Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046037	A. BUILDING: _____ B. WING _____	10/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT LENEXA LLC	8710 CAENEN LAKE RD LENEXA, KS 66215

(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 represents the findings of a resurvey with attached complaints #182438, #180451, #178526, #176580, #174859, #174760, and #173750 at the above named assisted living facility conducted on 10/09/23 and 10/10/23.	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 31 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of over-the-counter medications (OTC's).	S3211		

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

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S3211	Continued From page 1 Findings included: - Observation on 10/09/23 at 12:34 PM revealed Certified Medication Aide (CMA) B unlocked and opened medication cart number two which contained medications for the residents. The following OTC medications lacked resident's full names: Aspirin 81 milligrams (mg), 120 coated tablets Tylenol 500 mg, 200 caplets Observation on 10/19/23 at approximately 12:34 PM revealed CMA B took two OTC medications out of medication cart number two and wrote resident's names on the bottles. Observation on 10/09/23 at 12:39 PM revealed CMA B unlocked and opened medication cart number one which contained medications for the residents. The following OTC medications lacked resident's full names: Vitamin B-1 100 mg Vitamin D3 10 micrograms (mcg) Acetaminophen 500 mg, 225 gel caps Observation on 10/19/23 at approximately 12:39 PM revealed CMA B took three OTC medications out of medication cart number one and wrote resident's names on the bottles. On 10/19/23 at approximately 12:34 PM CMA B stated anyone in charge of the medication cart when residents or their families delivered OTC medications wrote their names on the medication bottles.	S3211		

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S3211	Continued From page 2 On 10/09/23 at 01:35 PM Administrative Staff A stated she expected licensed nurses to write residents full names on OTC medications and not CMA's. The operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of five OTC medications.	S3211		