

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N089021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/18/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALDERSGATE VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3220 SW ALBRIGHT DRIVE TOPEKA, KS 66614</b>
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(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	S 000		
S3030 SS=C	<p>26-41-101 (g) Availability of Policies and Procedures</p> <p>(g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents.</p> <p>This REQUIREMENT is not met as evidenced by: The facility identified a census of 52 residents. Based on observation, record review and interview, the facility failed to ensure a notice of the availability of the policies and procedures in a place readily accessible to residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During the initial tour on 10/13/16 at 2:30 PM, observation revealed there was not a notice of the availability of the policies and procedures related to resident services posted in a place readily accessible to residents. The policies and procedures binder is on a full bookshelf in the director of assisted living's office.</li> </ul> <p>On 10/13/16 at 2:45 PM, administrative staff B stated he/she did not know where to find the notice of the availability of the policies and procedures or the binder of the policies and</p>	S3030		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3030	<p>Continued From page 1</p> <p>procedures.</p> <p>On 10/13/16 at 3:20 PM, direct care staff O stated he/she did not know where to find the notice of the availability of the policies and procedures.</p> <p>On 10/13/16 at 3:40 PM, licensed nursing staff H stated he/she the binder of policies and procedures was in the nurse's office, and he/she did not know where to find the notice of the availability of the policies and procedures.</p> <p>On 10/13/16 at 5:21 PM, administrative staff A confirmed there was not a notice of the availability of the policies and procedures in a place readily accessible to residents.</p> <p>The facility failed to provide a policy for a notice of the availability of the policies and procedures.</p> <p>The facility failed to ensure a notice of the availability of the policies and procedures in a place readily accessible to residents.</p>	S3030		
S3215 SS=D	<p>26-41-205 (h) Medication Storage</p> <p>(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.</p> <p>(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</p>	S3215		

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S3215	<p>Continued From page 2</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.</p> <p>This REQUIREMENT is not met as evidenced by: The facility identified a census of 52 residents. Based on observation, record review and interview, the facility failed to ensure the injectable insulin (medication for diabetes) was dated upon opening in one of four opened insulin injectable pens affecting one unsampled resident (#4).</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During the initial tour on 10/13/16 at 2:15 PM, observation of one treatment cart where stored the insulin pens revealed one opened Lantus (long-acting insulin) insulin pen undated, for resident #4.</li> </ul>	S3215		

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S3215	<p>Continued From page 3</p> <p>According to Lantus manufacturer's instruction, the Lantus insulin expired 28 days after being opened.</p> <p>On 10/13/16 at 2:16 PM, administrative nursing staff D stated the nurses administered insulin to the residents, and the nurses should date the insulin pens upon opening.</p> <p>On 10/13/16 at 5:21 PM, administrative staff A expected stated nursing staff should date the insulin pens upon opening for proper storage.</p> <p>The facility's "Medication Storage in the Facility" revised November 2011 documented the nurse shall place a "date opened" sticker on the medication and enter the date opened and the new date of expiration on the medication container.</p> <p>The facility failed to properly date the insulin pen upon opening.</p>	S3215		