| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175503 | A. BUILDING _____ B. WING _____ | 10/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE PLAZA HEALTH SERVICES AT SANTA MARTA | 13875 W 115TH TERRACE OLATHE, KS 66062 |

| (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) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a Health Resurvey and Complaint Investigation #164973. The 2567 was electronically sent to the facility.<br><br>The 2567 was sent to the facilty on 10/27/22. | F 000 | | |
| F 755 SS=E | Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)<br><br>§483.45 Pharmacy Services<br>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.<br><br>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.<br><br>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-<br><br>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.<br><br>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and | F 755 | | |

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 755 | Continued From page 1<br>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br>This REQUIREMENT is not met as evidenced by:<br>The facility had a census of 37 residents. The sample included 12 residents. Based on observation, record review, and interview the facility failed to provide an accurate reconciliation of controlled drugs at the end of daily work shifts. This placed residents at risk for misappropriation of medications by staff.<br><br>Findings included:<br><br>- On 10/24/22 at 09:12 AM, observation of the 1700 front-hall medication cart revealed staff had not signed the "Eight Hour Verification of Controlled Substance Count Sheet" at shift change 33 times from 10/01/22 to 10/24/22.<br><br>On 10/24/22 at 09:12 AM, observation of the 1700 back-hall medication cart revealed staff had not signed the "Eight Hour Verification of Controlled Substance Count Sheet" at shift change 19 times from 10/01/22 to 10/24/22.<br><br>On 10/18/22 at 10:04 AM, Licensed Nurse (LN) G stated two nurses should count the narcotic medications every shift and sign the "Eight Hour Verification of Controlled Substance Count Sheet" to verify an accurate narcotic medication count.<br><br>On 10/24/22 at 09:22 AM, Licensed Nurse (LN) H stated two nurses should count the narcotic medications every shift and sign the "Eight Hour Verification of Controlled Substance Count Sheet" to verify an accurate narcotic medication count. | F 755 | | |

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| F 755 | Continued From page 2<br>On 10/24/22 at 10:46 AM, Administrative Nurse D stated two nurses should count the narcotic medications every shift and sign the "Eight Hour Verification of Controlled Substance Count Sheet" to verify an accurate narcotic medication count.<br><br>The undated "Medication Administration" policy directed staff to follow safeguards/guidelines to prevent loss or diversion of narcotic medications. The "Medication Administration" policy directed the on-coming and off-going charge nurses count narcotic medications and sign the "Eight Hour Verification of Controlled Substance Count Sheet" to confirm an accurate controlled substance count.<br><br>The facility failed to provide an accurate reconciliation of controlled drugs at the end of daily work shifts, placing residents at risk for misappropriation of medications by staff. | F 755 | | |