STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046069	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT STANLEY LLC	14430 METCALF AVE OVERLAND PARK, KS 66223

(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 03/03/25 and 03/04/25.	S 000		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (d) The facility reported a census of 33 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure the "Licensed Nurses'" (LN)'s and "Certified Medication Aides'" (CMA)'s administered R2's medications in accordance	S3200		

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

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S3200	Continued From page 1	S3200		

with the medical care providers written order and within acceptable standards of practice.

Findings included:

- Record review for R2 revealed an admission date of 06/30/2019 with diagnoses of primary hypertension, muscle spasm, chronic pain, atrial fibrillation, neuropathy, and type 2 diabetes.

Review of R2's "Functional Capacity Screen" (FCS) dated 07/16/24 revealed R2 required supervision with his medications.

Review of R2's "Negotiated Service Agreement" (NSA) dated 07/16/24 identified the "Certified Medication Aide" (CMA) or the LN were to manage and administer R2's medications as ordered by his physician, and R2 could self-administer his Tylenol and Polyethylene Glycol.

Review of R2's "Health Service Plan" (HSP) dated 07/16/24 instructed that R2 was able to safely administer some medications and required staff assistance four times daily.

Review of the facility provided "Medication Administration Records'" (MAR) dated 01/2025, 02/2025 and 03/2025 revealed an order for Chlorthalidone 25 milligram (mg) tablets. "Take 2 tablets (50 mg) by mouth once daily for Edema/Hypertension." "Hold" of the systolic blood pressure was below 120 "OR" if the diastolic blood pressure was below 70.

The 01/2025 MAR revealed R2 was administered

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S3200	Continued From page 2 Chlorthalidone when his diastolic blood pressure was below 70 sixteen times. The 02/2025 MAR revealed R2 was administered Chlorthalidone when his diastolic blood pressure was below 70 twenty-one times. The 03/2025 MAR revealed R2 was administered Chlorthalidone when his diastolic blood pressure was below 70 three times. Interview on 03/04/25 at approximately 01:15 PM with Operator A and LN B confirmed R2's MARs for 01/2025, 02/2025 and 03/2025 showed the documentation that R2 received Chlorthalidone 25 mg (2 tablets, 50 mg) when his diastolic blood pressure was below the physician set parameter of 70. The Operator failed to ensure the LN's and CMA's administered R2's medications in accordance with the medical care providers written order and within acceptable standards of practice.	S3200		
S3227 SS=E	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the	S3227		

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S3227	Continued From page 3	S3227		

licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance.

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-205 (l)(2)

The facility reported a census of 33 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure the "Licensed Nurse" (LN) notified the provider of the pharmacist recommendation and sought a response within 5 working days of the provider being notified of the pharmacist recommendation.

Findings included:

- Record review for R2 revealed an admission date of 06/30/2019 with diagnoses of primary hypertension, muscle spasm, chronic pain, atrial fibrillation, neuropathy, and type 2 diabetes.

Review of R2's "Functional Capacity Screen" (FCS) dated 07/16/24 revealed R2 required supervision with his medications.

Review of R2's "Negotiated Service Agreement" (NSA) dated 07/16/24 identified the "Certified Medication Aide" (CMA) or the LN were to manage and administer R2's medications as ordered by his physician, and R2 could

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S3227	Continued From page 4	S3227		

self-administer his Tylenol and Polyethylene Glycol.

Review of R2's "Health Service Plan" (HSP) dated 07/16/24 instructed that R2 was able to safely administer some medications and required staff assistance four times daily.

Review of the facility provided document titled "Consultant Pharmacist Recommendations to Physician" dated 01/22/25 revealed the recommendation to change the order for R2's Famotidine to discontinue or to reduce the frequency to "PRN" (as needed).

The "Consultant Pharmacist Recommendations to Physician" lacked a physician signature.

Record review for R3 revealed an admission date of 12/31/24 with diagnoses of encephalopathy with mild cognitive impairment, absent left kidney, ischemic bowel, chronic obstructive pulmonary disease, and seizure disorder.

Review of R3's FCS dated 12/31/24 revealed R3 required supervision with her medications.

Review of R3's NSA revealed the CMA, or the LN would manage and administer R3's physician ordered medications, and R3 would self-administer her Ventolin Inhaler.

Review of R3's HSP dated 12/13/24 instructed the facility staff to provide complete assistance with the administration of R3's medications.

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S3227	Continued From page 5 Review of the facility provided document titled "Consultant Pharmacist Recommendations to Physician" dated 01/22/25 revealed the recommendation to change the order for R2's Cetirizine from 10 milligrams daily to 5 milligrams daily or to 5 milligrams "PRN" (as needed). The "Consultant Pharmacist Recommendations to Physician" lacked a physician signature. Interview on 03/04/25 at approximately 01/15 PM with Operator A and LN B confirmed the pharmacy reviews are provided to the facility from the pharmacist and the LN was to send the recommendation to the provider. LN B confirmed she did not send the recommendations from the pharmacist dated 01/22/25 to the provider for R2 and R3. The Operator failed to ensure the "Licensed Nurse" (LN) notified the provider of the pharmacist recommendation and sought a response within 5 working days of the provider being notified of the pharmacist recommendation for R2 and R3.	S3227		