Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046087	A. BUILDING: _____ B. WING _____	R-C 12/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK MEADOWS MEMORY CARE	5951 W 107TH STREET OVERLAND PARK, KS 66207

(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
{S 000}	INITIAL COMMENTS The following citations represent the findings of a revisit for correction order 18-178 at the above named residential health care facility conducted on 12-3-18 and 12-4-18.	{S 000}		
{S3200} SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 20 residents. The sample included 3 residents. Based on record review and interview for 2 (#1100, #1200) of 3 sampled residents, the operator failed to ensure that all medications and biologicals are administered with a medical care providers written order and professional standards of	{S3200}		

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

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{S3200}	Continued From page 1 practice. Findings included: - Record review for Resident #1100 revealed admission on 7-15-14 with diagnoses Gastroesophageal Reflux Disease, Alzheimer's Disease, Seasonal Allergy, Hypertension and Hyperlipidemia. The Functional Capacity Screen dated 7-31-18 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 7-31-18 recorded services as follows under Medication Management: "community will assist the resident to take medications, will order medications from the pharmacy, store the medications per pharmacy directions, monitor for side effects and communicate with the physician or primary care provider as needed for issues and concerns... medication management will be monitored by a licensed nurse." Review of current Physician's Orders: Acetaminophen (Tylenol) 325 mg. Take 1 tablet by mouth once daily as needed. (The order lacked a reason for administration). Morphine sulfate solution 100 mg/5 ml. Give 0.25 ml to 1.0 ml every 2 hours as needed. (The order lacked a reason for administration). 11-16-18: Morphine Intesol 20 mg/ml (milligrams/milliliter) as needed. 0.25 ml for mild pain/shortness of air; 0.5 ml for moderate pain; 1.0 ml for severe pain/shortness of air. 11-19-18: Tylenol 325 mg by mouth or rectal suppository every 6 hours as needed for discomfort.	{S3200}		

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{S3200}	Continued From page 2 Hyoscyamine sublingual 0.125 mg. Dissolve 1 tablet under the tongue every 3 hours as needed. (The order lacked a reason for administration) 11-28-18: Morphine concentrate oral 100 mg/5 ml (20 mg/ml) 0.25 ml three times daily. (Note: orders lacked documentation of review by a licensed nurse). Review of the Medication Administration Record (MAR) for December 2018 revealed the following: Hyoscyamine Sublingual 0.125 mg. Dissolve 1 tablet under the tongue every 6 hours as needed. (no reason for administration). Hyoscyamine Sublingual 0.125 mg. Take 1 tablet under the tongue every three hours as needed for anxiety or agitation. Acetaminophen 325 mg tablet. Take 1 tablet by mouth every 6 hours as needed. (no reason for administration). Acetaminophen 325 mg tablet. Take 2 tablets (650 mg) by mouth every 6 hours as needed. (no reason for administration). The record documented discrepancies between the physician orders for acetaminophen and morphine, documentation of duplicate order for Hyoscyamine on MAR, and no parameters for administration of PRN (as needed) medications. - Record review for Resident #1200 revealed admission on 6-24-17 with diagnoses Pulmonary Emboli, Hyperlipidemia, Alzheimer's Disease without Behaviors, Hypertension, Degenerative Arthritis, Coronary Artery Disease, and Obstructive Sleep Apnea. The Functional Capacity Screen dated 4-16-18 recorded resident unable to perform management of medications and treatments.	{S3200}		

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{S3200}	Continued From page 3 The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 7-17-18 recorded the following services for Medication Management: "Allow Medication Aide or Medication Nurse extra time during medication pass...Medication Management will be monitored by a licensed nurse. The community will assist the resident to take medications, will order medications from the pharmacy, store medications per pharmacy directions, monitor for side effects and communicate with the physician or primary care provider as needed for issues and concerns." Review of current Physician Orders: Polyethylene Glycol Powder (laxative) Mix 17 GM (grams) of powder in 6 to 8 ounces of juice/water and drink once every other day (8:00 am). (Note: orders documented as reviewed by Licensed Staff D on 11-8-18) Review of Medication Administration Record (MAR) for December 2018: Polyethylene Glycol Powder (laxative) Mix 17 GM (grams) of powder in 6 to 8 ounces of juice/water and drink once daily as needed - hold for loose stools. The record revealed a discrepancy between the physician's order and the MAR. Interview on 12-3-18 at 1:30 pm with Licensed Staff E confirmed the above discrepancies between the MAR and the physician orders. For Residents #1100, #1200, the administrator failed to ensure all medications and biologicals were administered to the residents in accordance with a medical care provider's written order and	{S3200}		

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{S3200}	Continued From page 4 professional standards of practice.	{S3200}		
{S3280} SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 20 residents. The sample included 3 residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the facility's emergency management plan with all employees and residents. Findings included:	{S3280}		

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{S3280}	Continued From page 5 - On 12-3-18 at 10:30 am the facility provided an "Education/Training Sign-In Sheet" that documented a "Full Evacuation" performed on 11-6-18 at 3:00 pm. The sign-in sheet was signed by 9 staff who participated in the evacuation and an attached resident roster documented that all residents participated. The "Fire Drill Evaluation Form" further documented the drill on 11-6-18 from 2:59 pm to 3:15 pm as "Full evacuation drill, simulated kitchen fire on stove." The forms lacked documentation of review of the entire emergency management plan with all residents and all facility employees. Interview on 12-3-18 at 3: 11 pm with Non-Certified Staff C confirmed he/she participated in the full evacuation on 11-6-18 and signed the sign-in sheet. Stated all residents were assisted to the front of the facility, exited through the front doors and then came back into the facility. Staff had accounted for everyone. Denied any review of the emergency management plan at the time of the evacuation. Upon inquiry, Non-Certified Staff C was unable to state what to do in the event of a tornado, bomb threat or other emergency and stated, he/she had not had training at this facility. For all residents and employees, the administrator failed to ensure emergency preparedness by ensuring quarterly review of the emergency management plan.	{S3280}		