STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046098	A. BUILDING: _____ B. WING _____	C 10/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF LENEXA	22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220

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S 000	INITIAL COMMENTS The following citations are a result of survey for relicensure with attached complaint conducted on 10/8/19, 10/9/19, 10/10/19, 10/14/19, and 10/15/19 at the above named assisted living facility in Lenexa, Kansas.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (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: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a) The facility census equaled 61. The sample included 6 residents. Based on record review and interview for 2 residents (#109, #112), the administrator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, is	S3085		

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

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S3085	Continued From page 1	S3085		

done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.

Findings included:

- Record review for resident #109 recorded admission date of 7/31/17 with diagnoses of Parkinson's, Alzheimer's, hypertension, hypothyroidism, overactive bladder, hyperlipidemia, and arthritis.

Functional Capacity Screen (FCS) dated 10/9/19 recorded resident required physical assist with toileting and unable to perform bathing, dressing, walk/ mobility, and management of medications and treatments,

Negotiated Service Agreement (NSA) dated 8/22/19 recorded staff to provide physical assist with toileting and assistance with bathing, dressing, walk/mobility, management of medication and treatments. Resident also currently has a pressure ulcer that is stage 3 and being treated by [Hospice company]. 5/24/19, wound healed.

Physician's telephone order dated 11/23/18 recorded admit to hospice.

Hospice patient visit summary dated 10/4/19

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S3085	Continued From page 2 recorded routine visit, shower, and personal care. NSA lacked outside provider list of services provided and person responsible for payment. Interview on 10/10/19 at 12:15pm with administrator #A and licensed nurse #B confirmed resident currently receiving hospice services for bathing and was receiving hospice for wound care, area currently healed. Confirmed NSA lacked list of hospice services provided (bathing and personal care), lacked person responsible for the payment of services. - Record review for resident #112 recorded admission date of 8/14/17 with diagnoses of Type II Diabetes and history of uterine cancer. FCS dated 10/8/19 recorded resident required supervision with bathing, dressing, and toileting. NSA dated 9/21/19 recorded staff to provide standby assistance with bathing, resident independent with dressing, one assist with toileting, and nursing will assist with finger sticks and glucose monitoring. Outside provider occupational therapy (OT) note dated 9/2/19 recorded OT training with safety balance. Nursing observation dated 7/31/19 recorded therapy needed: OT/ PT (physical therapy).	S3085		

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S3085	Continued From page 3 On 10/9/19 at 10:30am, resident stated she currently received OT/ PT (physical therapy) twice a week. NSA lacked outside provider services including provider name, service provided, and party responsible for payment. On 10/10/19 at 12:15pm, interview with licensed nurse #B confirmed resident currently received OT, confirmed NSA lacked outside provider services including provider name, service provided, and party responsible for payment. For residents #109, #112, 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, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.	S3085		
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	S3200		

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S3200	Continued From page 4 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 61 residents. The sample included 6 residents. Based on record review and interview for 3 residents (#108, #109, and #111) the administrator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer's recommendations. Findings included: - Record review for resident #108 recorded admission date of 7/27/19 with diagnoses of acute kidney failure, essential hypertension, urinary tract infection, and heart disease. Functional Capacity Screen (FCS) dated 7/26/19 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement (NSA)/ Healthcare	S3200		

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S3200	Continued From page 5 Service Plan (HCSP) dated 8/28/19 recorded licensed nurse and/or medication aid will administer medications. October 2019 PRN (as needed) medication administration record (MAR) recorded resident received Tramadol HCL (hydrochloride) (narcotic for pain) on 10/2/19 from CMA #C (certified medication aide) and 10/5/19 from CMA #D and Oxycodone 5mg three times on 10/5/19 from CMA #E, 10/7/19 from CMA #F, and 10/8/19 from CMA #D. Record lacked notification of licensed nurse prior to administration of a PRN medication. Interview on 10/10/19 at 9:45am with CMA #C confirmed she does not call a nurse prior to administration of PRN medications (pain medications). She stated "No, not if it is below 6 (moderate pain) or so." "Usually I don't call unless it's severe pain." Interview on 10/10/19 at 12:15pm with licensed nurse #B confirmed CMA's do not consult with a nurse prior to administration of PRN medications. Record review for resident #109 recorded admission date of 7/31/17 with diagnoses of Parkinson's, Alzheimer's, hypertension, hypothyroidism, overactive bladder, hyperlipidemia, and arthritis. FCS dated 10/9/19 recorded resident required assistance with management of medications and treatments, NSA/ HCSP dated 8/22/19 recorded staff to assist with management of medication and treatments.	S3200		

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S3200	Continued From page 6 October 2019 MAR recorded Lisinopril (hypertension) 30mg (milligrams) 1 tablet by mouth daily, Levothyroxine (hypothyroid) 50mcg (micrograms) 1 tablet by mouth daily, Donepezil (cognition) 10mg 1 tablet by mouth at 6:00pm. All three medications recorded as given by staff daily 10/1/19 to 10/8/19. Record lacked physician's orders for the three medications. Interview on 10/10/19 at 11:35am with licensed nurse #B stated they were voice orders, nurse practitioner called directly to pharmacy. She confirmed record lacked signed physician's orders for the three medications. Observation on 10/8/19 in facility medication refrigerator: TPPD solution (tuberculin purified protein derivative) open date 6/4/19, lot #C5586CA, expiration date 5/22/21. - Record review for resident #111 recorded admission 10/7/19 with diagnoses of hypertension, insulin dependent diabetic, coronary artery disease, hyperlipidemia, dementia. Resident #111 tuberculosis (TB) test record, recorded 2 step test on 10/7/19 lot #C5586CA, expiration date 5/22/21. Test administered 94 days after 7/3/19, the 30-day limit on open TPPD	S3200		

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S3200	Continued From page 7 vials. Resident #109 record revealed TB test given on 8/21/19, lot #C5586CA, expiration date 5/22/21. Test administered 18 days after 7/3/19, the 30-day limit on open TPPD vials. Manufacturer recommendation: "TPPD vials open and in use for one month should be discarded because oxidation and degradation may have reduced the potency." (Drugs.com) Interview on 10/10/19 at 12:15pm with licensed nurse #B confirmed TB test administered passed 7/3/19. Facility policy on prescriber medication orders recorded: each medication is document on the resident's MAR. 1.) Fax the medication order to the pharmacy 2.) Clairfy the order with the pharmacy if necessary 3.) Transcribe newly prescribed medications to the MAR. For residents #108, #109, and #111, the administrator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice, and each manufacturer's recommendations.	S3200		
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	S3280		

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S3280	Continued From page 8	S3280		

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 26-4-104(d)(3)

The census equaled 61 residents, the sample included 6 residents. Based on interviews 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 employees and residents.

Findings included:

- On 10/09/19 at 11:45am, reviewed facility's emergency management plan with administrator #A.

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S3280	Continued From page 9 Facility conducted the following drills in 2018 and 2019: Six fire drills, 2 full evacuation drills, 13 missing resident drills, 1 tornado drill, and 1 fire watch drill. Facility records lacked quarterly reviews of the emergency management plan with employees and residents. Interview with administrator #A on 10/09/19 at 11:45am confirmed facility records lacked quarterly reviews of the emergency management plan. 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 employees and residents.	S3280		