STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046077	A. BUILDING: _____ B. WING _____	C 04/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK MEADOWS SENIOR LIVING	5901 WEST 107TH STREET OVERLAND PARK, KS 66207

(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 are the result of a Licensure Resurvey at the above named Assisted Living Facility in Overland Park, Kansas on 4/23/19, 4/24/19, 4/25/19, 4/29/19, and 4/30/19. Complaints #136903, #132298, and #122370 also investigated.	S 000		
S 180 SS=D	26-39-103 (q) Resident Right Medication Self Administration (q) Self-administration of medication. The administrator shall ensure that each resident in a nursing facility or a nursing facility for mental health is afforded the right to self-administer medications unless the resident's attending physician and the interdisciplinary team have determined that this practice is unsafe. In any assisted living facility, residential health care facility, home plus, or adult day care facility, a resident may self-administer medication if a licensed nurse has determined that the resident can perform this function safely and accurately. This REQUIREMENT is not met as evidenced by: KAR 26-39-103(q) The census equalled 56 the sample included three Residents. The Resident Roster identified 47 with facility managed medications and nine with self administered medications. Based on observation, interview, and review of record, for one of three sampled Residents with facility managed medications (#189), the Administrator failed to ensure each Resident afforded the right to self-administer medications if a licensed nurse has determined that the Resident can perform	S 180		

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

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S 180	Continued From page 1 this function safely and accurately. Findings included: - Review of record revealed #189 admitted to facility 10/19/18 with diagnoses of depression, anxiety, insomnia, diabetes, pseudobulbar effect, epilepsy, transischemic attack, pulmonary embolism, sinusitis, and gastroesophageal reflux disease. Current functional capacity screen (FCS) of 10/15/18 assessed #189 unable to perform medication and treatment management, with short term memory and decision making impairments. Self Administration assessment of 10/19/18 recorded: "Not applicable" - list medications Resident will self administer (Resident currently administered nebulizer breathing treatments) "Fully capable" - can correctly read aloud medication instructions on container "Unable not appropriate for self administration" - can Resident provide secure storage (Resident resided in a room by self with lockable door) "Unable not appropriate for self administration" - correctly state what each medication if for (according to certified staff Resident knows medications and will notice and speak up if medications missed) "Unable not appropriate for self administration" - can state correct time to take medication "Not applicable" - can correctly measure the appropriate amount of medication "Fully capable" - can accurately state situations warranting PRN (as needed) medications "Unable not appropriate for self administration" - can correctly administer inhaled medications	S 180		

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S 180	Continued From page 2	S 180		

safely (currently administered inhaled medication) "Not applicable" - can correctly administer eye drops, ear drops, topicals, rectal suppositories "Unable not appropriate for self administration" - can correctly administer sub cutaneous injections "Based on the above evaluation... Resident is unable to safely administer medications"

Current 10/19/18 negotiated service agreement/health service plan (NSA/HSP) documented facility management of medications... will be obtained timely and medications reviewed by a licensed pharmacist... requires assistance with oral, inhaled, or topical medications... will take medications safely...

The self administration assess contained discrepancies and failed to demonstrate an accurate assessment of #189's ability to self administer medications completed. The assessment of 10/19/18 failed to match current practices and reported abilities of #189.

April 2019 MAR (medication administration record) recorded facility staff administered medications to #189, and failed to document the self administered doses of breathing (nebulizer) treatments.

On 4/24/19 at 5:40pm, certified staff #T and #U described care needs of #189... stated #189 pretty independent, staff gives his/her meds... staff does his/her blood sugars... #189 knows his/her meds... if staff miss one #189 will tell you...

On 4/25/19 at 11:00am #189 stated I have my breathing treatment (nebulizer) unit in my room... I do those treatments when I need them... set them up and do my own... I want to do my

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S 180	Continued From page 3 inhalers... I have asthma... my doctor is supposed to talk to them about me keeping my inhalers with me so I can use them if I have trouble breathing... On 4/25/19 at 11:40am Operator #L, Administrator #K, and facility nurse #Y stated #189 does not administer own medications because he/she may use PRN inhalers too frequently due to anxiety tendencies. On 4/29/19 at 2:14pm, Operator #L reported "He/she continues to have nebulizer treatment machine and med in his/her room and she/he is capable of doing this per the nurse at this time and it is PRN." For #189, the Administrator failed to ensure each Resident afforded the right to self-administer medications if a licensed nurse has determined that the Resident can perform this function safely and accurately.	S 180		
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;	S3085		

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S3085	Continued From page 4 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 census equalled 56 the sample included three Residents. Based on interviews, and reviews of records, for two of three sampled (#187 and #185), the Administrator failed to ensure the negotiated service agreement (NSA) included a description of service the Resident would receive, the name of the company to provide the service, and the payment source. Findings included: - Review of record revealed #187 admitted to facility 3/05/19 with diagnoses of cerebral infarct, hypertension, thyroid nodule, anxiety disorder, and cognitive communication deficit. Current functional capacity screen dated 3/01/19 assessed #187 in need of physical assistance with bathing, dressing, toileting, medication and treatment management; supervision with transfers and mobility; with short term memory impairments, with falls/unsteadiness, vision impairment, and used a walker and a wheelchair for mobility. Current negotiated service agreement/health service plan (NSA/HSP) dated 3/19/19 documented facility staff to provide services to meet these identified needs.	S3085		

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S3085	Continued From page 5 The medical record contained a physician's order for PT/OT/ST (physical therapy, occupational therapy, speech therapy). The NSA/HSP contained a generic statement of "Outside Provider - Hospice, Home Health, In-Home Medical, and In-Home Therapy"... "Resident has Home Health Services provided by outside agency. (Services are billed between the outside agency and the Resident or the Resident's financial representative.)... Home Health: Coordination of Care once every Wednesday... Home Health services provided by: (blank)... The Case Manager (blank) will be visiting the Resident (blank) for (blank)... Care will be coordinated between the community and the outside agency. The NSA/HSP lacked a description of what services the Resident to receive and what company providing the outside service, as well as the payment source. - Review of record revealed #185 admitted to facility 01/13/16 with diagnoses of hypertension, dyspepsia, urinary incontinence, Parkinson's, osteoporosis, anorexia, congestive heart failure, and cerebrovascular accident. Current functional capacity screen dated 01/14/19 assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; unable to perform medication and treatment management; with occasional bladder incontinence, with falls/unsteadiness, used a walker and a wheelchair, and received PT/OT (physical therapy/occupational therapy). The medical record contained: 4/08/19 - physician's order for ST (speech	S3085		

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S3085	Continued From page 6	S3085		

therapy)
4/01/19 - physician's order for PT/OT (physical therapy, occupational therapy
01/11/19 - physician's order for OT
12/17/18 - physician's order for PT/OT/ST

On 4/24/19 at 4:40pm, observed a personal caregiver in room with Resident. Certified staff #F and licensed nurse #G stated this personal care giver hired by the family to provide one on one companionship to Resident in attempt to keep #185 safe from falling or otherwise harming self.

The NSA/HSP contained a generic statement of "Outside Provider - Hospice, Home Health, In-Home Medical, and In-Home Therapy"... "Resident has Home Health Services provided by outside agency. (Services are billed between the outside agency and the Resident or the Resident's financial representative.)... Home Health: Coordination of Care once every Wednesday... Home Health services provided by: (blank)... The Case Manager (blank) will be visiting the Resident (blank) for (blank)... Care will be coordinated between the community and the outside agency.

The NSA/HSP lacked the intervention/care provided by the personal companion, and lacked a description of what services the Resident to receive and what company providing the outside service, as well as the payment source.

On 4/25/19 at 11:00am facility nurse #Y confirmed the NSA's/HSP's lacked the specific therapies Resident to receive, the name of the company providing the services, and the actual payment source.

The Operator failed to ensure the NSA for #187

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S3085	Continued From page 7 and #185 included a description of services to include therapies, the names of the providers, and the payment sources.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d) The facility census equalled 56 the sample included three Residents. Based on reviews of records and interview, for one of three sampled (#185), the Administrator failed to ensure the review and if necessary the revision of each negotiated service agreement (NSA)/health service plan (HSP). Findings included: - Review of record revealed #185 admitted to	S3092		

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S3092	Continued From page 8	S3092		

facility 01/13/16 with diagnoses of hypertension, dyspepsia, urinary incontinence, Parkinson's, osteoporosis, anorexia, congestive heart failure, and cerebrovascular accident.

Current functional capacity screen dated 01/14/19 assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; unable to perform medication and treatment management; with occasional bladder incontinence, with falls/unsteadiness, used a walker and a wheelchair, and received PT/OT (physical therapy/occupational therapy).

Current negotiated service agreement/health service plan (NSA/HSP) dated 3/19/19 documented facility staff to provide services to meet these identified needs.

The medical record progress notes for #185 described various falls and events with #185 on the floor. Between 12/13/18 and 4/02/19 twelve events documented, with various explanations and reasons provided by Resident (some claims of intentional "sleeping" on floor).

By review the NSA/HSP lacked review and revision to address these ongoing identified needs. The NSA/HSP contained a "Fall Risk" section "High risk for falls based on the Fall Risk Evaluation... Fall Risk High... frequency of service 3x every day... Describe fall reduction plan... will be safe and reduce fall risk...
The NSA/HSP lacked revision to address the ongoing identified need for safety and to keep from falling/being discovered on the floor.

By interview on 4/25/19 at 11:40am, Operator #L, facility nurse #Y, and Administrator #K confirmed when events occurred, any new interventions

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S3092	Continued From page 9 discussed and decided on by the facility nurses were passed on to direct care staff verbally and on facility task sheets... confirmed these interventions not added to the NSA/HSP... confirmed the task sheets not maintained as part of the medical record. The Administrator failed to ensure the review and if necessary revision of #185's NSA/HSP.	S3092		
S3200 SS=D	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 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 census equalled 56 the sample included three Residents. The Resident Roster identified	S3200		

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S3200	Continued From page 10 47 with facility managed medications and nine with self administered medications. Based on observation, interview, and review of record, for one of three sampled Residents with facility managed medications (#185), the Administrator failed to ensure all medications and biological's administered to Residents in accordance with a medical care provider's written orders and in accordance with professional standards of practice. Findings included: - Review of record revealed #185 admitted to facility 01/13/16 with diagnoses of hypertension, dyspepsia, urinary incontinence, Parkinson's, osteoporosis, anorexia, congestive heart failure, and cerebrovascular accident. Current functional capacity screen dated 01/14/19 assessed #185 unable to perform medication and treatment management. Current negotiated service agreement/health service plan of 01/14/19 documented facility staff to administer medication. April 2019 MAR (medication administration record) documented facility administration of medications. Comparison of the April 2019 MAR with current written, signed physician's orders revealed discrepancies.: MAR contained orders for: Odansetron (anti nausea) tablet 4mg (milligrams) dissolve on tongue every 8 hours as needed for nausea Aspercreme (topical pain medication)/aloe 10%	S3200		

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S3200	Continued From page 11 cream apply to feet twice daily Biofreeze Gel 4% apply to right side of chest as needed for pain Acetaminophen (analgesic)325mg take 2 tablets by mouth every 6 hours as needed for headache Current written physician's orders signed 3/28/19 lacked these orders. In addition, the signed 3/28/19 orders included two items not on the MAR: Aspercreme every night at HS (bedtime) to feet Aspercreme twice daily to ribs PRN (as needed) On 4/25/19 at 11:40am, licensed nurse and Operator #L confirmed the written signed orders failed to match the current orders of the April 2019 MAR. The Administrator failed to ensure all medications and biological's administered to #185 in accordance with medical care provider's written orders and in accordance with professional standards of practice.	S3200		
S3201 SS=D	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately	S3201		

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S3201	Continued From page 12	S3201		

before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(d)(3)

The census equalled 56 the sample included three Residents. The Resident Roster identified 47 with facility managed medications and nine with self administered medications. Based on observation, interview, and review of record, for one of three sampled Residents with facility managed medications (#189), the Administrator failed to ensure staff remained with the Resident until medication ingested.

Findings included:

- Review of record revealed #189 admitted to facility 10/19/18 with diagnoses of depression, anxiety, insomnia, diabetes, pseudobulbar effect, epilepsy, transischemic attack, pulmonary embolism, sinusitis, and gastroesophageal reflux disease.

Current functional capacity screen (FCS) of 10/15/18 assessed #189 unable to perform medication and treatment management, with short term memory and decision making impairments.

Self Administration assessment of 10/19/18

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S3201	Continued From page 13 recorded: "Not applicable" - list medications Resident will self administer "Fully capable" - can correctly read aloud medication instructions on container "Unable not appropriate for self administration" - can Resident provide secure storage "Unable not appropriate for self administration" - correctly state what each medication if for "Unable not appropriate for self administration" - can state correct time to take medication "Not applicable" - can correctly measure the appropriate amount of medication "Fully capable" - can accurately state situations warranting PRN (as needed) medications "Unable not appropriate for self administration" - can correctly administer inhaled medications safely "Not applicable" - can correctly administer eye drops, ear drops, topicals, rectal suppositories "Unable not appropriate for self administration" - can correctly administer sub cutaneous injections "Based on the above evaluation... Resident is unable to safely administer medications" Current 10/19/18 negotiated service agreement/health service plan (NSA/HSP) documented facility management of medications... will be obtained timely and medications reviewed by a licensed pharmacist... requires assistance with oral, inhaled, or topical medications... will take medications safely... April 2019 MAR (medication administration record) recorded facility staff administered medications to #189. On 4/24/19 at 5:40pm, certified staff #T and #U described care needs of #189... stated #189	S3201		

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S3201	Continued From page 14 pretty independent, staff gives his/her meds... staff does his/her blood sugars... #189 knows his/her meds... if staff miss one #189 will tell you... On 4/25/19 at 11:00am #189 stated I have my breathing treatment (nebulizer) unit in my room... I do those treatments when I need them... set them up and do my own... On 4/29/19 at 2:14pm, Operator #L reported "He/she continues to have nebulizer treatment machine and med in his/her room and she/he is capable of doing this per the nurse at this time and it is PRN." For #189, the Administrator failed to ensure staff who managed medications remained with the Resident until the medication ingested.	S3201		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.	S3211		

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S3211	Continued From page 15 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The census equalled 56 the sample included three Residents. The Resident roster identified nine Residents who self administered one or more medications. Based on observations and interviews, for eight medications in the facility medication cart, the Administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the Resident on each accepted original, unbroken manufacturer's package of over-the-counter (OTC) medication for Resident administration. Findings included: - On 4/23/19 at 3:30pm, in the facility medication carts and in the locked medication room, observed with certified medication aide (CMA) #P, multiple containers of OTC medications that lacked the first and last name of a Resident: #170 - bottle of Advil (anti inflammatory), no first or last name #170 - bottle of Tylenol (analgesic), no last name #172 - bottle of milk of magnesia, no first or last name #176 - Areds2 Preservision (eye vitamins), no first or last name Bottle of One a Day 50 Vitamins, no first or last name Bottle of Milk of Magnesia, no first or last name On 4/23/19 at 3:03pm Licensed Practical nurse #I and CMA #P confirmed these packages lacked the first and last name of the Resident. On 4/23/19 at 4:40pm, Operator #L provided a	S3211		

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S3211	Continued From page 16 copy of facility medication storage policy and procedure. This document lacked information for the labeling of over the counter medications. For approximately five Residents with facility managed medications, the Administrator failed to ensure the license nurse or licensed pharmacist placed the full name of the Resident on each accepted, original, unbroken manufacturer's package of OTC medication for Resident administration.	S3211		
S3214 SS=E	26-41-205 (g) (4) Sample & Indigent Medication Program Meds (g) (4) Licensed nurses and medication aides may administer sample medications and medications from indigent medication programs if the administrator or operator ensures the development of policies and implementation of procedures for receiving and identifying sample medications and medications from indigent medication programs that include all of the following conditions: (A) The medication is not a controlled medication. (B) A medical care provider ' s written order accompanies the medication, stating the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. (C) A licensed nurse or medication aide receives the medication in its original, unbroken manufacturer ' s package. (D) A licensed nurse documents receipt of the medication by entering the resident ' s name and the medication name, strength, and quantity into a log. (E) A licensed nurse places identification information on the medication or package	S3214		

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S3214	Continued From page 17 containing the medication that includes the medical care provider ' s name; the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions as documented on the medical care provider ' s order. Facility staff consisting of either two licensed nurses or a licensed nurse and a medication aide shall verify that the information on the medication matches the information on the medical care provider ' s order. (F) A licensed nurse informs the resident or the resident ' s legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident ' s clinical record shall contain documentation that the resident or the resident ' s legal representative has received the information and accepted the risk of potential adverse consequences. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(4) The census equalled 56 the sample included three Residents. The Resident Roster identified 47 with facility managed medications and nine with self administered medications. Based on observation, interview, and review of record, for one of one sampled Resident who received a sample medication (#189) and two non-sampled (#176 and #172), the Administrator failed to ensure the development of policies and procedures for receiving and identifying sample	S3214		

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S3214	Continued From page 18 medications. Findings included: - Observations on 4/23/19 at 3:30pm revealed sampled medications in the medication carts of facility for #189, #176, and #172. The medications lacked required identification and directions. - Review of record revealed #189 admitted to facility 10/19/18 with diagnoses of depression, anxiety, insomnia, diabetes, pseudobulbar effect, epilepsy, transischemic attack, pulmonary embolism, sinusitis, and gastroesophageal reflux disease. The 10/15/18 FCS (functional capacity screen) assessed #189 unable to perform medication and treatment management. The 10/19/18 negotiated service agreement/health service plan (NSA/HSP) documented medications will be obtained timely and medications reviewed by a licensed pharmacist... requires assistance with oral, inhaled, or topical medications... will take medications safely... The medication cart contained package of Symbicort 164/4.5 (for asthma and chronic obstructive pulmonary disease). The Symbicort lacked a pharmacy label, lacked the Residents' name, the physician's name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. Certified medication aide #P verified the Symbicort a sampled medication #189 received from the physician's office.	S3214		

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S3214	Continued From page 19 - Review of medication cart reveled two additional sampled medications packages: #176 - Trelegy (chronic obstructive pulmonary disease) inhaler #174 - Breo Ellipta (asthma and chronic obstructive pulmonary disease) inhaler. Each package lacked the Residents' name, the physician's name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. Certified medication aide #P verified the Trelegy and Breo were sampled medications #176 and #174 received from the physician's office... confirmed no process in place to ensure required directions/order maintained with sample package for administration by facility staff. On 4/24/19 Operator #L provided a copy of facility sampled medication policy and procedure. This document lacked information for acquiring, storage, and administration of sampled medications as required. For #189, #176, and #174, the Administrator failed to ensure the development of policies and procedures for receiving and identifying sample medications as required.	S3214		
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	S3215		

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S3215	Continued From page 20 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(4) The census equalled 56 the sample included three Residents. The Resident Roster identified 47 with facility managed medications and nine with self administered medications. Based on observations and interview:	S3215		

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S3215	Continued From page 21 For one sampled (#189) and one non-sampled (#178), licensed nurses and medication aides failed to ensure medications stored in accordance with manufacturer's directions and not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration. Findings included: - By observation on 4/23/19 at 3:30pm, in review of facility medication carts (two carts) and medication storage room, with medication aide #P, the following noted in use: #189 - Humalog insulin pen stored in the medication room refrigerator. The insulin pen verified by #P as open and in use. The name/prescription label very faded and barely legible with Resident's name. The insulin pen lacked a "date opened" or "put into use." #178 - a bottle of Acetaminophen 325mg (milligrams) tablets, expired 12/2018. On 4/23/19 at 3:30pm certified medication aide #P confirmed the bottle of Acetaminophen for #178 past the manufacturer's expiration date... stated #189's insulin pen has been open and in use for awhile... he/she has been refusing to take the daily dose at noon if blood sugar is 150 or below... not sure of what date opened, has been stored in refrigerator the entire time... do not have any other pens for #189 in facility at this time. For #189 and #178 with facility managed medications, licensed nurses and medication aides failed to ensure medications stored in accordance with manufacturer's directions and not administered beyond the manufacturer's or	S3215		

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S3215	Continued From page 22 pharmacy provider's recommended date of expiration.	S3215		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (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; (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 (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(b)(5-6)(c) The census equalled 56 the sample included three Residents. The facility identified 231 employees hired since the last Resurvey with five of these reviewed. Based on interview and reviews of records for four of five employees reviewed (#B, #C, #D, and #E), and for two of three sampled Residents (#187 and #189), the Administrator failed to ensure the facility's compliance with the Departments' tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		

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S3310	Continued From page 23 Findings included: - Review of employee records on 4/24/19 at 1:00pm Administrative Assistant #Q revealed the following: #B - Certified medication aide - hired 3/13/18 - no TB symptom screen completed; one step TB skin test administered 02/13/18, no second step administered as required #C - Certified nurse aide - hired 11/14/18 - no TB skin test administered, and no TB symptom screen completed. #D - Certified nurse aide - hired 3/05/19 - TB symptom screen completed 02/12/19, one TB skin test administered 02/12/19, no second step administered as required #E - Certified nurse aide - hired 3/06/19 - no TB symptom screen completed, a chest X-ray for TB surveillance completed on 02/20/19 Review of Resident records revealed the following: #187 - admitted 3/05/19 - the first step TB skin test documented 02/03/19, the result "negative" recorded with no read date; the second step TB skin test documented 02/12/19, the result "negative" recorded with no read date; no TB symptom screen completed at time of admission. #189 - admitted 10/19/18 - first step TB skin test documented 10/14/18 with read date of 10/16/18, results 4mm (millimeters); no second step TB test administered; no TB symptom screen completed at time of admission.	S3310		

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S3310	Continued From page 24 On 4/24/19 at 1:00pm, Administrative Assistant #Q confirmed no other documentation available. On 4/25/19 at 1:00pm, Operator #L confirmed the two step skin test and TB symptom screen not completed at time of admission and at time of hire as required... stated I have re-read the requirements for TB testing and we were not doing in correctly. The Administrator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for Residents #187 and #189, and for employees #B, #C, #D, and #E.	S3310		