Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B001001	A. BUILDING: _____ B. WING _____	R-C 06/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND MEADOWS, LLC	1727 OREGON ROAD IOLA, KS 66749

(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 revisit for correction order *J0B911 conducted on 6/13/2021 and 6/14/2021.	{S 000}		
{S5316} SS=D	26-42-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (i)	{S5316}		

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

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{S5316}	Continued From page 1 The facility reported a census of 12 residents. The sample included 3 residents. Based on interview and record review the operator failed to ensure a licensed nurse maintained the reconciliation record and accurate disposition of the Oxycodone 15 milligrams tablets, a controlled medication for resident #2. Findings included: Record review for resident #2 revealed an admission date of 12/12/2019, with diagnoses of urinary retention, presence of indwelling urinary catheter, anemia, coronary artery diseasem congestive heart failure, and leukocytopenia. Record review of the functional capacity screening dated 5/12/2020 revealed the resident required physical assistance with medication administration. Record review of the negotiated service agreement dated 5/12/2021 identified the facility would manage ordering and administration by a licensed nurse and certified medication aide. Review of the controlled narcotic record for the Oxycodone 15 milligrams for resident #2 revealed a hand written note across the middle of the document that stated discontinued on 05/21/2021 with "#26" and initialed by licensed nurse A. The bottom of the document contained a hand-written note stating "Oxycodone 15, #24 destroyed on 6/2/2021. Found aspirin 81, in the 21st slot and amlodipine 2.5 in the 1st slot. The two missing pills reported to sheriff stolen, Staff drug tested and reporting to state missing drugs". The notation was signed with an unreadable signature.	{S5316}		

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{S5316}	Continued From page 2 Interview on 6/14/2021 with operator B, confirmed the signature belonged to licensed pharmacist C. She confirmed the 2 missing Oxycodone were not found during the facility investigation, and all staff drug tested negative. The operator failed to ensure a licensed nurse maintained the reconciliation record and accurate disposition of the Oxycodone 15 milligrams tablets, a controlled medication for resident #2.	{S5316}		