STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT WAMEGO LLC	1607 4TH ST WAMEGO, KS 66547

(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 resurvey with complaints (#169511 and #164206) at the above named facility conducted on 08/22/22.	S 000		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d) (1) The census equaled 29 residents. The sample included 3 residents and 1 closed record review resident. Based on record review and interview for 3 of 3 sampled Residents (R)113, R319 and R822, Operator/Certified Nurse Aide (CNA) A failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days.	S3092		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

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VINTAGE PARK AT WAMEGO LLC	1607 4TH ST WAMEGO, KS 66547

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S3092	Continued From page 1	S3092		

Findings included:

- Record review for R113 revealed she admitted on 10/22/20 with diagnoses of hypertension, asthma, anxiety disorder, polyneuropathy related to diabetes, spinal stenosis of lumbar spine and diabetes mellitus type II.

R113's "Functional Capacity Screen" dated 05/16/22 identified the resident as independent toileting, transfer, walk/mobility, eating and required physical assistance with bathing, dressing, and management of medications and treatments. R113 had short term memory impairment and had impaired vision.

The resident's "Negotiated Service Agreement" (NSA) dated 10/23/20 identified R113 was independent with toileting, transfer, walk/mobility, eating and required staff assistance with bathing, dressing and management of medications and treatments. The NSA identified R113 required nightly checks.

The resident's "Service Plan" identified R113 was independent with toileting, transfer, walk/mobility, eating and required staff assistance with bathing, dressing and management of medications and treatments.

Record lacked an NSA for 2021.

- Record review for R319 revealed he admitted on 04/13/09 with diagnoses of hypertension, seizures, hyperlipidemia and urinary retention.

R319's "Functional Capacity Screen" dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT WAMEGO LLC	1607 4TH ST WAMEGO, KS 66547

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S3092	Continued From page 2	S3092		

05/16/22 identified the resident as independent with eating, required physical assistance with bathing, dressing, toileting, transfer, walk/ mobility and management of medications and treatments. R319 was at risk for falls and had impaired vision.

The resident's "Negotiated Service Agreement" (NSA) dated 04/04/19 identified R319 required staff assistance with bathing, dressing, toileting, transfer, walk/mobility, medication administration and treatments. The NSA recorded a quarter bed rail with trapeze bar was used to assist R319 with positioning.

The resident's "Service Plan" identified resident required staff assistance with bathing, dressing, toileting, transfer, walk/mobility and medication administration and recorded a bed rail and trapeze bar for transferring.

Record lacked an NSA for 2020, 2021 and 2022.

- Review of R822's "Medical Record" revealed he admitted to the facility on 04/30/18 with diagnoses of diabetes mellitus type II with polyneuropathy, depressive episode and hypokalemia.

R822's current "Functional Capacity Screen" dated 07/15/22 identified the resident as independent with bathing, dressing, toileting, transfer, walk/mobility and eating, required physical assistance with management of his medications or medical treatments and had impaired vision.

R822's current "Negotiated Service Agreement"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT WAMEGO LLC	1607 4TH ST WAMEGO, KS 66547

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S3092	Continued From page 3 dated 04/29/20 identified resident as independent with bathing, dressing, toileting, transfer, walk/mobility and eating and staff to manage majority of medications. The NSA recorded R822 as alert and oriented. The NSA lacked an entry for self-administration of medications. R822's current "Service Plan"identified resident as independent with bathing, dressing, toileting, transfer, walk/mobility and eating and staff to assist with medication administration. Record lacked an NSA for 2021 and 2022. Interview on 08/22/22 at 04:46 PM with Operator/CNA A confirmed R113, R319 and R822's NSA were not reviewed/ revised at least once every 365 days. Operator/CNA A failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days.	S3092		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (i) The census totaled 29 residents. The sample	S3171		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT WAMEGO LLC	1607 4TH ST WAMEGO, KS 66547

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S3171	Continued From page 4	S3171		

included 3 residents and 1 closed record review resident. Based on observation, interview and record review, Operator/ Certified Nurse Aide (CNA) A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 of 3 sampled residents, (R) 319.

Findings included:

- The "Resident Roster" obtained on 08/22/22 identified 6 residents as having a bed rail.

Record review for R319 revealed he admitted on 04/13/09 with diagnoses of hypertension, seizures, hyperlipidemia and urinary retention.

R319's "Functional Capacity Screen" dated 05/16/22 recorded the resident as independent eating, required physical assistance with bathing, dressing, toileting, transfer, walk/ mobility and management of medications and treatments. R319 was at risk for falls and had impaired vision.

The resident's "Negotiated Service Agreement" (NSA) dated 04/04/19 recorded R319 required staff assistance with bathing, dressing, toileting, transfer, walk/mobility, medication administration and treatments. The NSA recorded a quarter bed rail with trapeze bar was used to assist R319 with positioning.

The resident's "Service Plan" recorded resident required staff assistance with bathing, dressing, toileting, transfer, walk/mobility and medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT WAMEGO LLC	1607 4TH ST WAMEGO, KS 66547

(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
S3171	Continued From page 5	S3171		

administration and recorded a bed rail and trapeze bar for transferring.

Record review lacked any assessment of the resident to confirm the device was not a restraint, an assessment of the resident to determine the purpose of the bed rail/assistive device and the resident's ability to safely use the device, an assessment of the bed rail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment.

Observation on 08/22/22 at 01:56 PM in R319's room revealed a bed rail and trapeze bar on the bed. R319 confirmed he used the bed rail and trapeze bar at times to get in and out of bed due to left sided weakness.

Interview on 08/22/22 at 04:46 PM with Operator/ CNA A confirmed no safety checks or bed assistive device assessments completed on R319 since 04/04/19.

The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows:
Zone 1 within the rail should measure less than 4 and 3/4 inches
Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches
Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches
Zone 4 under the rail at the ends of the rail

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT WAMEGO LLC	1607 4TH ST WAMEGO, KS 66547

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S3171	Continued From page 6 should measure less than 2 and 3/8 inches. Operator/ CNA A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs R319 regarding use of a bed assistive device.	S3171		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (a) (1) The census equaled 29 residents. The sample included 3 residents and 1 closed record review resident. Based on record review, observation,	S3175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT WAMEGO LLC	1607 4TH ST WAMEGO, KS 66547

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S3175	Continued From page 7	S3175		

and interview for 1 Resident (R) 822, the facility failed to ensure a licensed nurse performed an assessment annually for residents who self-administered their medications.

Findings included:

- The "Resident Roster" obtained on 08/22/22 identified 3 residents who self-administered some or all their medications.

Review of R822's "Medical Record" revealed he admitted to the facility on 04/30/18 with diagnoses of diabetes mellitus type II with polyneuropathy, depressive episode and hypokalemia.

R822's current "Functional Capacity Screen" dated 07/15/22 identified the resident required physical assistance with management of his medications and medical treatments.

R822's current "Negotiated Service Agreement" dated 04/29/20 identified staff to manage majority of medications.

R822's current "Service Plan" identified staff to assist with medications.

R822's current August 2022 "Medication Administration Record" (MAR) identified the following medication as "may self-administer": "Aspirin (Nonsteroidal anti-inflammatory drug) 81 milligrams (mg) by mouth every day; Acetaminophen (pain reliever) 325 mg tablet, take 1-2 tablets by mouth 4 times a day as needed for pain; Imodium (anti-diarrheal) 2 mg by mouth after each loose stool as needed."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT WAMEGO LLC	1607 4TH ST WAMEGO, KS 66547

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S3175	Continued From page 8 Review of R822's record on 08/22/22 lacked evidence a licensed nurse performed a self-administration of medication assessment for the resident since 06/26/18 and revised on 01/25/19. The assessment identified Viagra, Afrin Nasal Spray, Aspirin 81 mg, Acetaminophen, and Imodium as the medication R822 could safely self-administer. Observation on 08/22/22 at 02:00 PM of R822's room revealed over-the-counter medications on the window seat in his room. R822 stated the medications were vitamins he self-administered. Interview on 08/22/22 at 02:15 PM, Operator/CNA A confirmed she was unable to locate an annual medication self-administration assessment for R822. Operator/CNA A stated R822 self-administered his Imodium, Acetaminophen and Biofreeze Gel (pain reliever). The facility's "Self-Administration of Medications" policy dated 12/27/21 recorded, "The Wellness Director or designee will evaluate the assisted living resident utilizing the Self-Administration Medication Assessment Tool to determine the resident's medication self-administration capabilities. This evaluation shall occur upon admission and at least quarterly thereafter or whenever a change in condition is evident." The facility failed to ensure a licensed nurse performed an assessment annually for R822, who self-administered some of his medications.	S3175		

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	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3200	Continued From page 9	S3200		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) The census equaled 29 residents. The sample included 3 residents and 1 closed record review resident. Based on record review and interview for 1 Resident (R) 319, Operator/Certified Nurse Aide (CNA) A failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order. Findings included: - Record review for R319 revealed he admitted	S3200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3200	Continued From page 10	S3200		

on 04/13/09 with diagnoses of hypertension, seizures, hyperlipidemia and urinary retention.

R319's "Functional Capacity Screen" dated 05/16/22 recorded the resident required physical assistance with management of medications and treatments.

The resident's "Negotiated Service Agreement" (NSA) dated 04/04/19 recorded R319 required staff assistance with medication administration and treatments.

The resident's "Service Plan" recorded resident required staff assistance with medication administration.

Electronicallly signed physician order dated 08/18/22 recorded, "Flovent Diskus (inhaler) 100 micrograms (mcg)/actuation powder for inhalation, inhale 1 puff twice daily."

Current August 2022 MAR (medication administration record) recorded, "Flovent Diskus 100 mcg inhale 1 puff by mouth 3 times a day for COPD" (chronic obstructive pulmonary disease). Medication administered and signed off at 08:00 AM, 12:00 PM and 05:00 PM every day from 08/01/22 through 08/22/22 by certified staff.

Electronically signed physician order dated 08/18/22 recorded, "Ipratropium 0.5 milligrams (mg)-albuterol 3 mg/3 milliliters (ml) nebulization solution (respiratory medication), use contents of one vial in nebulizer four times daily as needed."

Current August 2022 MAR (medication administration record) recorded,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT WAMEGO LLC	1607 4TH ST WAMEGO, KS 66547

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S3200	Continued From page 11 "Ipratropium-Albuterol 0.5 mg-3 mg/3 ml solution inhale 1 vial via nebulizer three times daily as needed for cough/shortness of breath/wheeze." Electronically signed physician order dated 08/18/22 recorded, "Polyethylene glycol (MiraLAX) (laxative) 3350 17 gram (gm)/dose oral powder daily." Current August 2022 MAR (medication administration record) recorded, "MiraLAX Powder mix 17 gm in 4-8 ounces liquid then take if no bowel movement in 48 hours reported." Medication not administered and signed off in August 2022. Interview on 08/22/22 at 04:37 PM with Operator/CNA A confirmed R319's current August 2022 MAR did not match signed physician orders for Flovent Diskus inhaler, Ipratropium-Albuterol and Polyethylene glycol (MiraLAX). Operator/CNA A failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order.	S3200		
S3211 SS=E	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	S3211		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT WAMEGO LLC	1607 4TH ST WAMEGO, KS 66547

(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
S3211	Continued From page 12 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 census totaled 29 residents. The sample included 3 residents and 1 closed record review resident. Based on observation and interview for 5 non-sampled residents (R) 900, R901, R902, R903, R904, Operator/Certified Nurse Aide (CNA) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation on 08/22/22 at 11:38 AM revealed a locked medication cart in the dining room. The following over the counter medications were noted without first and last names: For R900 the cart contained one bottle of Nasal Spray, For R901 the cart contained one bottle of Cetirizine Hydrochloride (antihistamine) and one bottle of Aspirin (nonsteroidal anti-inflammatory drug), For R902 the cart contained one bottle of Dyna-Hex 4 Antiseptic non-sterile solution, For R903 the cart contained one bottle of Cetirizine Hydrochloride(allergy),	S3211		

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	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT WAMEGO LLC	1607 4TH ST WAMEGO, KS 66547

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S3211	Continued From page 13 For R904 the cart contained one bottle of Acetaminophen (pain reliever). Interview on 08/22/22 at 11:44 AM with CMA C confirmed the above listed over the counter medications were without full first and last names for R900, R901, R902, R903 and R904. Interview on 08/22/22 at 12:00 PM with Operator/ CNA A confirmed all over-the-counter medications were to be labeled with full name. Facility's "Medication Services-Kansas" policy dated 05/20/19 recorded, "Over-The-Counter Medications 2. A licensed nurse or pharmacist shall place the resident's full name on the package." Operator/CNA A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3298	Continued From page 14 used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (d) The facility reported a census of 29 residents. Based on record review and interview for all residents living in the facility and receiving meal services Operator/ Certified Nurse Aide (CNA) A failed to ensure the facility staff served food at the proper temperature. Findings included: - During the initial tour on 08/22/22, facility food temperature monitoring logs were requested, and the facility provided logs for "July 2022" and "August 2022". Record lacked breakfast food temperatures for the following dates: 07/02/22, 07/03/22, 07/07/22, 07/08/22, 07/09/22, 07/10/22, 07/13/22, 07/14/22, 07/16/22, 07/17/22, 07/18/22, 07/19/22, 07/20/22, 07/21/22, 07/23/22, 07/24/22, 07/25/22, 07/26/22, 07/27/22, 07/28/22, 07/30/22, 07/31/22, 08/01/22, 08/02/22, 08/03/22, 08/04/22, 08/05/22, 08/06/22, 08/07/22, 08/08/22, 08/09/22, 08/10/22, 08/11/22, 08/12/22, 08/16/22, 07/20/22.	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075006	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT WAMEGO LLC	1607 4TH ST WAMEGO, KS 66547

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S3298	Continued From page 15 Record lacked lunch and supper food temperatures for the following dates: 07/02/22, 07/03/22, 07/08/22, 07/10/22, 07/11/22, 07/13/22, 07/14/22, 07/16/22, 07/17/22, 07/18/22, 07/19/22, 07/21/22, 07/24/22, 07/26/22, 07/27/22, 07/28/22, 07/30/22, 07/31/22, 08/01/22, 08/02/22, 08/03/22, 08/04/22, 08/05/22, 08/06/22, 08/07/22, 08/08/22, 08/09/22, 08/10/22, 08/11/22, 08/12/22, 08/16/22, 08/19/22. On 08/22/22 at 12:00 PM, Operator/CNA A confirmed the facility was missing food temperature monitoring entries for the month of July 2022 and August 2022. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. The facility's "Food Safety and Sanitation" policy dated 07/15/21 recorded, "All local, state and federal standards and regulations are followed to assure a safe and sanitary Dining Service Department." For all residents of the facility, Operator/CNA A failed to ensure facility staff served food at the proper temperature.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas	S3299		

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S3299	Continued From page 16 used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (e) The census equaled 29 residents. The sample included 3 residents and 1 closed record review resident. Based on record review, interview, and observation for all residents receiving meal services, Operator/Certified Nurse Aide (CNA) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 08/22/22 at 11:20 AM revealed a kitchen containing food/drinks. Observation of the pantry revealed the following foods, which were not sealed or dated: one bag of butterscotch chips, one bag of pinto beans, and one bag of hamburger buns. The pantry revealed the following containers, which had the handling scoops inside: flour and rice. Observation of refrigerator/freezer temperature monitoring logs dated August 2022 revealed no temperatures were logged since 08/05/22. Interview on 08/22/22 at 12:00 PM with Operator/CNA A confirmed all food should be labeled with date opened and sealed. Operator/CNA A confirmed refrigerator/freezer	S3299		

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S3299	Continued From page 17 temperature monitoring logs were to be completed every day and further confirmed no monitoring logs were completed since 08/05/22. Facility's "Food Safety and Sanitation" policy dated 07/15/21 recorded, "All local, state and federal standards and regulations are followed to assure a safe and sanitary Dining Service Department. i. Foods that are refrigerated are stored at or below 41 degrees Fahrenheit. ii. Foods that are frozen are stored at or below 0 degrees Fahrenheit. iii. Foods are protected from dust, flies, rodents, and other vermin." For all residents of the facility, Operator/CNA A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105	S3310		

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S3310	Continued From page 18 This REQUIREMENT is not met as evidenced by: KAR 26-41-207 (c) The census totaled 29 residents. The sample included 3 residents, 1 closed record review residents and review of 5 newly hired employees. Based on record review and interview for 4 staff (Certified Medication Aide (CMA) C, CMA D, CMA E and Non-Certified Staff F, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - Review of CMA C's employee record revealed they hired onto the facility on 04/26/21. CMA C's record lacked evidence of TB testing and a TB questionnaire upon hire. CMA C's TB test and TB questionnaire was completed 06/03/21, approximately 6 weeks after being hired by the facility. Review of CMA D's employee record revealed they hired onto the facility on 06/24/21. CMA D's record lacked evidence of TB testing and a TB questionnaire upon hire. CMA D's TB test and TB questionnaire was completed on 07/30/21, approximately 5 weeks after being hired by the facility. Review of CMA E's employee record revealed they hired onto the facility on 03/09/22. CMA E's record lacked evidence of TB testing and a TB questionnaire upon hire. CMA E's TB test was completed 05/03/22, approximately 2 months after being hired by the facility. Record lacked date of TB questionnaire completion.	S3310		

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S3310	Continued From page 19 Review of Non-Certified Staff F's employee record revealed they hired onto the facility on 11/27/21. Non-Certified Staff F's record lacked evidence of TB testing and a TB questionnaire upon hire. Non-Certified Staff F's TB test and TB questionnaire was completed on 12/31/21, approximately 1 month after being hired by the facility. Interview on 08/22/22 at 01:00 PM with Operator/ Certified Nurse Aide (CNA) A confirmed CMA C, CMA D and CMA E did not receive TB testing or a TB questionnaire upon hire and were late. The facility's "Tuberculosis Screening-Kansas" policy dated 08/25/21 recorded, "Each new resident or associate shall receive a two-step tuberculin skin test and complete the TB Questionnaire within 7 days of residency or employment." The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		