STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052006	A. BUILDING: _____ B. WING _____	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF LEAVENWORTH	5150 HUGHES RD LEAVENWORTH, KS 66048

(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 with attached complaints #KS00168494, #KS00167814, and #KS00167583 for the above named facility conducted on 06/16/22 and 06/20/22.	S 000		
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 24 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over-the-counter medications for three residents. A total of 16 containers of medications were not labeled. Findings included:	S3211		

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

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S3211	Continued From page 1 - Observation on 06/16/22 at 09:42 AM revealed Certified Medication Aide (CMA) B unlocked and opened facility's north medication cart. There was a separate compartment for each resident labeled with their name and room number. The following compartments had over-the counter medications which were not labeled with a resident's full name: Apartment 3 One bottle of vitamin C 100 milligrams (mg) One bottle of aspirin 81 mg Two bottles of zinc 50 mg One bottle of calcium 600 mg One bottle of vitamin B-12 1000 micrograms (mcg) One bottle of C0Q10 and cinnamon One bottle of vit D3 125 mcg with coconut oil One bottle of Tylenol 500 mg One bottle of Advil 250 mg with acetaminophen 125 mg Two bottles of ibuprofen 200 mg Two bottles of Benadryl 25 mg Apartment 5 One bottle of Aleve 200 mg Observation on 06/16/22 at 09:59 AM revealed CMA B unlocked and opened facility's south medication cart the following over-the-counter medications were not labeled with a resident's full name: One bottle of acetaminophen 500 mg One bottle of aspirin 81 mg On 06/16/22 at 09:42 AM CMA B stated the unlabeled bottles were put in the compartment slot labeled with the resident's name to know who	S3211		

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S3211	Continued From page 2 the medication belonged to. ON 06/16/22 at 10:03 AM Administrative staff A stated she expected all over-the-counter medications to be labeled with the resident's full name. When family members brought medications to the facility the CMA's put them in the medication cart without informing her family had brought medications so she could label them. The administrator failed to ensure all over-the-counter medications were labeled with the resident's full name.	S3211		