STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087203	A. BUILDING: _____ B. WING _____	06/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATINUM CARE HOMES	5701 E 17TH NORTH WICHITA, KS 67208

(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 conducted on 06/29/22-06/30/22.	S 000		
S5316 SS=F	26-42-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(i)(1)	S5316		

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

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S5316	Continued From page 1 The facility reported a census of five residents with three included in the sample. Based on interview and record review the operator failed to ensure two licensed nurses or a licensed nurse and a licensed pharmacist destroyed medications together. Findings included: - Observation on 06/29/22 at 12:28 PM revealed all medications were stored in a locked medication cart with controlled medications kept in a separate locked compartment within the medication cart. Spot check narcotic count was accurate. On 06/29/22 at 12:43 PM Administrative Staff A stated the nurse and a Certified Medication Aid (CMA) witnessed and disposed of controlled medications together. The controlled medications were placed in cat litter to destroy them. The facility had been following this system for nine years. Administrative Staff A stated she did not realize controlled medications had to be disposed of by two licensed nurses or a licensed nurse and a pharmacist. The 06/29/22 facility's "Discarding Medications Policy and Procedure" documented "CMA on duty will inform on call nurse of the following: I. Outdated medications. II Discontinued medications. III Medications left from prior admission or dismissal. Medications will be discarded at the end of the month by RN [Registered Nurse] and LPN [Licensed Practical Nurse]. . ." The operator failed to ensure two licensed nurses or a licensed nurse and a licensed pharmacist destroyed medications together.	S5316		

Kansas Department on Aging

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