| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N059016 | A. BUILDING: _____ B. WING _____ | 01/25/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE MCPHERSON | 1460 N MAIN STREET MCPHERSON, KS 67460 |

| (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<br><br>The following citations represent the findings of a resurvey for the above named assisted living facility conducted on 1/24,25/2022. | S 000 | | |
| S3215 SS=E | 26-41-205 (h) Medication Storage<br><br>(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.<br>(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.<br>(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.<br>(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.<br>(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. | S3215 | | |

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

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| S3215 | Continued From page 1<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205 (h) (4)<br><br>The facility reported a census of 30 residents. The facility identified 24 residents with facility managed medications 2 of which required insulin injections. Based on observation, record review and interview the operator failed to ensure licensed nurses and certified medication aides could not administer medications beyond the medication manufacturer's or pharmacy provider's recommended date of expiration by a failure to ensure staff dated insulin pens once opened for 2 of 2 residents (R) whose insulin the facility managed (R125, R127).<br><br>Findings included:<br><br>- On 1/24/22 licensed nurse (LN) B provided the resident roster which identified 24 residents received facility managed medications and 2 of those residents received insulin managed by the facility R125 and R127.<br><br>Observation of the medication cart on 1/24/22 at 2:28 PM with Certified Medication Aide (CMA) D revealed insulin pens in the drawer. The drawer had 2 plastic containers each containing 2 insulin pens. CMA D confirmed there were 2 residents who received insulin. R125 had a Lantus pen with 60 units in it that did not have her name on it or the date of when staff initiated it's use. R127 had a Humalog pen with 140 units in it and the pen did not have her name on it or the date when staff initiated it's use. CMA D stated that staff normally were to write the resident's name on the pen as well as the date they took it our of the refrigerator | S3215 | | |

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| S3215 | Continued From page 2<br>to start using it.<br><br>Interview on 1/24/22 at at 3:57 PM with LN B confirmed the CMA's were expected to date the insulin with the first use to ensure they pen was not used after expired date.<br><br>Humalog Kwik pen manufacture recommended to store opened insulin at room temperature for up to 28 days and discard even if insulin remained.<br><br>The Lantus Solostar pen manufacture recommended to store opened pens at room temperature and after 28 days the opened Lantus pen should be thrown away-even if it still has insulin in it.<br><br>The operator failed to ensure licensed nurses and certified medication aides could not administer medications beyond the medication manufacturer's or pharmacy provider's recommended date of expiration by a failure to ensure staff dated insulin pens once opened. | S3215 | | |