

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N105014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/13/2014
NAME OF PROVIDER OR SUPPLIER DELAWARE HIGHLANDS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 12600 DELAWARE PARKWAY KANSAS CITY, KS 66109		
(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 citations represent the findings of a resurvey with complaint investigation 76567 conducted at the above named assisted living facility on 8-11-14, 8-12-14 and 8-13-14.	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. This REQUIREMENT is not met as evidenced by:	S3028		

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

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N105014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/13/2014
NAME OF PROVIDER OR SUPPLIER DELAWARE HIGHLANDS ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 12600 DELAWARE PARKWAY KANSAS CITY, KS 66109		
(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
S3028	<p>Continued From page 1</p> <p>KAR 26-41-101(f)(3)</p> <p>The facility reported a census of 116 residents. The sample included 6 residents. Based on record review and interview for 1 (#124) of 6 sampled residents, the administrator failed to ensure an allegation of neglect was reported to the department within 24 hours.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #124 revealed admission on 4-8-13 with diagnoses Anemia, Dementia, Constipation, Hypothyroidism, Vitamin B-12 deficiency and Hyperlipidemia. <p>The functional capacity screen dated 10-10-13 recorded resident independent with bathing, dressing, toileting, transfers, walking/mobility and eating; unable to perform management of medications and treatments. Cognition: problems with short term memory and memory/recall. Current problems/risks identified included impaired vision, impaired decision-making (added 5-24-14, 5-26-14) and wandering (added 5-24-14, 5-26-14).</p> <p>The negotiated service agreement dated 10-10-13 recorded the following services: Total staff assistance with medications. Home Health for wound care. Wandering and exit seeking behaviors (added 5-24-14, 5-26-14): "Resident looking for his/her car. Resident on 30 minute checks (added 5-26-14). Interventions for wandering/elopement risk: "administer medications as ordered by physician, obtain urinalysis and labwork as ordered, encourage resident to attend activities, 30 minute checks."</p>	S3028			

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N105014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/13/2014
NAME OF PROVIDER OR SUPPLIER DELAWARE HIGHLANDS ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 12600 DELAWARE PARKWAY KANSAS CITY, KS 66109		
(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
S3028	<p>Continued From page 2</p> <p>Nursing progress notes revealed the following: 5-24-14 at 8:00 pm: "Very confused this week has been found out in parking lot looking for his/her car. Insists that he/she drives his/her car daily. Unable to find his/her room, wandering halls, looking for room and the bathroom. Becoming harder to redirect when he/she is looking for his/her car." Signed by licensed staff B.</p> <p>5-26-14 at 3:00 pm: " Resident out of building on the street looking for his/her car. Redirected, brought back by staff. Family informed of this, on their way to get resident." 3:30 pm: Family here to take him/her with them for a while." Signed by licensed staff B.</p> <p>5-26-14 at 5:30 pm: "Family brought resident back to facility after taking him/her out to eat." Signed by licensed staff B.</p> <p>5-27-14 at 8:45 am: "Follow up to note dated 5-26-14 at 3:00 pm. Resident was not off property when staff brought him/her back, upon writer speaking with staff. Resident was however, walking on the east side of building on the sidewalk. Resident was walking alone and stated he/she was 'going to work'. Resident was brought back in and assessed by staff. Family notified and came to take resident to their house for a while." Signed by administrative nurse A.</p> <p>Interview on 8-11-14 at 1:25 pm with administrative nurse A confirmed the resident was outside of the building on 5-24-14 and 5-26-14. Stated resident #124 was outside without staff knowledge on 5-26-14 on the east side of the building alone; the resident was found by a dietary worker returning from break. Confirmed the resident would not have come back into the</p>	S3028			

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N105014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/13/2014
NAME OF PROVIDER OR SUPPLIER DELAWARE HIGHLANDS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 12600 DELAWARE PARKWAY KANSAS CITY, KS 66109		
(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
S3028	Continued From page 3 facility without staff assistance and was not safe to be outside unsupervised. Stated the resident had been placed on 30 minute checks beginning 5-26-14 until resident moved from the facility on 6-13-14. Confirmed the elopements on 5-24-14 and 5-26-14 were not reported to the department. For resident #124, the administrator failed to ensure episodes of elopement were reported to the department within 24 hours when the cognitively impaired resident was found outside of the facility on at least two occasions.	S3028		
S3298 SS=F	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)	S3298		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N105014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/13/2014
NAME OF PROVIDER OR SUPPLIER DELAWARE HIGHLANDS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 12600 DELAWARE PARKWAY KANSAS CITY, KS 66109		
(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
S3298	<p>Continued From page 4</p> <p>The facility reported a census of 116 residents. The sample included 6 residents. Based on record review and interview for all residents, the administrator failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review on 8-11-14 at 2:10 pm of Food Temperature Logs for August 2014 revealed logs lacked documentation of temperatures on the following dates/meals: 8-2-14 dinner, 8-3-14 (dinner), 8-4-14 (dinner), 8-5-14 (dinner), 8-6-14 (dinner), 8-7-14 (dinner), 8-8-14 (breakfast, lunch, dinner), 8-9-14 (breakfast, lunch, dinner), 8-10-14 (breakfast, lunch, dinner) 8-11-14 (breakfast, lunch). Interview on 8-11-14 at 2:10 pm with dietary manager confirmed the food temperatures logs lacked documentation of temperatures on the above dates/meals. Interview on 8-13-14 at 3:43 pm with administrative nurse #A confirmed the facility lacked a policy for monitoring food temperatures. For all residents, the administrator failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature. 	S3298		