STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046095	A. BUILDING: _____ B. WING _____	C 06/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LEAVES OF OVERLAND PARK	12701 PFLUMM ROAD OVERLAND PARK, KS 66213

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure with attached complaints conducted on 6/11/19, 6/12/19 and 6/17/19 at the above named assisted living facility in Overland Park, KS.	S 000		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g) (3) The facility reported a census of 48 residents. The sample included 3 residents and 4 closed review residents. Based on observations and interviews for all residents of the facility, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	S3211		

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

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S3211	Continued From page 1 Findings included: - Observation on 6/11/19 at 11:45am, during facility tour of assisted living unit medication carts, revealed bottles/ boxes of over the counter medications (OTC) that lacked residents' full names, including the following: Medication cart #1 with certified staff # D: Evolv brand Immunity support, 56 capsules. Medication cart #2 with certified staff #E: Equate brand Glucosamine condroitan complex; Hy Vee brand sentry senior multivitamins 200 tablets. Resident roster recorded all residents received medication assistance: Interview on 6/11/19 at 1:24pm with administrative nurse #B confirmed entire facility is a memory care facility and all residents received medication assistance. For all residents the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications	S3211		
S3225 SS=F	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed	S3225		

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S3225	Continued From page 2 pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (l) The facility reported a census of48 residents. The sample included 3 residents and 4 closed review residents. Based on record review and interview for all residents, (based on record review for resident #612), the operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. The operator, or the designee, shall ensure that the medication regimen review is kept in each resident's clinical record. Findings included: - On 6/12/19 at 1:30pm requested medication regimen reviews for residents #611, 612, 613 who received medication assistance.	S3225		

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S3225	Continued From page 3 Record review for resident # 612 recorded admission date of 10/15/18 with diagnoses of Lewy Body dementia, encephalopathy, malnutrition, atrial fibrillation, kidney failure, hypertension, bradycardia, diabetes mellitus type 2 and anxiety. Functional Capacity Screen dated 10/15/18 recorded resident unable to perform management of medications and treatments. Negotiated service agreement/health care service plan dated 10/15/18 recorded staff to administer medications and treatments. Medication regimen review on file dated 11/9/18. Interview on 6/12/19 at 1:30pm with operator #A and administrative nurse #B confirmed record lacked medication regimen reviews for February or May 2019. They confirmed facility lacked records of reviews for any residents for the first and second quarters (February and May) of 2019. Resident roster recorded all residents received medication management. For all residents of the facility, based on record review for resident #612, the operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. The operator, or the designee, shall ensure that the medication regimen review is kept in each resident's clinical	S3225		

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S3225	Continued From page 4 record.	S3225		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 48 residents. The sample included 3 residents and 4 closed chart review residents. Based on record review and interview for 1 sampled resident (613), and 2 closed chart review residents (614, 616) the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident #613 recorded admission date of 1/21/19 with diagnoses of Hypertension, hypothyroidism, congestive heart failure, atrial fibrillation, obstructive sleep apnea,	S3261		

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S3261	Continued From page 5	S3261		

thrombocytopenia and Parkinson's.

Functional Capacity Screen (FCS) dated 1/21/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer and unable to perform management of medications and treatments.

Negotiated service agreement / health care service plan (NSA/HCSP) dated 1/21/19 recorded staff to assist resident with bathing, dressing, toileting, transfer and management of medications and treatments.

Nurses notes recorded the following: "This writer was notified at resident was on the floor in the large TV room at approximately 6:15pm ....." signed by licensed nurse #F. Next entry recorded on 5/18/19 at 11:40am. Entry lacked date and time.

Interview on 6/12/19 at 1:30pm with facility operator #A, confirmed note lacked date and time of entry.

Record review for resident # 614 recorded admission date of 1/12/18 with diagnoses of: mild cognitive disorder, anxiety, insomnia, atrial fibrillation, pacemaker, hypertension, hyperlipidemia and protein malnutrition.

FCS dated 1/12/18 recorded resident unable to perform management of medications and treatments.

NSA/HCSP dated 1/12/18 recorded staff to administer medications and treatments.

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S3261	Continued From page 6 Nurses notes dated 10/16/18 at 11:25pm recorded: [physician] called back, no new orders given ... signed by licensed nurse #F Next recorded nurses note entry dated 10/17/18 at 12:00pm: "Resident returned from hospital at approximately 7:00am ...." Record lacked documentation of transfer to the hospital including date, time and condition on transfer. Interview on 6/12/19 at 1:30pm with facility operator #A stated resident was taken to the Emergency room (ER) by [resident's child]. He/she confirmed record lacked documentation of transfer to the ER. Record review for resident #616 recorded admission date of 9/13/17 with diagnoses of: vascular dementia. FCS dated 9/8/18 recorded resident required physical assistance with bathing, dressing, and toileting, and is unable to perform management of medications and treatments. NSA/HCSP dated 9/8/18 recorded staff to assist resident with bathing, dressing, toileting, and management of medications and treatments. Nurses notes recorded last entry on 2/6/19 at 10:30am: "Resident completes fall follow-up ....." Facility record of discharged residents recorded resident moved out of the facility on 3/31/19. Record lacked documentation of resident discharge/transfer out of the facility, including	S3261		

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S3261	Continued From page 7 notification of physician, resident condition on discharge and location discharged to. Interview on 6/12/19 at 1:30pm with facility operator #A confirmed resident record lacked entry for discharge out of the facility. He/she stated resident moved to another care facility. For residents #613, 614 and 616 the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S3261		
S3280 SS=F	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.	S3280		

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S3280	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-4-104(d)(3) The census equaled 48 residents; the sample included 3 residents and 4 closed review residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with staff and residents. Findings included: - On 6/12/19 at 10:20am reviewed facility in-services on disaster preparedness for 2018 and 2019 with maintenance supervisor #C. Maintenance supervisor #C presented facility fire drills monthly for 2018 and 2019 and the following reviews: 7/10/18: evacuation drill completed with 36 residents. 1/30/19: elopement and water pipe break 2/27/19: tornado drill 4/2/19: tornado drill 5/14/19: tornado drill 6/8/19: review of entire emergency preparedness plan.	S3280		

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S3280	Continued From page 9 Interview on 6/12/19 at 10:20am with maintenance supervisor #C confirmed emergency preparedness plan is only reviewed with staff and residents once a year not quarterly. For all residents the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with staff and residents.	S3280		