STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N063012	A. BUILDING: _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASBURY VILLAGE	3800 ASBURY DRIVE COFFEYVILLE, KS 67337

(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 06/26/24 and 06/27/24.	S 000		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (b) The facility reported a census of 18 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R2 identified who was responsible for the administration of selected medications. Findings included: - Record review for R2 revealed an admission date of 12/01/23 with diagnoses of allergies, diabetes, hypertension, atrial fibrillation, congestive heart failure and hypothyroidism.	S3186		

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

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S3186	Continued From page 1 Review of R2's "Functional Capacity Screen" (FCS) dated 05/30/24 revealed R2 required supervision with bathing, and physical assistance with dressing. He was marked with a history of falls, and he used a walker mobility device. He was able to make himself understood and he understood others. He had no cognitive impairment. Review of R2's NSA dated 05/30/24 revealed the facility would provide the following health services: facility staff were to provide one staff stand by assist for bathing, and one staff to assist with putting on R2's shoes and socks. Under the section titled "Health Supplies" it stated staff would administer R2's medications per the provider orders, and re-order his medications. R2 had orders for a "few select medications to be kept at his bedside" and R2 was able to self-administer "medications". Under the section Titled "Medication Management" it stated, "Resident does have orders for a few select medications to be kept in room, and resident is able to self-administer medications safely." The NSA lacked the identification of the select medications R2 was able to keep at his "bedside" and self-administer. Review of R2's current physician's orders as of 06/26/24 revealed the following orders: Biotin 5000 "micrograms" (mcg) capsules; give two capsules by mouth daily in the morning. "May Keep at Bedside" Levothyroxine Sodium 75 mcg capsules; give one tab by mouth daily "Self administers at 05:00 am" and may keep at bedside.	S3186		

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S3186	Continued From page 2 Pantoprazole Sodium 40 "milligram" (mg); give one tab by mouth daily before breakfast "Self administers may keep at bedside" Vitamin B12 TR 2000 mcg; give one tab by mouth daily "Self administers may keep at bedside" Vitamin C Gummies 125 mg Chew; Give 2 gummies by mouth daily "Self administers may keep at bedside" Allegra Allergy 180 mg; give 1 tab by mouth daily as needed "self administers may keep at bedside" Nitroglycerin 0.5 mg sublingual; give 1 tablet placed under the tongue. 1 tablet may be used every 5 minutes as needed for up to 15 minutes. Do not take more than 3 tablets in 15 minutes. "Self administers may keep at bedside". Interview on 06/27/24 at approximately 12:00 PM with Operator A confirmed the NSA for R2 did not identify the selected medications he self-administered. The Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R2 identified who was responsible for the administration of selected medications.	S3186		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy	S3215		

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S3215	Continued From page 3 provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (h) (4) The facility reported a census of 18 residents. The sample included 3 "Residents'" (R)'s. Based on observation and interview the operator failed to ensure the facility nurse did not use Tubersol testing solution beyond its date of expiration and further failed to ensure all "Over the Counter"	S3215		

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S3215	Continued From page 4 (OTC) Medications were stored in a locked medication room for R1. Findings included: - Observation on 06/26/24 at approximately 03:00 PM during the facility tour with Operator A revealed in the medication refrigerator an opened bottle of Tubersol testing solution which lacked the date opened or a beyond use date. Interview on 06/26/24 at approximately 04:15 PM with operator A confirmed the Bottle of Tubersol lacked the date written on the bottle of when the solution was opened or the expiration date. She stated the bottle was opened approximately 05/24/24. Record review of the manufacturer package insert for Tubersol revealed the following: "A vial of Tubersol which has been entered and in use for 30 days should be discarded." The operator failed to ensure the facility nurse did not use Tubersol testing solution beyond its date of expiration. - Observation on 06/27/24 at approx 11:00 AM of R1's bathroom shelf behind the toilet revealed 2 tubes of Triple Antibiotic ointment, 1 tube of Hydrocortisone cream 1% and a bottle of Pataday eye drops. Interview on 06/27/24 with operator A confirmed R1 did not administer her own OTC medications and all OTC medications should be secured in the facility's locked medication room.	S3215		

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S3215	Continued From page 5 The operator failed to ensure the facility nurse did not use Tubersol testing solution beyond its date of expiration and further failed to ensure all "Over the Counter" (OTC) Medications were stored in a locked medication room for R1.	S3215		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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: K.A.R. 26-41-104(d) (3) The facility reported a census of 18 residents. Based on record review and interview the Operator failed to ensure the emergency preparedness management plan was reviewed at least quarterly with all staff and residents included fire, flood, severe weather, tornado, explosion,	S3280		

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S3280	Continued From page 6	S3280		

natural gas leak, lack of electrical or water services, missing residents, and any other potential emergency situations.

Findings included:

- Record review of the facility provided documents titled "Emergency Preparedness & Response Training" revealed the following training dates:

06/16/23
08/29/23 and handwritten at the top of the document was "Fire Drill and Active Shooter."
12/19/23 and had handwritten at the top of the document "Elopement Disaster Drill."
03/06/24
04/05/24 and had handwritten at the top of the document "Full Evacuation."

Review of the document titled "Fire Safety Inservice" dated 10/19/23, had handwritten at the top of the document "Fire Safety and Evacuation Inservice."

Review of the document titled "Logbook Documentation" dated 03/21/23, revealed that a tornado drill was performed.

Review of the facility provided policy titled "Associate Training-Emergency Preparedness" revised on 04/30/2019 revealed the following:

"Associates shall receive training in the contents of fire safety and evacuation plans and their duties as part of new associate training and at least annually thereafter."

"Residents should review their fire safety and

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S3280	Continued From page 7 evacuation plan with their local fire authority. Evidence of implementation could include a review of the fire drill and associate training records as well as associate and resident interviews." Interview on 06/27/24 at approximately 12:00 PM with operator A confirmed the facility was not reviewing fire, flood, sever weather, tornado, explosion, natural gas leak, lack of electrical or water services, missing residents, and any other potential emergency situations every quarter with all staff and all residents. The Operator failed to ensure the emergency preparedness management plan was reviewed at least quarterly with all staff and residents included fire, flood, sever weather, tornado, explosion, natural gas leak, lack of electrical or water services, missing residents, and any other potential emergency situations.	S3280		