

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2013
NAME OF PROVIDER OR SUPPLIER BRANDON WOODS AT ALVAMAR			STREET ADDRESS, CITY, STATE, ZIP CODE 1501 INVERNESS DR LAWRENCE, KS 66047		
(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 a Licensure Resurvey and Complaint Investigation KS00067957.	S 000			
S3201 SS=E	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This Requirement is not met as evidenced by: The facility reported a census of 39 residents. Based on observation, record review, and interview the facility failed to administer medications prepared only by a licensed nurse or certified medication aide. Findings included: - Observation during initial tour of the assisted living on 9/19/13 at 11:15 A.M. revealed 7	S3201			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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S3201	Continued From Page 1 unsealed medication planners in 2 of 3 medication carts. Interview with direct care staff O on 9/19/13 at 11:50 A.M. stated the medication planners came pre-filled from the pharmacist for certain residents every week. The other medication planners were filled by the nurse. Interview with licensed staff H on 9/18/13 at 1:15 P.M. stated the family chose the plan which included the medication planner option because it was less expensive. The facility failed to administer medications prepared only by a licensed nurse or certified medication aide.	S3201			

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