STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N044004	A. BUILDING: _____ B. WING _____	C 01/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANEW HEALTHCARE ESTATES	415 E WALNUT ST NORTONVILLE, KS 66060

(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 conducted on 1/7/21, 1/11/21 and 1/12/21 at the above named assisted living facility in Nortonville, KS.	S 000		
S3225 SS=D	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (l) The facility reported a census of 1 resident. The sample included 1 resident and 2 focus closed review residents. Based on record review and interview for resident #107, the administrator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. The operator, or the designee, shall ensure that the medication regimen review is kept in each	S3225		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3225	Continued From page 1	S3225		

resident's clinical record.

Findings included:

- On 1/11/21 at 2:10pm requested medication regimen reviews for resident #107 who received medication assistance.

- Record review for resident #107 recorded an admission date of 7/17/15 with diagnoses including: osteoporosis, depression, anxiety, hyperlipidemia, allergic rhinitis, iron deficiency anemia and hypertension.

Functional Capacity Screen dated 7/10/20 recorded resident required assistance with bathing and management of medications and treatments.

Negotiated Service Agreement/ Health Care Service Plan dated 7/10/20 recorded staff to assist resident with bath and management of medications.

Pharmacy review records recorded the most recent review on 6/12/19.

Record lacked documentation of quarterly pharmacy reviews for the 4th quarter of 2019 and all of 2020.

Email response from licensed nurse #B stated the facility used a local pharmacy who was not able to come I n and do pharmacy chart audits due to COVID.

For resident #107 the facility administrator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for

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ANEW HEALTHCARE ESTATES	**415 E WALNUT ST NORTONVILLE, KS 66060**

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S3225	Continued From page 2 each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. The administrator, or the designee, shall ensure that the medication regimen review is kept in each resident's clinical record.	S3225		