confirmed the above observations and discarded food items as appropriate. Stated the broken vent is to be fixed soon.

Consulting Dietitian's Visit Report dated 5-1-19 stated: "Some food debris on side of stove and convection oven. Shelf under microwave has heavy debris and needs cleaned. Green shelving next to stove need deep cleaned. Removed 3 utensils from flour sack today. Ingredient bins need deep cleaned. Refrigerator: Lower vents need cleaned; heavy food debris on shelving - especially in cooler #4. Reach in Freezer: lower exterior vents need cleaned and 1 portion needs repaired. Need to wipe down bottom of freezer.

Facility policy for "Food Storage" stated: "Food Service Director will inspect and ensure that all

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S3299	Continued From page 9 opened foods are properly dated and stored daily...when the food service director is not available, another food service employee will conduct inspection. Executive Director will inspect all refrigerators/freezers weekly to insure all opened foods are properly dated and stored. A log will be created to document these inspections." The facility failed to provide a copy of logs to document kitchen inspections, or correction of the consultant dietitian's findings. For all residents, the administrator failed to ensure facility staff stored all food under safe and sanitary conditions.	S3299		