STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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 Revisit and Correction Order #18-50 at the above named Residential Health Care Facility in McPherson, Kansas on 4/17/18 and 4/19/18.	{S 000}		
{S3200} SS=E	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)(1-2) The census equalled 14 the sample included three Residents. The Resident roster identified all 14 Residents with facility managed medications. Based on observation, interview, and review of records, for three of three sampled Residents (# 2058, #2062, and #2036), the Operator failed to ensure all medications and biological's	{S3200}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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
{S3200}	Continued From page 1 administered to each Resident in accordance with professional standards, in accordance with each manufacturer's recommendations, and in accordance with written medical care provider orders. Findings included: - Review of record revealed #2058 admitted to facility 02/27/18 with diagnoses of coronary artery disease, hypertension, peripheral artery disease, and diabetes. Functional capacity screen of 3/22/18 assessed #2058 unable to perform medication and treatment management. The 3/22/18 negotiated service agreement documented facility staff to provide medication and treatment management. Comparison of the April 2018 MAR (medication administration record) with written, signed, physician's orders revealed the following: The MAR recorded Diclofenac gel 1% apply to neck and shoulder area QID (four times daily) - order lacked a dosage or amount of this prescription gel to apply each time. The record lacked documentation of effort to clarify with the physician in accordance with professional standards of practice for medication management. The PRN (as needed) MAR recorded Tylenol 325mg (milligrams) 1-2 tabs PO (by mouth) PRN (as needed) for pain/fever. This order lacked parameters or qualifying level of symptoms to indicate one tablet or two tablets to be administered in accordance with professional standards of practice.	{S3200}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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
{S3200}	Continued From page 2 - Review of record revealed #2062 admitted to facility 3/02/18 with diagnoses of hypertension, anorexia, and presbycusis. Functional capacity screen of 3/01/18 assessed #2062 unable to perform medication and treatment management. The 3/01/18 negotiated service agreement documented facility staff to provide medication and treatment management. Comparison of the April 2018 MAR (medication administration record) with written, signed, physician's orders revealed the following: The MAR recorded "3/30/18 Sulfamethoxazole one tablet PO twice daily." The MAR documented doses administered 4/01/18 to 4/05/18. By review, the medical record lacked a physician's order for this medications. On 4/17/18 at 1:30pm facility nurse #F and Operator #G confirmed no written order found in facility for the Sulfamethoxazole... confirmed medication administered in absence of a written physician's order. The PRN (as needed) MAR recorded: Voltaren gel apply topically PRN (as needed) QID (four times daily) for painful muscle areas. This order lacked a dosage or amount of gel to apply. Tylenol (analgesic) 500mg (milligrams) 1-2 tabs PO (by mouth) PRN (as needed) every 4-6 hours for pain/fever. This order lacked parameters or qualifying level of symptoms for certified staff to determine one tablet or two tablets to be administered. Milk of magnesia (laxative) 15-30cc (cubic centimeters) PO PRN for constipation. This order	{S3200}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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
{S3200}	Continued From page 3 lacked level of symptoms for certified staff to determine 15cc or 30cc to be administered. Miralax (laxative) 17 grams in 6 ounces fluid PO PRN daily for constipation. This order lacked directions for certified staff to determine if given daily. Three types of topical skin treatments, Calmoseptine, A and D ointment, Desitin ointment, each recorded "PRN irritated skin". These orders lacked directions for certified staff to determine which substance to use. These PRN orders not in accordance with professional standards of practice. Observation of the medication cart on 4/17/18 at 3:00pm revealed none of the PRN medications listed for #2062 available in his/her storage box. The PRN log recorded Tylenol administered to #2062 on April 1, 2, 3, 5, 7, 9, 10, 14, and 15, 2018. Facility nurse #F not able to determine what supply used for administration of these doses, stated perhaps he/she ran out on 4/15/18. By review, nothing noted on the medication re-order page. Facility nurse #F stated may not be on that re-order page since family usually provided the Tylenol. The failure to have ordered medications available for Resident did not meet the standards of practice for medication management. - Review of record revealed #2036 admitted to facility 9/25/14 with diagnoses of recent fall and urinary tract infection. Functional capacity screen of 3/30/18 assessed #2036 unable to perform medication and treatment management.	{S3200}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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
{S3200}	Continued From page 4	{S3200}		

The 3/30/18 negotiated service agreement documented facility staff to provide medication and treatment management.

Comparison of the April 2018 MAR (medication administration record) with written, signed, physician's orders revealed the following:

The MAR recorded no routine medications ordered for #2036. Facility nurse #F and Operator #G stated he she never takes anything, we don't have any medications here for him/her.

The PRN (as needed) MAR recorded:
Duoneb (bronchodilator) one vial via nebulizer inhale PRN every 6 hours for shortness of breath/congestion.
Tylenol (analgesic) 500mg 1-2 tabs PO PRN for pain/fever
Milk of magnesia (laxative) 15-30cc PO PRN daily for constipation.

By further review, the PRN record documented a dose of Tylenol administered on 4/06/18. This entry lacked documentation to specify if one tablet or two tablets administered, lacked documentation of the location of the pain or any form of assessment of the level of pain, all according to professional standards of practice. The record lacked documentation of what supply used for this administration, as #2036 did not have a supply of any medication in the medication storage area.

On 4/17/18 at 1:00pm, facility nurse #F stated do not have Duoneb on site for him/her because he/she never uses it... same with other PRN's... they just outdate with no use... if #2036 or any Resident needed a medication they didn't have here, staff would have to call someone to go pick

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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
{S3200}	Continued From page 5 it up. The failure to have ordered medications available for Resident did not meet the standards of practice for medication management. - Review of record revealed #2033 admitted to facility 3/30/18 with diagnoses of diabetes and depression. Functional capacity screen of 3/30/18 assessed #2033 unable to perform medication and treatment management. The 3/30/18 negotiated service agreement documented facility staff to provide medication and treatment management. Comparison of the March 2018 MAR (medication administration record) with written, signed, physician's orders revealed no medications administered/documented on 3/30/18 or 3/31/18. Physician orders for the following noted: Finasteride (prostrate) 5mg (milligrams) daily Amlodipine (blood pressure) 10mg daily Atenolol (blood pressure, chest pain) 100mg daily Losartan (blood pressure) 100mg daily Mirabegron (overactive bladder) ER 25mg daily Clopidogrel (blood thinner) 75mg daily Sertraline 100mg daily Tamsulosin (prostrate) 0.4mg daily Testosterone Cyp (hormone replacement) 100mg every 11 days HCTZ (blood pressure) 25mg daily Pantoprazole (reflux/acid reducer) 40mg daily. On 4/17/18 at 3:55pm facility nurse #F and Operator #G stated were unaware March MAR left empty and no documentation of ordered	{S3200}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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
{S3200}	Continued From page 6 medications... confirmed #2033 arrived on 3/30/18 at 10:00am and all medications either brought with him/her or obtained from the pharmacy. By interview on 4/17/18 at 12:40pm, facility nurse #F confirmed the PRN orders lacked parameters or specific directives for certified staff to determine one tablet or two tablets to alleviate the reported symptoms... #F stated not sure what the policy and procedure says for PRN medications... at times they will call me... on 4/17/18 at 1:15pm facility nurse #F stated if they (certified staff) called me and said the Resident needs something for constipation I would tell them to use powder (Miralax) or milk of magnesia... depending on Resident and what was available... I would decide what ointment to use for skin irritation depending on what was available and if they called me... On 4/17/18 at 1:00pm Operator #G located the policy and procedure titled "PRN Medications": "A CMA (certified medication aide) can give a PRN medication when there is a signed physician's order for the medication with the use it is to be given for. Before administering the medication the CMA should call the nurse to report symptoms and what medication should be administered." For #2033, #2058, #2062, and #2036, the Operator failed to ensure all medications administered in accordance with professional standards of practice and in accordance with written physician's orders.	{S3200}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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
{S3215}	Continued From page 7	{S3215}		
{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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(4)	{S3215}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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
{S3215}	Continued From page 8 The census equalled 14 the sample included three Residents. The Resident roster identified all 14 Residents with facility managed medications. Based on observations and interview, for one of three sampled Residents with expired over the counter medications (#2058) and for one non-sampled (#2074) the Operator failed to ensure licensed nurse or medication aide did not administer medication beyond the manufacturer's recommended date of expiration. Findings included: - By observation on 4/17/18 at 12:20pm, in review of the medication cart of facility with facility nurse #F, the following noted: #2058 - Metoprolol (blood pressure) 50mg (milligrams) - discard by 02/28/18 #2074 - nearly full bottle of L-thyroxine (thyroid therapy), initial content of 75 tablets, use by 02/21/18 #2074 - Trazodone (anti depressant) 50mg - use by 4/03/18 On 4/17/18 at 12:20pm, facility nurse #F stated I don't know what to say... I can't believe we still have expired meds... we have all reviewed the cart since you were here even the owner... facility nurse #F confirmed three medication containers in our review past the discard date on the bottle. For #2058 and #2074, the Operator failed to ensure licensed nurse or medication aides did not administer medication beyond the manufacturer's recommended date of expiration.	{S3215}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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
{S3216}	Continued From page 9	{S3216}		
{S3216} SS=F	26-41-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(i) The census equalled 14 the sample included three Residents. The Resident roster identified all Residents as receiving medication management. Based on observation, interviews and reviews of records, for three of three sampled (#2058, #2062, and #2036), one non-sampled (#2033), and all Residents with medication management,	{S3216}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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
{S3216}	Continued From page 10 the Licensed nurses and Medication aides failed to maintain records of receipt and disposition of medications in sufficient detail for an accurate reconciliation according to acceptable standards of practice. Findings included: The roster identified all Residents as receiving facility management of medications. On 4/17/18 at 1:00pm, 3:55pm, and at 5:00pm, facility nurse #F and Operator #G stated we have instructed all CMA's (certified medication aides) on the new form for re-orders and to keep track of medications... all were instructed verbally and individually 3/21/18 or 3/22/18... we had a full inservice on 3/29/18... we reviewed new forms... they are supposed to highlight the MAR (medication administration record) when a new bottle of medication is opened... that is not happening... presented new "Medication Re-order" form for review. Facility nurse #F and Operator #g confirmed this new form lacked an area to specify the number of doses delivered to facility... #F stated we would just look at the label if we had a question... #F confirmed the label would not be available if attempting to reconcile medication counts after the label/container thrown away. - Review of medication cart, medication re-order form, and March/April MAR's (medication administration records) revealed the following: - Resident #2062 admitted to facility 3/02/18, with written physician's orders, and many medications brought with him/her to facility. by review and physical count, not able to reconcile due to absence of a beginning number, and the lack of	{S3216}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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
{S3216}	Continued From page 11 highlight on MAR when new bottles of medication started. - Resident #2058 admitted to facility 02/27/18, with written physician's orders, and many medications brought with him/her from home. By review and physical count of medications currently available, some bottles observed to have more doses inside than included on the label: Levothyroxine filled 7/03/17 with 90 tablets, order for one daily, 207 tablets in the bottle. Metolazone one tablet daily, filled 11/22/17 with 53 tablets remaining in the bottle Ranexa one daily, filled 02/27/18 with 60 tablets; 86 tablets remained in the bottle Atorvastatin filled 3/22/18 with 30 tablets; two tablets remained. Facility nurse #F confirmed we did not count the original amount brought from home by #2058 and #2062... that was before the last visit... we have no idea how many doses came with him/her and why some bottles have more than labeled... I can see why that should be part of our process... #F confirmed since the last visit, the procedure to highlight the beginning of new bottles of medication not highlighted on the MAR as required. - Resident #2036 admitted 9/25/14, with written physician's order, but with no current supply of any medications in facility. MAR documentation revealed Tylenol administered to #2036 on 4/06/18. Facility nurse #F not able to determine source of Tylenol administered due to no current supply of any medication.	{S3216}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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
{S3216}	Continued From page 12 - Resident #2033 admitted to facility 3/30/18 at 10:00am, with written physician's orders, and many of his/her medications brought with him/her. By review and physical count with facility nurse #F determined the following: Finasteride (prostrate) 5mg (milligrams) one daily 8am - brought 56 tablets; 39 remained (one extra) Amlodipine (blood pressure) 10mg one daily 8am - brought 48 tablets; 31 remained (one extra) Atenolol (blood pressure, chest pain) 100mg one daily 8am - brought 13 tablets, re-filled 4/05/18 with 90 tablets, 86 remained (by review, no highlight on MAR when newly arrived bottle of 90 tablets started according to facility policy) (one extra) Losartan (blood pressure) 100mg one daily 8am - brought 48 tablets; 31 remained (one extra) Mirabegron (overactive bladder) ER 25mg one daily 8am - brought 9 tablets; re-filled 4/05/18 with 30 tablets, 30 remained (nine extra) Clopidogrel (blood thinner) 75mg one daily 8am - brought 57 tablets; 46 remained (seven extra) Sertraline 100mg two daily 8am - brought 108 tablets; 74 remained (one extra) Tamsulosin (prostrate) 0.4mg one daily 8am - brought 79 tablets; 62 remained (one extra) Testosterone Cyp (hormone replacement) 100mg every 11 days - brought one dose, none remained HCTZ (blood pressure) 25mg one daily 8am - brought 48 tablets; 31 remained (one extra) Pantoprazole (reflux/acid reducer) 40mg one daily - brought 19 tablets; 2 remained (one extra) Atorvastatin (cholesterol) one daily 8pm - this was a new order 4/03/18; according to facility order sheet this medication arrived and accepted 4/05/18; according to the April 2018 MAR doses administered daily from 4/03/18 to 4/16/18 at 8:00pm; 20 tablets remained in the bottle; (four	{S3216}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	R 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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
{S3216}	Continued From page 13 extra, no explanation of what supply used for administration 4/03/18 and 4/04/18 before arrival of mediation on 4/05/18) On 4/17/18 at 4:25pm, facility nurse #F stated not able to determine why count of present medication amounts failed to correspond with ordered and documented numbers of doses... confirmed medication re-order sheet lacked a column to specify the number of pills/tablets/capsules/doses that arrived in the facility... confirmed with that information lacking, not able to reconcile the number of doses administered/documented with the number of doses accounted for. License nurses and medication aides failed to demonstrate the ability to accurately reconcile delivered medication with administered and current supplies of medications. For all Residents, licensed nurses and certified medication aides failed to maintain accurate records of receipt and disposition of medications in sufficient detail for an accurate reconciliation.	{S3216}		