STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008010	A. BUILDING: _____ B. WING _____	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANDOVER COURT ASSISTED LIVING	721 WEST 21ST ST ANDOVER, KS 67002

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with complaint number's 163202, 160307, 157935, 157941, 149504, and 143309, for the above named facility conducted on 10/18/2021, 10/19/2021, 10/20/2021 and 10/21/2021.	S 000		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (d) The facility reported a census of 34 residents. The sample included 3 residents. Based on Interview and record review the administrator failed to ensure the resident's negotiated service agreement (NSA) provided the name of the licensed nurse responsible for the implementation and supervision of the health care service plan for resident's #112, 218, and 316. Findings included: - Record review for resident #112 revealed an admission date of 2/1/2017 with diagnoses of paraplegia, lymphedema, type 2 diabetes, neuromuscular dysfunction of the bladder and urine retention. The annual functional capacity screening (FCS)	S3165		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 10/21/21

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S3165	Continued From page 1	S3165		

dated 4/13/2021 identified the resident with intact cognition and required physical assistance with bathing, dressing, toileting, and transferring. She managed her own medications, had a fall risk and used an electric scooter, and slide board assistive device.

The negotiated service agreement (NSA) dated 10/13/2021included the following services provided by the facility:
facility staff would assist the resident in getting dressed and transferring. The resident received wound care and bathing from outside agencies. The NSA lacked the name of the nurse responsible for the implementation and supervision of the healthcare service plan.

The health service plan (HSP) dated 5/20/2020 directed staff to assist outside agency with bathing, and assist the resident daily with dressing, and 2-person assist with transfers.

Interview on 10/19/2021 with administrator C and licensed nurse D confirmed the resident NSA lacked the name of the nurse responsible for the implementation and supervision of the healthcare service plan.

- Record review for resident #218 revealed an admission date of 10/26/2018 with diagnoses of atherosclerotic heart disease, major depressive disorder, dependence on supplemental oxygen, and chronic kidney disease.

The annual functional capacity screening (FCS) dated 4/13/2021 identified the resident with intact cognition, and was independent with bathing, dressing, toileting, transferring, walking and mobility. She managed her own medications and used a walker mobility device.

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S3165	Continued From page 2 The negotiated service agreement (NSA) dated 10/12/2021 included the following services provided by the facility; would clean and maintain her room weekly, assist with oxygen refills, provide safety checks, and transfer assist. The NSA lacked the name of the nurse responsible for the implementation and supervision of the healthcare service plan. The health service plan (HSP) dated 11/21/2019 directed staff to monitor and review resident ability to manage her own medications. Interview on 10/19/2021 with administrator C and licensed nurse D confirmed the resident NSA lacked the name of the nurse responsible for the implementation and supervision of the healthcare service plan. - Record review for resident #316 revealed an admission date of 9/19/2017 with diagnoses of dementia without behavioral disturbances, presence of coronary angioplasty implant and graft, hypokalemia, and major depressive disorder. The annual functional capacity screening (FCS) dated 4/13/2021 identified the resident with impaired short, long term, memory recall and decision making. She required supervision with bathing, was independent with dressing, toileting, transferring and walking/mobility. She lacked the ability to manage her own medications. The negotiated service agreement (NSA) dated 10/13/2021 identified the following services provided by the facility: escort to room, dining area and activities. Reorient and supervise or assist as needed. Provide cues/prompting for	S3165		

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S3165	Continued From page 3 bathing and manage her medications. The NSA lacked the name of the nurse responsible for the implementation and supervision of the healthcare service plan. The health service plan (HSP) dated 3/10/2020 directed staff to assist 2 times weekly with showers. Interview on 10/19/2021 with administrator C and licensed nurse D confirmed the resident NSA lacked the name of the nurse responsible for the implementation and supervision of the healthcare service plan. The administrator failed to ensure the resident's negotiated service agreement (NSA) provided the name of the licensed nurse responsible for the implementation and supervision of the health care service plan for resident's #112, 218, and 316.	S3165		
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.	S3211		

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S3211	Continued From page 4 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (g) (3) The facility reported a census of 34 residents. The sample included 7 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original over the counter medication manufacturer's package for residents #527, 616, and 710. Findings included: - On 10/28/2021 Licensed nurse D provided the resident roster which indicated the facility managed medications/treatments for 18 residents. - On 10/18/2021 at 2:45 PM certified medication aide's A and B unlocked the medication cart and observation revealed the following over the counter medication bottles; Omega 3 600 plus D3 - resident #710 initials and room number written on the lid of the bottle Calcium Magnesium Zinc - resident #710 initials and room number written on the lid of the bottle Aspirin 325 - resident #710 initials and room number written on the lid of the bottle Vitamin D3 - resident #710 initials and room number written on the lid of the bottle Prevegan - resident #710 initials and room number written on the lid of the bottle Laxa Clear - resident #527 initials and room number written on the lid of the bottle Aleve Liquid Gels - bottle lacked any resident	S3211		

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S3211	Continued From page 5 identifier Tylenol PM - #616 resident initials and room number written on the lid of the bottle Pain relieving cream Lidocaine 4% - resident #710 initials and room number written on the over the counter box Lidocaine and menthol patch - #710 initials and room number written on the over the counter box Interview on 10/18/2021 at 2:45 PM with medication aide's A and B confirmed the over the counter medication bottles lacked the resident's full name. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original over the counter medication manufacturer's package for residents #527, 616, and 710.	S3211		
S3215 SS=D	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	S3215		

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S3215	Continued From page 6 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: K.A.R. 26-41-205 (h) (4) The facility reported a census of 34 residents. Based on observation and interview the administrator failed to ensure a licensed nurse could not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration regarding insulin pens for resident #417. Findings included: - On 10/18/2021 at 2:45 PM certified medication aide's A and B opened the medication storage cart. Observation revealed an open and in-use insulin pen of Novolog 70/30 with resident #417's name on the pens. The Novolog pen only had about half the insulin still in the pen. The insulin pen lacked a date recorded of when the pen was opened for use.	S3215		

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S3215	Continued From page 7 Interview on 10/18/2021 at 2:45 PM with certified medication aide's A and B revealed there was a place on the label of the pen that appeared to be a black smudge. Certified medication aides A and B stated the pen lacked a date of when the pen was opened, and the insulin pens were to be dated when opened. Novolog Flex pen manufacture recommended open or in-use pens should be kept at room temperature for a maximum of 28 days. The administrator failed to ensure licensed nurses could not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration regarding the insulin pen for resident #417.	S3215		