| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N089002 | A. BUILDING: _____ B. WING _____ | R 06/25/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| OAK CREEK SENIOR LIVING | 3224 SW 29TH STREET TOPEKA, KS 66614 |

| (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<br><br>The following citation is the result of a revisit for licensure conducted on 6/24/19 and 6/25/19 at the above named assisted living facility i n Topeka, KS. | {S 000} | | |
| {S3215} SS=E | 26-41-205 (h) Medication Storage<br><br>(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.<br>(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.<br>(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.<br>(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.<br>(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. | {S3215} | | |

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

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| {S3215} | Continued From page 1<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R 26-41-205(h)<br><br>The facility reported a census of 28 residents. The sample included 3 residents. The resident roster identified 20 residents as receiving medication management. Based on observations and interviews for 20 residents, the operator failed to ensure that licensed nurses or medication aides stored all medications and biologicals securely and properly in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations, when over the counter medictions (OTCs) lacked the full name of the resident and were not accounted for which resident the OTC belonged to.<br><br>Findings included:<br><br>- Observation on 6/24/19 at 2:55pm, during facility tour of the medication room, the following open containers of OTC medications were observed on a shelf and on the counter:<br><br>In a red bag on the shelf: Rugby brand meclizine (antihistamine) HCL (hydrochloride) 12.5mg (milligrams) 100 capsules, manufacturer's expiration date (MED) 9/19.<br><br>Good Neighbor Pharmacy brand Calcium Carbonate (supplement) 500 mg, 150 tablets (tabs) "17" written on cap. | {S3215} | | |

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| {S3215} | Continued From page 2<br><br>2 bottle of Tums antacid Ultra strength 1000, 72 chewable tabs, "Donated 2/18/19" written in black marker on the sides of the bottles.<br><br>Walgreens brand Migraine relief (acetaminophen/aspirin/ caffeine for pain) MED 11/18, [last name] on label and lid.<br><br>Walgreens brand Diphenhydramine HCL (antihistamine) 25mg, MED 9/18.<br><br>Bayer Brank Aspirin coated (pain) 300 tabs, MED 10/19.<br><br>On the shelf by the red bag and/or on counter below: Rainbow light brand probiolicious probiotic gummies, 50 gummies, MED 6/19.<br><br>Equate brand Women's daily Multivitamin (supplement),8:00pm written on label and lid.<br><br>Equate brand Pain relieving cream 4 ounce tube, MED 5/21.<br><br>Mucinex brand Max Cold and flu liquid (multi-symptom) 6 fluid ounces, MED 5/20.<br><br>Interview on 6/24/19 at 2:55pm with operator #A and Certified staff #B stated they did not know who the medications belonged to.<br><br>Facility policy for labeling insulin pens and OTC bottles reads: For OTC bottles the bottle not lid must be labeled with resident's full name. RCC (resident care coordinator) will periodically check to ensure bottles are labeled properly.<br><br>For 20 residents of the facility who received medication assistance the operator failed to | {S3215} | | |

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| {S3215} | Continued From page 3<br>ensure that licensed nurses or medication aides stored all medications and biologicals securely and properly in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations, when over the counter medictions (OTCs) lacked the full name of the resident and were not accounted for which resident the OTC belonged to. | {S3215} | | |