STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N081001	A. BUILDING: _____ B. WING _____	11/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE MANHATTAN, INC	2800 WILLOW GROVE ROAD MANHATTAN, KS 66502

(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 represents the findings of a resurvey with attached complaint #179941 at the above named assisted living facility conducted on 10/31/23 and 11/01/23.	S 000		
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) The facility reported a census of 32 residents with three included in the sample. Based on interview and record review the operator failed to ensure a licensed nurse performed an assessment to determine if Resident (R) 2 could	S3175		

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

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S3175	Continued From page 1 self-administer insulin safely and accurately. Findings included: - Record review for R2 revealed an admission date of 06/12/23 with a diagnosis of type two diabetes mellitus. The 06/12/23 "Functional Capacity Screen" (FCS) identified R2 required physical assistance with management of medications. The 06/12/23 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HSP) identified facility staff R2 her medications and she self-administered her insulin injections. The 06/13/23 "Resident Insulin Administration Competency" was signed by Administrative Staff A who was not a licensed nurse. On 10/31/23 at approximately 09:44 AM Administrative Staff A stated the "NSA" and "HSP" were combined in one document. On 11/01/23 at approximately 11:20 AM Administrative Staff A confirmed a licensed nurse did not complete the "Resident Insulin Administration Competency" for R2. On 11/01/23 at approximately 01:37 PM Administrative Nurse B confirmed self-medication assessments should be completed by a licensed nurse. The operator failed to ensure a licensed nurse performed an assessment to determine if R2 could self-administer insulin safely and accurately.	S3175		

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	N081001	A. BUILDING: _____ B. WING _____	11/01/2023

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S3211 SS=F	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 32 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of eight over-the-counter (OTC) medications. Findings included: - Observation on 10/31/23 at 10:08 AM revealed Administrative Staff A unlocked and opened the second-floor medication cart. The following OTC medications were not labeled with residents' full names: One bottle of Metamucil fiber gummies, 72	S3211		

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S3211	Continued From page 3 gummies One bottle of gas ban anti-gas simethicone 80 milligrams (mg), 100 chewable tablets One bottle of melatonin 3 mg, 60 tablets One bottle of stool softener docusate sodium 50 mg, 120 tablets One bottle of loperamide hydrochloride anti-diarrheal 2 mg, 12 caplets One bottle of aspirin 81 mg, 300 tablets One bottle of artificial tears eye drops On 10/31/23 at approximately 10:08 AM Administrative Staff A confirmed seven OTC medications on the second-floor medication cart were not labeled with residents' full names. Observation on 10/31/23 at 10:22 AM revealed Administrative Staff A unlocked and opened the first-floor medication cart. The following OTC medication was not labeled with residents' full names. Ibuprofen 200 mg 100 tablets On 10/31/23 at approximately 10:22 AM Administrative Staff A confirmed one OTC medication on the first-floor medication cart was not labeled with resident's full name. The operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of eight OTC medications.	S3211		