Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N019014	A. BUILDING: _____ B. WING _____	05/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKVIEW ESTATES	316 WICKWARE DRIVE FRONTENAC, KS 66763

(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 the licensure resurvey for the above named facility conducted on 5/26/2021 and 5/27/2021.	S 000		
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 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: KAR 26-41-205 (h) (4) The facility reported a census of 26 residents. Based on observation and interview the operator failed to ensure licensed nurses could not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration regarding insulin pens for resident #'s 177, 232 and 371. Findings included: - On 5/26/2021 at 1:30 PM licensed nurse B opened the medication cart in the medication room. Observation revealed the following opened and in use insulin pens: Levemir pen had approximately half of the insulin still in the pen and labeled with only resident #177 name on the pen. The pen lacked the date recorded of when the pen was opened for use. Basaglar pen had approximately half of the insulin still in the pen and labeled with resident #371 name on the pen. The pen lacked the date recorded of when the pen was opened for use. Humalog pen had approximately 1/4 of insulin still in the pen and labeled with resident #232 name on the pen. The pen lacked the date recorded of when the pen was opened for use. Interview on 5/26/2021 at 1:30 PM with licensed nurse B revealed the insulin pens were to be dated when opened.	S3215		

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S3215	Continued From page 2 Basaglar Kwik pen manufacture recommended to store opened insulin pen at room temperature for up to 28 days and discard even if insulin remained. Humalog Kwik pen manufacture recommended to store opened insulin pen at room temperature for up to 28 days and discard even if insulin remained. Levemir Flex Touch Manufacturer recommended to store opened insulin pen at room temperature for up to 42 days and discard even if insulin remained. The operator failed to ensure licensed nurses could not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration regarding insulin pens for resident #'s 177, 232 and 371.	S3215		