STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N002001	A. BUILDING: _____ B. WING _____	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VII	806 W 4TH STREET GARNETT, KS 66032

(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 represent the findings of a resurvey for the above named Residential Health Care facility conducted on 10/03/24 and 10/07/24.	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: 3211 KAR 26-41-205 (g)(3) The facility reported a census of 12 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 some over the counter (OTC) medications. Findings included: - Observation on 10/03/24 at 11:38 AM revealed	S3211		

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

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S3211	Continued From page 1 the facility's medication cart contained the following OTC medications which were not labeled with a resident's full name: Resident (R)104: One bottle of Thera tears lubricant eyedrops One bottle of Bausch and Lomb PreserVision AREDS2 One bottle of Phillips Colon Health Probiotics R105: One bottle of Bausch and Lomb PreserVision AREDS2 R108: One bottle of Equate All Day Allergy Relief On 10/03/24 at 11:54 AM Licensed Nurse A acknowledged there were some OTC medication containers that were not labeled with the resident's full name. The 02/18 "Guest Home Estates Policy on Over The Counter Medication" documented, "When a resident, family member or a friend bring in over the counter medications ...The nurse will ...mark the medication with their full name ..." The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14.	S3213		

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S3213	Continued From page 2	S3213		

This REQUIREMENT is not met as evidenced by:
3213
KAR 26-41-205 (g)(2)

The facility reported a census of 12 residents. Based on observation and interview the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.

Findings included:

- Observation on 10/03/24 at 11:38 AM revealed the medication cart contained the following prescription medication containers which were not labeled with a resident's full name:

Resident (R)104:
One bottle of Fluticasone Propionate nasal spray
One inhaler of Albuterol Sulfate

R105:
One tube of Diclofenac Sodium

R107:
One tube of Diclofenac Sodium

On 10/03/24 at 11:54 AM Licensed Nurse A acknowledged there were some prescription medication containers that were not labeled with the resident's full name.

The operator failed to ensure each prescription medication container had a label provided by a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3213	Continued From page 3 dispensing pharmacist affixed to the container.	S3213		
S3215 SS=F	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.	S3215		

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S3215	Continued From page 4 This REQUIREMENT is not met as evidenced by: 3215 KAR 26-41-205(h) The facility reported a census of 12 residents. Based on observation and interview, the operator failed to ensure all medications and biologicals were properly stored in accordance with each manufacturer's recommendations. Findings included: - On 10/03/23 at 11:52 AM an observation of the medication room refrigerator revealed one vial of Tubersol was opened and dated 05/22/24. On 10/03/24 at 11:54 AM Licensed Nurse A acknowledge the vial of Tubersol was opened and dated 05/22/24 and stated there have been resident admissions and newly hired staff since this vial was opened. The vial of Tubersol, the original packaging it came in and the product insert all documented the vial should be discarded after 30 days if it had been entered and in use. The operator failed to ensure medications and biologicals were stored in accordance with manufacturer's recommendations.	S3215		