STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N076003	A. BUILDING: _____ B. WING _____	12/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWOOD VILLAGE	401 ROCHESTER PRATT, KS 67124

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigations KS00164371 and KS00174993 for the above named Assisted Living facility conducted on 12/19,20,21/2022.	S 000		
S3214 SS=D	26-41-205 (g) (4) Sample & Indigent Medication Program Meds (g) (4) Licensed nurses and medication aides may administer sample medications and medications from indigent medication programs if the administrator or operator ensures the development of policies and implementation of procedures for receiving and identifying sample medications and medications from indigent medication programs that include all of the following conditions: (A) The medication is not a controlled medication. (B) A medical care provider ' s written order accompanies the medication, stating the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. (C) A licensed nurse or medication aide receives the medication in its original, unbroken manufacturer ' s package. (D) A licensed nurse documents receipt of the medication by entering the resident ' s name and the medication name, strength, and quantity into a log. (E) A licensed nurse places identification information on the medication or package containing the medication that includes the medical care provider ' s name; the resident ' s name; the medication name, strength, dosage,	S3214		

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

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S3214	Continued From page 1 route, and frequency of administration; and any cautionary instructions as documented on the medical care provider ' s order. Facility staff consisting of either two licensed nurses or a licensed nurse and a medication aide shall verify that the information on the medication matches the information on the medical care provider ' s order. (F) A licensed nurse informs the resident or the resident ' s legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident ' s clinical record shall contain documentation that the resident or the resident ' s legal representative has received the information and accepted the risk of potential adverse consequences. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(4)(D)(E)(F) The facility reported a census of 63 residents (R). The sample included six residents and 1 closed record review. Based on observation, interview and record review the operator failed to ensure 1 (R4) of 1 resident that received sample medications included the following: 1. License Nurse document receipt of medication with appropriate information into a log; 2. Licensed Nurse failed to included required information on each box and indicate verification of such information.; 3. A licensed nurse failed to inform	S3214		

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S3214	Continued From page 2	S3214		

the medications were not received through a pharmacy and were not reviewed by a pharmacist.

Findings included:

- Review of R4's medical record revealed she moved into the facility on 05/25/22 with diagnoses of dementia and hypertension.

R4's "Functional Capacity Screen" dated 12/9/22 identified the resident needed physical assistance with management of her medications.

R4's "Negotiated Service Agreement / Health Care Service Plan" dated 11/29/22 identified "Certified Medication Aides" and "Licensed Nurses" would administer the resident her medications.

Review of the resident's "Charting Notes" (CN) dated 12/11/22 included documentation about getting sample Eliquis since the medication is not covered by insurance. On 12/17/22 the CN revealed Hospice would get samples from physician and bring in for staff to administer for 14 days.

On 12/20/22 at 10:22 AM "Certified Medication Aide" (CMA) D opened the medication cart to look at the resident's medications. In the top drawer were three boxes of Eliquis 2.5 milligrams. One had the resident's full name written on it and the other two did not have anything written on them. The boxes lacked identification information including the care providers name, resident's name, medication name, strength, dosage, route, and frequency of

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S3214	Continued From page 3	S3214		

administration. When surveyor asked CMA D where the documentation was for receiving the medication was, she thought "Administrative Licensed Nurse" B might have it.

On 12/20/22 at 11:55 AM "Administrative Staff" A said she thought the Medication Administration Record would be considered a log since it included all the information, and the resident was to take it for 14 days.

On 12/20/22 at 01:27 PM "Administrative Licensed Nurse" B acknowledged there was not a log for receipt of the medications, each box did not include information that was on the physician's order, and that there was no information given to the resident's legal representative in writing the medications did not go through the usual process of pharmacist review.

Review of the "Health and Wellness Policy" dated 07/01/12 identified staff will only administer medications that are labeled on the container: Resident name, Physician name, Prescription must include the name of medication, strength, dosage, route, and frequency.

The operator failed to ensure the appropriate information regarding the administration of sample medications for R4 was written and explained to the resident or his/her legal representative, failed to include appropriate information on the medication box, and failed to have the appropriate information regarding the acceptance of the medication in the facility.

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S3420	Continued From page 4	S3420		
S3420 SS=E	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain	S3420		

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S3420	Continued From page 5 lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256(c)(2)(B) The facility reported a census of 63 residents. Based on observation, and interview the facility failed to ensure the temperature of hot water ranged between 98 degrees Fahrenheit (F) and 120 degrees F at sinks and lavatories in resident use areas. Findings included: - On 12/20/22 surveyor checked the temperature of hot water in sinks that were in resident use areas. At 09:15 AM the sink in the "Bistro" that is beside the coffee and cappuccino machine had hot water temperature of 135.7 degrees F. "Administrative Staff" A walked by while surveyor checked the water temperature and acknowledged that that was too high. She reported the facility got new boilers that are more efficient, and the maintenance staff are having to adjust the mixing valves more often. 12/20/22 at 09:18 AM "Maintenance Staff" C checked the hot water temperature with a dial type thermometer which slowly climbed, and he took it out of the water at 125 degrees F. At the time he removed his thermometer the surveyor's	S3420		

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S3420	Continued From page 6 digital thermometer read 135.7 degrees F. "Maintenance Staff " C stated he would have to get tools and adjust the mixing valve. Water Temperature log check for the whole facility completed in November 2022 included seven room temperatures that were greater than 120 and indicated the mixer valves were adjusted and temperature readings within range after adjusting. The operator failed to ensure hot water temperatures were between 98 degrees F and 120 degrees F in resident use areas.	S3420		