

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105138	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/20/2022
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2213 N 22ND ST KANSAS CITY, KS 66104		
(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 6/16/2022 and 6/20/2022.	S 000		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The facility reported a census of 5 "residents" (R). The sample included 3 R.'s. Based on observation, interview and record review the operator failed to ensure a signed order from the resident's physician was obtained prior to "Certified Medication Aide" (CMA) A administering an over the counter medication to R 101 for constipation.	S5300		

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

TITLE

(X6) DATE

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S5300	Continued From page 1 Findings included: - Observation on 6/16/2022 at 11:36 CMA A unlocks the locked medication cart, and in the 2nd drawer of the medication cart there was an opened bottle of Magnesium Citrate. The bottle was a 10-ounce bottle with the recommended dosage printed on the bottle "adults and children 12 and over 6.5 to 10 fluid ounces in 24 hours. The bottle was over ¾'s full and lacked a resident identifier/full name. 6/16/2022 at 11:36 Interview with CMA A revealed the bottle of Magnesium Citrate was a stock medication and she administered it to R1 for constipation. CMA indicated using a multiple dose administration cup how much she administered to R1, she indicated she administered 15 milters (mls). She confirmed there was no order for the Magnesium Citrate and she confirmed she administered the Magnesium with no physician order. Record review on 6/20/2022 for R1 revealed an admission date of 10/1/2020 with diagnoses of dementia, Schizophrenia, depression, anxiety and poor circulation. Record review on 6/20/2022 of the signed orders physician orders revealed the medication administration record lacked an entry for Magnesium citrate. The operator failed to ensure a signed order from the resident's physician was obtained prior to CMA A administering an over the counter medication to R 101 for constipation.	S5300		

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S5313	Continued From page 2	S5313		
S5313 SS=D	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (g) (3) The facility reported a census of 5 residents (R). The sample included 3 residents. Based on observation and interview the operator failed to ensure the nurse placed the full name of the resident on the bottles of "over the counter medications" (OTC's) prior to the OTC's being placed in the medication cart and prior to the "Certified Medication Aides" (CMA's) administering them to the residents. Findings included: - Observation of the medication cart on 6/16/2022 at 11:36 AM during the initial facility tour revealed, CMA unlocked the locked medication cart located in the kitchen and the following OTC bottles lacked the resident full name;	S5313		

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S5313	Continued From page 3 1 opened bottle of roll on Lidocaine 1 opened box of Allergy medication with the initials of R 101 1 opened bottle of Women's Multi Vitamin 1 opened bottle of The Perfect Women's Multi Vitamin 1 opened bottle of Aspirin marked with "AM" 1 opened box of Sleep 3 1 opened bottle of Magnesium Citrate 1 opened bottle of Aleve 220 mg 1 unopened bottle of Acetaminophen liquid Interview on 6/16/2022 at 11:36 AM with CMA A confirmed the OTC bottles lacked being labeled with the resident's full names. The operator failed to ensure the nurse placed the full name of the resident on the bottles of OTC's prior to the OTC's being placed in the medication cart and prior to the CMA's administering them to the residents.	S5313		