Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089033	A. BUILDING: _____ B. WING _____	08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEGGY KELLY HOUSE I	2111 SW RANDOLPH AVENUE TOPEKA, KS 66614

(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 with attached complaint number 172983 for the above named facility conducted on 08/03/23.	S 000		
S5315 SS=F	26-42-205 (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 home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home 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 home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer '	S5315		

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

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S5315	Continued From page 1 s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (h) The facility reported a census of 6 residents. Based on observation and interview the operator failed to ensure the licensed nurse and certified medication aides stored all medications and biologicals securely. Findings included: - Observation on 08/03/23 at 10:48 AM in the dining room on the left side of the medication cart set a small white plastic three drawer storage container. The three drawers freely opened, and they contained the following: 5 bottles of Medline Skintegrity Wound Cleanser 1 bottle of Derma Klenz Wound Cleanser 1 tube of Moisture Barrier Angtifungal Cream by Baza On the right side of the medication cart, in an open storage section sat 1 bottle of Medline Skintegrity Wound Cleanser. Interview on 08/03/23 at 10:50 AM with certified medication aide A, she stated she "did not use the wound cleansers" at this time. Interview on 08/03/23 with Licensed nurse B and Operator C, they confirmed the wound cleansers	S5315		

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S5315	Continued From page 2 were to be secured. The operator failed to ensure the licensed nurse and certified medication aides stored all medications and biologicals securely.	S5315		