STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087251	A. BUILDING: _____ B. WING _____	07/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW GREENWAY	1858 S GREENWAY BLVD WICHITA, KS 67213

(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 survey for initial licensure with attached COVID infection control survey conducted on 07/07/2021 at the above-named homes plus facility in Wichita, KS.	S 000		
S5313 SS=E	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 6 residents. The sample included 3 residents. The resident roster identified 6 residents as receiving medication management. Based on observations and interviews for all residents, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications. Findings included:	S5313		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5313	Continued From page 1 - Observation on 07/07/2021 at 11:00AM during facility tour of medication cart with certified staff #B, observed 3 over the counter (OTC) medications that were labeled as "stock" medications and lacked the full name of the resident including the following: Tylenol brand Acetaminophen tablets 350mg 30 count; Benadryl brand Diphenhydramine tablets 25mg 100 count; Tylenol brand 8-hour Arthritis strength caplets 650mg 60 count Facility policy titled "medication management and storage" recorded: "Over the counter drugs: ...The pharmacist or licensed nurse shall place the full name of the resident on the package." On 07/07/2021 at 11:15AM certified staff #B confirmed the OTC medications lacked the full name of resident. The operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	S5313		