Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046057	A. BUILDING: _____ B. WING _____	C 05/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABERDEEN VILLAGE	17500 W 119TH STREET OLATHE, KS 66061

(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 are the result of a survey for re-licensure with attached complaint conducted on 4/29/21 and 5/3/21 at the above named assisted living facility in Olathe, KS.	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 28 residents. The sample included 3 residents. The resident roster identified 27 residents as receiving medication management. Based on observations and interviews for 27 residents, the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter (OTC) medications.	S3211		

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

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S3211	Continued From page 1 Findings included: - Observation on 4/29/21 at 9:50am during facility tour of medication carts with certified medication aide #C, observed the following OTC medications labeled with only room numbers, that lacked the full name of the resident: In the first floor medication cart: extra strength acetaminophen (pain/fever) 500mg (milligram) tablets, 100 count; Dulcolax (constipation) 100mg, 50 count; HyVee Brand D3 (supplement) 50 mcg (micrograms) 300 count; First nutrition brand B12 (supplement) 500mg, 300 count; Walgreen's brand Aspirin (pain/fever) 81mg, 30 count; Topcare brand Famotidine (acid reducer) 100mg, 30 count 2 bottles. Interview on 4/29/21 at 9:50am with certified medication aide #C confirmed OTC bottles lacked the full name of the resident and only had room numbers written on the bottles. Review of facility medication storage policy revealed policy lacked entry for labeling/handling of OTC medications. For 27 residents of the facility, , the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter (OTC) medications.	S3211		

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S3280	Continued From page 2	S3280		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-4-104(d)(3) The census equaled 28 residents; the sample included 3 residents. Based on interviews and review of records, for all residents, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure annual evacuations and quarterly reviews of the facility's emergency management plan with staff and residents.	S3280		

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S3280	Continued From page 3 Findings included: - On 4/29/21 at 10:45am during review of the facility's emergency management plan with director of environmental services #D and maintenance director #E, the records contained the following: A review of the emergency preparedness plan was conducted in person, with staff on each staff member's work anniversary date, annually and through online Relias training yearly, facility conducted monthly fire drills, tornado drills on 3/5/19 and 3/15/21 and practiced evacuations to behind fire doors every 2 months during drills. Interview on 4/29/21 at 1:00pm with facility environmental services director #D and maintenance director #E, confirmed a review of the emergency preparedness plan was only done twice a year with staff and records lacked documentation of full evacuation in 2019 and 2020. Human resources director confirmed records lacked documentation of quarterly disaster reviews with all residents for 2019, 2020 and the first quarter of 2021. (Staff completed a 2021 first quarter review with residents on 4/30/21 during survey.) For all residents of the facility, the administrator failed to ensure annual evacuations and quarterly reviews of the facility's emergency management plan with staff and residents.	S3280		