Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N070006	A. BUILDING: _____ B. WING _____	C 03/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT OSAGE CITY LLC	1403 LAING OSAGE CITY, KS 66523

(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 a survey for re-licensure with attached complaints #55670, #54685 and #51142 conducted on 3/11/2021 and 3/15/2021 at the above-named assisted living facility in Osage City, KS.	S 000		
S3215 SS=E	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 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	S3215		

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

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S3215	Continued From page 1 expiration. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205(h) The census equaled 25 the sample included 3 Residents. Based on observations, interviews, and review of records, licensed nurses and medication aides failed to ensure tuberculosis (TB) solution stored in accordance with manufacturer's recommendations to discarded 30 days after open. Findings included: - By observation on 03/11/2021 at 11:20am, in the medication storage room refrigerator of facility, the current in use vial of TB solution with a recorded "date opened" as 10/26/20. By review the TB package included manufacture's directive to discard 30 days after initial use of vial. By interview on 03/11/2021 at 11:20am Nurse #A confirmed vial opened date. Nurse #A confirmed nursing staff administer TB tests in facility and confirmed the last documented date of administration from vial was 10/26/2020. The facility licensed nurses and medication aides failed to ensure TB solution was stored in accordance with manufacturer's recommendations to discarded 30 days after open.	S3215		