STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaints #175631, #176016, #170535, and #170430 at the above named assisted living conducted on 11/15/22 and 11/16/22.	S 000		
S3005 SS=F	26-41-101 (b) Administrator/Operator Criteria (b) Administrator and operator criteria. Each licensee shall appoint an administrator or operator who meets the following criteria: (1) Is at least 21 years of age; (2) possesses a high school diploma or the equivalent; (3) holds a Kansas license as an adult care home administrator or has successfully completed an operator training course and passed the test approved by the secretary of Kansas department of heath and environment pursuant to K.S.A. 39-923 and amendments thereto; and (4) has authority and responsibility for the operation of the facility and compliance with licensing requirements. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(b)(4) The facility reported a census of 58 residents. Based on interview and record review the facility failed to appoint an administrator or operator who had authority and responsibility for the operation	S3005		

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

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S3005	Continued From page 1	S3005		

of the facility and compliance with licensing requirements from 09/22/22 which at the start of the survey which was 54 days.

Findings included:

On 11/15/22 at approximately 11:43 AM Administrative Nurse A stated the previous administrator no longer worked at the facility. His last day was 09/22/22. A new corporation had taken over management of the facility in March of 2022.

On 11/15/22 at 01:41 PM Administrative Staff B stated she had an operator's license. The corporation asked her to hang her license on the wall, but her duties would not change.

On 11/15/22 at 04:49 PM Administrative Staff B stated no one has ever asked her to run the facility or be in charge. She was told she would continue in her current role and her duties would not change.

On 11/16/22 at approximately 03:24 PM during the findings meeting, Administrative Staff B stated she had not been provided nor signed a job description since the new corporation took over management of the facility. She stated it was communicated to her in an email that her duties would not change.

The 09/30/22 email between corporate staff and Administrative Staff B documented: "There will be no additional duties assigned."

The facility failed to appoint an administrator or operator who had the authority and responsibility

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S3005	Continued From page 2 for the operation and compliance with licensing requirements.	S3005		
S3211 SS=D	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 58 residents. Based on observation and interview the facility failed to ensure a licensed pharmacist or licensed nurse placed the full name of Resident (R) 115 on the original package of four over-the-counter medications. Findings included: - Observation on 11/15/22 at 01:23 PM revealed Certified Medication Aide (CMA) D unlocked and opened the facility's 200 hall medication cart.	S3211		

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S3211	Continued From page 3 The following drawers contained over-the counter (OTC) medications not labeled with R115's full name: 2nd drawer down - one bottle of Nerve Renew supplement and one OTC medication bubble punch card. the word "probiotic" and a number were handwritten on the back of the card. 5th drawer down - one box of probiotic with R115's first name and last initial handwritten on the outside of the box. 7th drawer down - one dropper bottle of Pure CBD with R115's first name and last initial was found in with another resident's medications. A different number than what was written on the probiotic card was handwritten on the bottle. On 11/15/22 at approximately 01:23 PM CMA D stated she worked for a staffing agency and had not worked in this facility often. She was not sure who the Pure CBD belonged to. On 11/15/22 at approximately 01:23 PM Licensed Nurse H confirmed the OTC medications were not labeled with R115's full name. She stated the numbers written on the medications designated room numbers and R115 had moved from one room to another. The facility failed to ensure all over-the-counter medications were labeled with the R115's full name.	S3211		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

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S3280	Continued From page 4 (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)(4) The facility reported a census of 58 residents. Based on interview and record review the facility failed to provide quarterly reviews of the facility's management plan with employees and residents and annual evacuation drills to a secure location. Findings included: - The facility failed to provide documentation of quarterly reviews of the facility's management plan with employees and residents and annual evacuation drills of the residents to a secure location.	S3280		

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S3280	Continued From page 5 On 11/15/22 at 01:38 PM A Maintenance Director A stated the previous administrator did the emergency management plan reviews with residents and staff and coordinated the evacuation drills. But since he no longer worked at the facility the quarterly management plan reviews and evacuation drills had not been done. On 11/15/22 at 01:43 PM Administrative Nurse A stated no one knew where the previous administrator kept records of the emergency management reviews or evacuations drills. Staff have not been able to locate them. The facility failed to provide quarterly reviews of the facility's emergency management plan with employees and residents and annual evacuation drills to a secure location.	S3280		