STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089063	A. BUILDING: _____ B. WING _____	12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA HEARTHSTONE EAST	3415 SW 6TH AVENUE TOPEKA, KS 66606

(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 for the above named facility and complaint investigations #124809, #129489, #130835, #131040 and #135855 conducted on 12/11/18 and 12/12/18.	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: KAR 26-41-205 (h)(4) The facility reported a census of 76 residents. Based on observation, interview and record review the administrator failed to ensure licensed nurses could not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration regarding insulin pens for residents #217, #369 and #399. Findings included: - Observation on 12/11/18 at 10:10 AM licensed nurse D reported the resident's open and in use insulin pens were stored in individual containers within a mobile cart. Resident #217 had an open in-use pen of Novolog insulin with no open date on the pen to indicate how long it could safely be used. He/she also had an open and in-use pen of Humulin insulin without an open date. Resident #369 had an open an in-use pen of Levemir insulin and Novolog insulin pens. Resident #399 had an open and in-use pen of Levemir insulin without a date. Interview on 12/11/18 at 10:13 AM with licensed nurse D revealed the insulin pens were to be dated when opened and the insulin would be expiring after 30 days. The Novolog Flex pen manufacture recommended to store opened insulin at room temperature for up to 28 days and discard even if insulin remained.	S3215		

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S3215	Continued From page 2 Humalog Kwik pen manufacture recommended to store opened insulin at room temperature for up to 28 days and discard even if insulin remained. The Levemir FlexTouch manufacture recommended to store opened insulin at room temperature for up to 42 days and discard even if insulin remained. The administrator failed to ensure licensed nurses could not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration regarding insulin pens for residents.	S3215		
S3265 SS=F	26-41-104 (a) Disaster and Emergency Preparedness (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (a) The facility reported a census of 76 residents. Based on record review and interview the administrator failed to conduct an emergency evacuation drill with the least amount of staff on duty to ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or	S3265		

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S3265	Continued From page 3	S3265		

disaster to a secure location.

Findings included:

- Administrator A provided documentation for the annual evacuation of the facility conducted on 8/23/17 and 8/21/18.

Interview on 12/11/18 at 9:35 AM with licensed nurse B revealed the facility staff the night shift with a total of 5 staff.

Review of the documents for 8/23/17 revealed 8 single sided pages which divided the facility into 4 zones. The sheets did not include a start and stop time for the evacuation, no scenario for the evacuation and what location residents were evacuated to. The documents indicated 3 staff evacuated 18 residents from zone 1, 6 staff evacuated 18 residents from zone 2, 4 staff evacuated 23 residents from zone 3 and 3 staff evacuated 19 residents from zone 4. The facility used a total of 16 staff to evacuate 78 residents which did not reflect the minimum staff on duty of 5 could evacuate the residents in a timely manner.

The 8/21/18 document was titled Fire Drill and did not clearly indicate it was an evacuation. The document did not include a start and stop time for the evacuation. The documents included a separate sheet titled Evacuation Drill exercise 1 which included a scenario of a lightning strike with smoke that set off the fire alarm. The guidelines indicated a minimum of staffing was on campus which included 2 staff members on assisted living, 2 staff members on the memory care and 1 nurse on duty for a total of 5 staff.

The documents reflected signatures from

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S3265	Continued From page 4 approximately 75 residents and signatures for 17 staff. Interview on 12/11/18 at 1:05 PM with administrator A and maintenance director C confirmed the documents provided for 2017 and those for 2018 were for the evacuation drill. He/she confirmed the documents lacked evidence of an evacuation with the least amount of staff to ensure that amount of staff was adequate to evacuate the residents in a timely manner during an emergency or disaster. Administrator A reported the 2018 evacuation took about 30 minutes but some of the time was spent training staff. The administrator failed to conduct an emergency evacuation drill with the least amount of staff on duty to ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location.	S3265		