

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N087082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/13/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DOVE ESTATES SENIOR LIVING COMMUNITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1400 S 183RD WEST GODDARD, KS 67052</b>
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(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	S 000		
S3175 SS=D	<p>26-41-205 (a) (1) Self Administration of Medication</p> <p>(a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance.</p> <p>(1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1)</p> <p>The facility reported a census of 56 residents (R). The sample included three residents. Based on interview and record review the executive director failed to ensure a licensed nurse completed an assessment for self-administration of medications one (R4) of</p>	S3175		

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

TITLE

(X6) DATE

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S3175	<p>Continued From page 1</p> <p>one resident prior to the resident initially beginning to self administer all of her medications.</p> <p>Findings included:</p> <p>-- Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 09/18/23 with diagnosis of low back pain.</p> <p>R4's "Functional Capacity Screen" dated 08/31/23 revealed the resident was independent with management of her medications.</p> <p>On 03/13/24 at 10:04 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document</p> <p>R4's NSA/HCSP dated 09/18/23 revealed she was independent with medication and medical treatment administration.</p> <p>R4's EMR include A "Self-Administration of Medications" assessment completed on 09/20/23, two days after admission and 2 days after she initially started administering her own medications.</p> <p>On 03/13/24 at 04:09 PM Administrative Licensed Nurse B reviewed the self-administration of medication assessment for R4 and confirmed it was dated as completed two days after she started administering her own medications in the facility.</p> <p>The executive director failed to ensure a licensed nurse completed a self-administration</p>	S3175		

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S3175	Continued From page 2  assessment for R4 prior to self-administering her medications.	S3175		
S3215 SS=E	26-41-205 (h) Medication Storage  (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations.  (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals.  (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides.  (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility.  (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S3215		

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S3215	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(1)(4)</p> <p>The facility reported a census of 56 residents. Based on observation and interview, the executive director failed to ensure staff stored medications according to manufacturer's recommendations related to the storage of insulin pens to ensure the medication was not used beyond the manufacturer's recommended date of expiration.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Observation on 03/13/24 at 08:25 AM Licensed Nurse C unlocked the South cart for inspection. Observation revealed two plastic containers that had insulin pens in them for two different residents. The container for R5 included a Novolog pen that included the date opened and the date it would expire, the Lantus (insulin Glargine) pen had 200 units remaining but did not include a date it was initiated in use or date it would expire. R6's container included a Troejo pen with less than 50 units remaining that did not include a date it was initiated in use or date it would expire. R6's Humalog pen had 40 units left and did not include a date it was initiated or the date it would expire.</li> </ul> <p>On 03/13/24 at 08:30 AM Licensed Nurse C acknowledged each of the pens should have had a sticker on it that included the date initiated and the date it expired.</p>	S3215		

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S3215	<p>Continued From page 4</p> <p>Review of the Lantus insulin pen manufacturers recommendations reveal that open Lantus pen must be thrown away 28 days after first use, even if it still contained insulin.</p> <p>Review of the Troejo manufacturer recommendations revealed to store in use pens at room temperature and throw away after in use for 56 days even if it still contained insulin.</p> <p>Review of the Humalog insulin pen manufacturer's recommendations revealed that open Humalog pen must be thrown away 28 days after first use, even if it still contained insulin.</p> <p>The executive director failed to ensure designated staff wrote the date an insulin pen was first put in use to ensure it was not used past the manufacturers recommended date of expiration.</p>	S3215		
S3261 SS=D	<p>26-41-105 (f) (11) Resident Record Documentation of Incidents</p> <p>(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</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11)</p> <p>The facility reported a census of 56 residents (R). The sample included three residents. Based</p>	S3261		

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S3261	<p>Continued From page 5</p> <p>on interview and record review the operator failed to ensure one (R3) of three sampled residents records contained documentation of all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R3 moved into the facility on 02/21/17 with diagnosis of heart disease.</li> </ul> <p>R3's "Functional Capacity Screen dated 02/22/24 indicated she needed physical assistance with all activities of living except transfers for which she only needed supervision. She also needed supervision with management of medications and medical treatments.</p> <p>On 03/13/24 at 10:04 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.</p> <p>R3's NSA/HCSP dated 02/22/24 revealed qualified staff provided assistance of 1 staff with activities of living and supervision of 1 with transfers. Medications and medical treatments were managed by qualified staff and administered as prescribed by a medical provider.</p> <p>Review of R3's electronic progress notes included the following documentation: 02/27/2023 - Resident has redness to buttocks. New order for Calmoseptine (protective ointment) every four hours as needed (PRN) to area. The record lacked documentation of the results of using the Calmoseptine.</p>	S3261		

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S3261	<p>Continued From page 6</p> <p>10/10/23 - Resident aid she did not feeling well. Complained of nausea, upset stomach and feeling dizzy. Resident got her flu shot this morning. Temp 97.5. Advised her to increase her fluids and use her call pendant if she starts to feel worse. The record lacked follow up if she felt better or if she needed additional treatment.</p> <p>12/13/2023 - Resident presented with difficulty transferring from recliner to wheelchair on 12/12/23 with assistance by Licensed staff. Order received to start physical and occupational therapy. The record lacked documentation of the results of the resident receiving therapy services.</p> <p>12/26/2023 - Resident with wheezing in bilateral upper lobes and has a non-productive cough. Medical provider notified and order for Albuterol (a bronchodialator) twice a day for seven days. The record lacked documentation as to the results of using the Albuterol and if improvement in breathing.</p> <p>01/10/2024 - New order to start Senna (laxative) 8.6 milligrams daily to help with bowel movements. The record lacked documentation if the Senna was effective or not.</p> <p>02/03/24 - Resident had increased confusion and hallucinations, upper respiratory sumptoms, and tested positive for COVID.</p> <p>02/05/24 - continues on COVID isolation. The record lacked documentation related to the resident's respiratory symptoms and cognitive symptoms if they improved with treatment for COVID.</p> <p>On 03/13/24 at 04:16 PM Administrative Licensed Nurse B acknowledged the documentation should have included follow up as to the effectiveness of the interventions for concerns identified in the progress ntoes.</p>	S3261		

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S3261	Continued From page 7	S3261		
S3280 SS=F	<p>26-41-104 (d) Disaster and Emergency Preparedness</p> <p>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:</p> <p>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;</p> <p>(2) education of each resident upon admission to the facility regarding emergency procedures;</p> <p>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)</p> <p>The facility reported a census of 56 residents. Based on record review and interview for all residents, the executive director failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the</p>	S3280		

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S3280	<p>Continued From page 8</p> <p>facility's emergency management plan with all residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During an interview on 03/13/23 at 09:43 AM Administrative Staff A reported he did not have records of reviewing the emergency management plan with residents every quarter.</li> </ul> <p>The executive director failed to ensure the facility's emergency management plan was reviewed quarterly with all residents.</p>	S3280		