Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N019012	A. BUILDING: _____ B. WING _____	C 08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES IV	1910 E CENTENNIAL STREET PITTSBURG, KS 66762

(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 with attached complaint # 154216 for the above named facility conducted on 8/4/2021 and 8/5/2021.	S 000		
S3215 SS=D	26-41-205 (h) Medication Storage (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. (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. (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. (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. (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 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h)(4) The facility reported a census of 23 residents. included 3 residents and 1 focused review. Based on observation, interview and record review the operator failed to ensure licensed nurses could not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration regarding insulin pens and a vial of Tubersol testing solution. Findings included: - On 8/4/21 at 2:00 pm licensed nurse A, opened the only medication room and medication storage cart. Observation revealed the following opened and in use insulin pens: Lispro with 20 units remaining in the vial, Tougeo 300units per milliliter for resident # 237, Lantus 100 unit per milliliter with 60 units in the pen, Novolog 100 units per milliliter with 225 units present in the pen for resident #216. None of the pens had a date recorded of when the pens were opened for use. Licensed nurse A then unlocked the fridge located in the medication room and observation of the Tubersol testing solution revealed the vial had been accessed and the bottle lacked a date recorded of when the vial was opened for use. Interview on 8/4/2021 pm with licensed A the insulin pens and Tubersol testing solution were to be dated when opened and the Levemir, Humalog and Lantus, and Tougeo pens and the Tubersol vial all lacked the date of being opened.	S3215		

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S3215	Continued From page 2 Humalog Kwik pen manufacture recommended to store opened insulin at room temperature for up to 28 days and discard even if insulin remained (Lispro is also known as Humalog). Lantus Solostar pen manufacture recommended to store opend insulin at room temperature for up to 28 days and discard even if insulin remained. Tougeo flex touch manufacture recommended to store opened insulin at room temperature for up to 56 days and discard even if insulin remained. Tubersol tuberculin testing solution manufacture recommend storing opened vial Store at 2° to 8°C (35° to 46°F). (20) Do not freeze. Discard product if exposed to freezing. A vial of Tubersol which has been entered and in use for 30 days should be discarded. The administrator failed to ensure licensed nurses could not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration regarding insulin pens for residents and the Tubersol testing solution.	S3215		