STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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 and complaint investigations #151396, #151527, #151755, #151877, #151960, #152311, #154341 and #161491 conducted on 06-02-21 and 06-07-21.	S 000		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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 26-41-205 (g) (3) The facility reported a census of 18 residents and the facility managed medications for 17 of those residents. Based on observation and interview the administrator/operator failed to ensure a licensed nurse or licensed pharmacist labeled over-the-counter medications with the resident's full name for 6 residents whose medications the facility managed (#205, #242, #410, #427, #432 and #449).	S3211		

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

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S3211	Continued From page 1 Findings included: - The resident roster provided on 06-02-21 indicated the facility managed medications/treatments for 17 residents. On 06-02-21 at 10:57 AM certified medication aide (CMA) A opened the medication cart. Observation revealed over-the-counter (OTC) medications for the following residents which were not labeled with the resident's full name: Resident #205 had a bottle of vitamin B-12 with no name written on it and CMA A said it belonged to resident #205 Resident #242 had an open bottle of aspirin with no name and CMA A said it belonged to resident #242 Resident #410 had a total of 7 OTC medications in bottles, tubes or bags with first name or no name at all and identified by CMA A as belonging to resident #410. Resident #437 had a bottle of calcium with vitamin D and only had the resident's first name on it. Resident #432 had 3 OTC medications in bottles or boxes which had the first name or the last name but not the full name of resident #432 Resident #449 had 2 bottles of OTC medications (1 with a first name and the other no name) which CMA identified as belonging to resident #432 Interview with licensed nurse B on 06-02-21 confirmed OTC medications should be labeled with the resident's full name. The administrator/operator failed to ensure a licensed nurse or licensed pharmacist labeled over-the-counter medications with the resident's full name.	S3211		

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S3215	Continued From page 2	S3215		
S3215 SS=E	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. This REQUIREMENT is not met as evidenced by:	S3215		

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S3215	Continued From page 3 KAR 26-41-205 (h) (4) The facility reported a census of 18 residents. The administrator failed to ensure a licensed nurse could not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration for an opened multi-dose bottle of tuberculosis (TB) testing solution with the potential to affect any new residents or employees. Finding included: - On 06/02/21 at 11:10 AM certified medication aide A opened the only medication room and medication refrigerator. Observation revealed an opened bottle of tuberculosis testing solution which had a date written on it of 03-23-2021. Licensed nurse/operator B confirmed the date meant when the bottle was opened. Interview on 06/01/21 at 11:15 AM with licensed nurse/operator B revealed she failed to discard the bottle 30 days post opening. The FDA (Federal Drug Administration) tuberculosis (tubersol) package insert directed the tubersol testing solution would expire 30 days after the date of opening. The administrator failed to ensure a licensed nurse could not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration for an opened bottle of tuberculosis testing solution with the potential to affect any new residents or employees.	S3215		

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S3256	Continued From page 4	S3256		
S3256 SS=E	26-41-105 (c) Resident Records Safeguards (c) Each administrator or operator shall ensure the safeguarding of resident records against the following:(1) Loss; (2) destruction; (3) fire; (4) theft; and (5) unauthorized use. This REQUIREMENT is not met as evidenced by: KAR 26-41-105 (c)(4)(5) The facility reported a census of 18 residents. Based on observation, interview and record review the administrator failed to safeguard the records of discharged residents against possible theft or unauthorized use. Findings included: - During the initial tour on 06-02-21 which began at 10:00 am revealed a closet door which freely opened when tried. Observation revealed multiple paper storage boxes marked as discharged resident records. Interview with licensed nurse/operator B on 06-02-21 at 10:07 AM confirmed the closet door should be locked at all times to protect the contents of the closet which included multiple boxes of confidential discharged resident's records.	S3256		

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S3256	Continued From page 5 The administrator failed to safeguard the records of discharged residents against possible theft or unauthorized use.	S3256		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254 (a) The facility reported a census of 18 residents. Based on observation, interview and record review the administrator/operator failed to ensure the facility was equipped and maintained to	S3320		

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S3320	Continued From page 6 protect the health and safety of residents, personnel and the public regarding unlocked chemicals. Findings included: - During the initial tour of the facility on 06-02-21 at 10:00 AM observation revealed an open living concept design to the floor plan of the facility. In an unlocked cabinet under a sink located off the dining room and kitchen were 2 spray can of chemicals used for cleaning. One spray can of disinfectant labeled harmful if swallowed and a spray can of liquid gold furniture polish labeled harmful or fatal if swallowed. Both also contained a flammable warning and inhalation warning. Also on tour, observation revealed an unlocked closet door close by the dining area sink which freely opened when the surveyor depressed the handle. Inside the closet was medical supplies which included approximately 10 bottles of rubbing alcohol. Interview with licensed nurse/operator B on 06-02-21 at 10:07 AM confirmed an expectation for the closet door to be locked at all times. The administrator/operator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel and the public regarding unlocked chemicals.	S3320		