Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N007006	A. BUILDING: _____ B. WING _____	C 12/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT HIAWATHA LLC	400 KANSAS AVENUE HIAWATHA, KS 66434

(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 survey for re-licensure with attached complaints conducted on 11/29/18 and 12/6/18 at the above named assisted living facility in Hiawatha, Ks.	S 000		
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.	S3215		

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

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S3215	Continued From page 1 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-205(h) The facility reported a census of 31 residents. The sample included 3 residents and one focus review resident. For all residents, the operator failed to ensure that licensed nurses or medication aides stored all medications and biologicals severely and properly in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. Findings included: - Observation on 11/29/18 at 10:40am in the facility locked medication refrigerator revealed the following: Aplisol Intradermal Injection solution 0.1mL, TPPD solution (tuberculin purified protein derivative): delivered on 11/19/18, vial open, no open date recorded. MSO4 (morphine sulfate solution, narcotic for pain) 100mg (milligram)/ 5ml (milliliters), open, 30 ml bottle filled 11/6/18 for resident # 129. MSO4 100mg/5ml solution, open, 30ml bottle filled on 11/19/18. For resident #132. Refrigerator temperature read 33.9 degrees Fahrenheit. Manufacturers storage instructions on medication boxes recorded: store at 68 -77 degrees.	S3215		

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S3215	Continued From page 2 Medications were not stored according to manufacturers' recommendations or regulations. Interview on 11/29/18 at 10:40am with licensed nurse #B stated: "We've always stored it (MSO4) in the fridge." Pharmacy was contacted and medication later properly stored. For residents # 129 and 132 and potentially all residents of the facility, the operator failed to ensure that licensed nurses or medication aides stored all medications and biologicals severely and properly in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations.	S3215		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual	S3248		

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S3248	Continued From page 3 does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) The census equaled 31 the sample included 3 residents. Based on interviews and reviews of facility records, for 3 of 3 certified staff (#C, D, F) and 1 of 2 licensed staff (#E) the operator failed to ensure the employee record contained supporting documentation from the nurse aide registry/ nurse registry and criminal background checks upon hire. Findings included: - Review of personnel records for certified staff #C (hire date 10/18/18), record lacked documentation of nurse aide registry check and criminal background check through health occupations and credentialing upon hire. Registry check completed on 11/29/18 KBI (Kansas Bureau of Investigations) check submitted on 11/29/18. Checks completed 43 days after hire. Review of personnel records for certified staff #D (hire date 6/5/18), record lacked documentation of nurse aide registry check and criminal background check through health occupations and credentialing upon hire. Registry check	S3248		

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S3248	Continued From page 4 completed on 6/7/18 (2 days after hire). Record lacked evidence of a KBI check. Review of personnel records for licensed nursing staff #E (hire date 8/3/18), record lacked documentation of nurse license check upon hire. Nurse license check completed on 11/29/18 (119 days after hire). Review of personnel records for certified staff #F (hire date 2/16/18), record lacked documentation of nurse aide registry check and criminal background check through health occupations and credentialing upon hire. Registry check completed on 11/29/18 (168 days after hire). Record lacked evidence of a KBI check. Interview on 11/29/18 at 1:15pm with facility operator #A confirmed registry checks/ criminal background checks (KBI) were not completed on staff upon hire. The operator failed to ensure the employee record contained supporting documentation for license/registry checks and criminal background checks upon hire.	S3248		