STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N030008	A. BUILDING: _____ B. WING _____	07/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT OTTAWA LLC	2250 S ELM ST OTTAWA, KS 66067

(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 a resurvey with complaints #169512, 171435, 172650, 176801 and 181327 at the above named Assisted Living conducted on 07/13/23 and 07/17/23.	S 000		
S3211 SS=F	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: KAR 26-41-205 (g)(3) The facility reported a census of 37 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 over the counter (OTC) medications for seven residents. Findings included:	S3211		

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

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S3211	Continued From page 1 - Observation on 07/13/23 at 11:37 PM revealed medication cart #1 contained the following OTC medications which were not labeled with a resident's full name: Resident (R)106: Two bottles of Saw Palmetto Extract 320 milligrams (mg) The as needed (PRN) medication cart contained the following OTC medications which were not labeled with a resident's full name: R107: One bottle of Equate Stomach Relief One box of Bausch and Lomb Advanced Eye Relief Two bottles of Equate Anti-diarrhea R108: One bottle of Equate Cold and Flu R109: One bottle of Mylanta Maximum Strength R110: One bottle of Unisom The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any	S3310		

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	N030008	A. BUILDING: _____ B. WING _____	07/17/2023

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S3310	Continued From page 2	S3310		

resident, any resident ' s food, or resident care equipment until the condition is no longer infectious;
(6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and
(c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105

This REQUIREMENT is not met as evidenced by:
KAR 26-41-207(c)

The facility reported a census of 37 residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

Findings include:

- Review of five newly hired staff records revealed the following:
Certified Medication Aide (CMA) C hired on 08/22/22 had documentation of a TB Gold Test completed on 12/02/22 which exceeded the six-month limit for documentation of testing being completed prior to being hired.

Certified Nurse Aide (CNA) D hired on 02/03/23

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S3310	Continued From page 3 and started working on 02/09/23 did not have the first step of the two-step TB skin test administered until 02/24/23 which was eight days late. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall receive a two-step TST or an IGRA ...within 7 days of...employment unless one of the following conditions is met ...The new ...employee provide satisfactory documentation of receiving the ...AGRA within 6 months prior to ...employment that read not positive." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		