

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2023
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NAME OF PROVIDER OR SUPPLIER CEDAR LAKE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 15325 S LONE ELM RD OLATHE, KS 66061
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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints #180747, #177552, and #173837 at the above named assisted living facility conducted on 06/19/23 and 06/20/23.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.	S3028		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3028	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3)(E)</p> <p>The facility reported a census of 57 residents with three residents included in the sample and one closed record review. Based on interview and record review the administrator failed to complete an investigation and submit it within five working days of an initial report to the department of alleged neglect.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for Resident (R) 619 revealed an admission date of 05/11/23 with the following diagnoses: type two diabetes mellitus and chronic kidney disease stage IV. <p>The 05/03/23 "Functional Capacity Screen" (FCS) identified 619 was unable to perform management of medications and treatments and was marked for falls.</p> <p>The 05/09/23 "Negotiated Service Agreement" (NSA) identified facility staff would provide R619 administration and ordering of medications and management of treatments. Falls were not addressed on R619's "NSA."</p> <p>The 06/06/23 at 05:45 PM nursing progress note documented nurses were alerted R619 was found outside in the parking lot."</p> <p>The facility's provided investigation of the</p>	S3028		

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S3028	Continued From page 2 incident documented R619 was found in the parking lot in a stranger's car. His family and physician were notified. The facility implemented 15-minute checks to ensure R619's safety. On 06/19/23 at 04:19 PM Administrative Staff B confirmed she had begun an investigation but had not completed it nor submitted it to the department which was six working days from the date of initial report submitted to the department on 06/09/23. The administrator failed to complete an investigation and report to the department within five working days of an initial report of alleged neglect.	S3028		
S3085 SS=D	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.	S3085		

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S3085	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1)</p> <p>The facility reported a census of 57 residents with three residents included in the sample and one closed record review. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R) 619 described the services he would receive based on his "Functional Capacity Screens" (FCS) for falls.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for R619 revealed an admission date of 05/11/23 with the following diagnoses: type two diabetes mellitus and chronic kidney disease stage IV. <p>The 05/03/23 "FCS" identified R619 was marked for falls.</p> <p>The 05/09/23 "NSA" failed to identify the services provided to R619 to prevent injury from falls.</p> <p>The 06/11/23 at 10:00 AM nursing progress note documented R619 fell and was transported to the hospital.</p> <p>The 06/11/23 at 03:45 PM nursing progress note documented R619 was referred to a rehabilitation facility for general weakness.</p> <p>On 06/20/23 at approximately 11:53 AM Administrative Nurse C confirmed R619's "NSA"</p>	S3085		

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S3085	Continued From page 4 failed to describe the services he received based on his "FCS" for falls. The administrator failed to ensure the "NSA" for R619 described the services he would receive based on his "FCS" for falls.	S3085		
S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive 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 23 residents in two separate memory care communities within the facility that had a satellite kitchen in each. The food was prepared in the main kitchen in the	S3298		

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S3298	<p>Continued From page 5</p> <p>facility and taken to the satellite kitchens before serving to the residents. Based on record review and interview the administrator failed to provide evidence of documentation of food temperatures after transporting food to ensure potentially hazardous foods were served at safe temperatures.</p> <p>Findings included:</p> <p>On 06/19/23 at approximately 12:37 PM and 01:02 PM food temperature logs for the memory care community satellite kitchens were requested from the facility which they failed to provide.</p> <p>On 06/19/23 at approximately 12:46 PM Dietary Staff D stated food temperatures were not obtained after food items were transported to the satellite kitchens.</p> <p>On 06/19/23 at approximately 01:16 PM Dietary Staff E stated food items were temped in the main kitchen and she expected them to be temped again after transport to satellite kitchens and before serving to the residents.</p> <p>On 06/20/23 at approximately 11:53 AM Administrative Staff A confirmed facility staff had not obtained food temperatures in satellite kitchens after transporting food from the main kitchen and before serving to the residents.</p> <p>The administrator failed to provide evidence of documentation of food temperatures to ensure potentially hazardous foods were served at safe temperatures.</p>	S3298		

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S3299	Continued From page 6	S3299		
S3299 SS=E	<p>26-41-206 (e) (1) Facility Food Storage</p> <p>(e) Food storage. Facility staff shall store all food under safe and sanitary conditions.</p> <p>(1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e)</p> <p>The facility reported a census of 23 residents in two separate memory care communities within the facility. The facility had a main kitchen where food was stored and prepared. And a satellite kitchen in each memory care community where food was stored and prepared. Based on observation and interview the administrator failed to ensure foods were stored under safe conditions.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 06/19/23 at 12:37 PM revealed a refrigerator in satellite kitchen one that contained food items for the residents including the following: <ul style="list-style-type: none"> Three pieces of pie on individual serving plates that were not covered, labeled, or dated One opened one-serving size container of yogurt not dated One opened one-serving size container of applesauce not dated One rectangular plastic container of an 	S3299		

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S3299	<p>Continued From page 7</p> <p>unrecognizable food not labeled or dated Two opened 60-ounce (oz) bottles of cranberry juice cocktail that were not dated</p> <p>Observation on 06/19/23 at 01:02 PM revealed a refrigerator in satellite kitchen two that contained one 60-oz bottle of cranberry juice cocktail that was not dated:</p> <p>On 06/19/23 at 05:03 PM Administrative Staff B confirmed the memory care community refrigerators contained food items for the residents that were not labeled and date.</p> <p>The August 2017 Kansas Department of Agriculture's "Focus on Food Safety" booklet documented food items must be date marked if held for more than 24 hours and could be kept up to seven days with adequate refrigeration.</p> <p>The administrator failed to ensure foods were stored under safe conditions.</p>	S3299		
S3310 SS=F	<p>26-41-207 (b) (5-6) (c) Infection Control Policies</p> <p>(b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious;</p> <p>(6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and</p> <p>(c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes</p>	S3310		

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S3310	<p>Continued From page 8</p> <p>adopted by reference in K.A.R. 26-39-105</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c)</p> <p>The facility reported a census of 57 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for Residents (R) 619, R621, and R622 and one of five sampled staff.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for R619 revealed an admission date of 05/11/23 with the following diagnoses: type two diabetes mellitus and chronic kidney disease stage IV. <p>R619's record lacked evidence of documentation of a TB symptom screen at admission and completion of a two-step TB skin test.</p> <ul style="list-style-type: none"> - Record review for R621 revealed an admission date of 01/06/23 with a diagnosis of Alzheimer's Disease. <p>R621's record lacked evidence of documentation of a TB symptom screen at admission.</p> <ul style="list-style-type: none"> - Record review for R622 revealed an admission 	S3310		

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S3310	<p>Continued From page 9</p> <p>date of 02/16/23 with the following diagnoses: Parkinson's Disease and open wound right foot.</p> <p>R622's record lacked evidence of documentation of a TB symptom screen at admission.</p> <p>- License Nurse F's employee record revealed a hire date of 02/07/23. The employee record lacked evidence a TB test and symptom screen was completed within seven days of hire.</p> <p>The department's June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented "Each new resident and new employee shall have an initial TB symptom screen. . . within seven days of residency or employment. . . Each new resident and employee shall receive a two-step TST. . . within seven days of residency or employment."</p> <p>On 06/19/23 at 03:53 PM Administrative Staff B confirmed Licensed F's employee record lacked evidence of documentation of TB skin testing and symptom screen within seven days of hire.</p> <p>On 06/20/23 at approximately 11:53 AM Administrative Nurse C confirmed the resident's records lacked evidence of documentation TB symptom screens within seven days of admission.</p> <p>The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.</p>	S3310		
S3320 SS=F	28-39-254 CONSTRUCTION	S3320		

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S3320	<p>Continued From page 10</p> <p>(a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public.</p> <p>(b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal.</p> <p>(c) New construction, modifications and equipment shall conform to the following codes and standards:</p> <p>(1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and</p> <p>(2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a)</p> <p>The facility reported a census of 57 residents. There were two separate memory care communities and a main assisted living area all in the same building. Based on observation and interview the administrator failed to ensure the facility was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within locked areas.</p>	S3320		

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S3320	<p>Continued From page 11</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 06/19/23 at approximately 12:34 PM of memory care community one revealed the following: A laundry area with an open door and a cabinet that was unlocked with one 1-liter clear plastic refill container of Green Earth Foaming Cleanser. A satellite kitchen accessible to residents with two unlocked cabinets that contained the following items with labels that read "keep out of reach of children:" One 6.6 ounce (oz) can of room freshener spray One 1-liter plastic refill bottle of Green Earth Foaming Cleanser One 32-oz spray bottle of Ecolab surface cleanser and disinfectant One 1-gallon bottle of Dawn Professional Detergent An unlocked cabinet near the nurses' station that contained five staff personal belonging bags (purses, backpacks) Observation on 06/19/23 at approximately 12:57 PM of memory care unit two revealed the following: An unlocked cabinet near the nurses' station that contained two staff personal belonging bags A laundry area with both doors wide open and a cabinet that was unlocked that contained the following items with labels that read "keep out of reach of children." 	S3320		

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S3320	<p>Continued From page 12</p> <p>One spray can of Lysol disinfectant spray One container of BioFresh Super Absorbant with disinfectant</p> <p>Observation on 06/19/23 of the assisted living resident laundry area revealed the door was open with an unlocked cabinet that contained one 1-gallon bottle of carpet cleaner with a label that read "keep out of reach of children."</p> <p>On 06/19/23 at approximately 05:03 PM Administrative Staff B confirmed chemicals were not stored in locked areas.</p> <p>The administrator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within locked areas.</p>	S3320		