STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N061008	A. BUILDING: _____ B. WING _____	09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT LOUISBURG LLC	202 S ROGERS ROAD LOUISBURG, KS 66053

(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 complaints #171958, and #180171 at the above named Assisted Living, Facility, conducted on 09/25/23 and 09/26/23.	S 000		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 31 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over the counter (OTC) medications for three residents. Findings included:	S3211		

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

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S3211	Continued From page 1 - Observation on 09/25/23 at 01:35 PM revealed the facility's medication cart contained the following OTC medications which were not labeled with a resident's full name: Resident (R)105: One box of Claritin Liqui-Gels R106: One bottle of Spring Valley Echinacea One bottle of Equate Senna-S R107: One bottle of Nature Made Super B- Complex One bottle of Ready in Case Aspirin 81 milligrams One bottle of Equate Complete Vitamin Interview on 09/25/23 at 01:49 PM Certified Medication Aide (CMA) E stated all OTC medications should have the resident's full name, room number and date written on the bottles. Interview on 09/26/23 at 03:38 PM Licensed Nurse (LN) C stated when family brought in OTCs, the CMA should turn over the OTCs to the nurse to verify if there was a doctor's order, and the full name of the resident should be labelled on the bottle, as well as the room number and then the nurse would initial the bottle. The "Medication Services- Kansas" policy dated 05/20/19 documented, "A licensed nurse or medication aide may accept over the counter medications ...A licensed nurse or pharmacist shall place the resident's full name on the package."	S3211		

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S3211	Continued From page 2 The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		