STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	09/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 66221

(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 citation represents the findings of an initial survey at the above name facility conducted on 9/9/20; 9/10/20 and 9/14/20	S 000		
S3202 SS=D	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(4) The facility reported a census of 35 residents. The sample included 3 residents. Based on record review and interview for 1 sampled resident (#909) who received accuchecks the administrator failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides performed accuchecks without an assessment for competency by a licensed nurse. Findings included: - Resident roster identified 1 resident (#909) as receiving insulin injections.	S3202		

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

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S3202	Continued From page 1 Record review for resident #909 recorded admission date of 11/14/19 with diagnoses including diabetes mellitus type 2, Atrial Fibrillation, Hypothyroidism, Essential hypotension, Arthritis, Anxiety and Asthma. Functional Capacity screen dated 5/29/20 recorded resident required physical assistance with management of medications and treatments. Negotiated Service Agreement/ Healthcare Service Plan dated 5/29/20 recorded resident prefers staff to administer medications. [Facility] staff to administer medications not listed on self-administration assessment. Progress note recorded physician's order dated 8/15/20 at 12:17pm "Accucheck before meals and at HS (bedtime). Staff to check blood sugar for Diabetes Mellitus Type 2. Notify physician if blood sugar is below 70 or above 450." Medication self-administration safety screen lacked assessment for self-administration of blood glucose by accucheck. September 2020 medication administration record recorded accuchecks before meals and at HS, was performed by certified medication aide (CMA) 35 times. On 9/9/20 personnel review recorded 4 CMA's performed accuchecks for the resident. Their records lacked a competency exam for accuchecks CMA #D, hire date 8/19/19; CMA #E, hire date 2/26/20; CMA #F, hire date 4/8/20 and #G hire date 7/24/19.	S3202		

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S3202	Continued From page 2 Interview on 9/9/20 at 2:22pm with CMA #D stated CMA's do accuchecks. Interview on 9/10/20 at 1:00pm with Operator #B confirmed CMA's #D, #E, #F and #G all performed accuchecks on resident #909 and staff records lacked documentation of competency exams for the delegated task. For 1 resident of the facility, #909, the administrator failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides performed accuchecks without an assessment for competency by a licensed nurse.	S3202		