STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B079002	A. BUILDING: _____ B. WING _____	03/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING OF LARNED HOME PLUS II	712 W9TH LARNED, KS 67550

(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 resurvey at the above named home plus facility conducted on 3/2/2020, 3/3/2020, and 3/4/2020.	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 9 residents. Based on observation and interview, the operator failed to ensure over-the-counter medications had full name of the resident on both the manufacturer's medication package and the medication container. Findings included: - Observation on 03/02/2020 at 9:52 AM revealed a locked medication room in the facility. The room contained each resident's medications	S5313		

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

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S5313	Continued From page 1 in separate bins in a cabinet. The following medications were without first and last names: 8- hour pain relief 650 mg (milligrams) of 50 capsules Aleve (medication for pain) 220 mg of 200 tablets Visine lubricant eye drops ½ ounce bottle Melatonin (medication for sleep) 3 mg of 120 tablets Imodium (medication for diarrhea) bottle of 6 caplets x 3 boxes Hydrocortisone 1% cream 2-ounce tube VapoCool cough drops x1 bag of 18 cough drops allergy relief nasal spray 0.34 ounces Vitamin B-12 1,000 mcg (micrograms) of 110 tablets Cetirizine Hydrochloride (medication for allergies) 10 mg of 30 tablets Melatonin 10 mg of 120 tablets Allergy spray 0.57 ounces GeriKot laxatives 8.6 mg of 100 tablets Systane chewable eye vitamin bottle of 60 chewable tablets Urea 20% cream x1 tube Loratadine (medication for allergies) 10 mg bottle of 60 tablets Melatonin 5 mg bottle of 120 tablets Loratadine 10 mg bottle of 30 tablets Tylenol (medication for pain or fever) 650 mg bottle of 100 capsules. Interview on 03/02/2020 at 10:04 AM with licensed nurse B confirmed over-the-counter medications were not labeled with resident's full name. During an interview on 03/03/2020 at 10:08 AM with licensed nurse B confirmed all medications should be labeled with resident's full name.	S5313		

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	B079002	A. BUILDING: _____ B. WING _____	03/04/2020

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COUNTRY LIVING OF LARNED HOME PLUS II	712 W9TH LARNED, KS 67550

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S5313	Continued From page 2 Operator failed to ensure over-the-counter medications had full name of the resident on both the manufacturer's medication package and the medication	S5313		
S5335 SS=F	28-39-437 Construction (a) Each home-plus 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. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The facility reported a census of 9 residents. Based on observation and interview, the operator failed to protect the health and safety of residents by a failure to keep cleaning chemicals in a locked secured area. Findings included: - On 03/02/2020 at 9:50 AM, the licensed nurse B provided a resident roster of 9 residents and 7/9 were marked with impaired cognitive abilities. During the initial tour on 03/02/2020 at 9:50 AM, observation revealed an unattended housekeeping cart in the hallway outside of resident's rooms. The cart contained 6 chemicals,	S5335		

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S5335	Continued From page 3 among the chemicals were 1 bottle of disinfectant spray, 1 bottle of glass cleaner, 1 bottle of all-purpose cleaner, and 5 other cleaning products. Observation on 03/02/2020 at 11:52 AM revealed an unattended housekeeping cart in the hallway outside of a resident's room. The same chemicals were on the cart. Vacuum heard inside a closed resident's door at this time. Interview on 03/02/2020 at 12:25 PM with environmental service staff E stated she tries to take the cart in the rooms with her or she leaves it outside the resident's room due to it being a big cart. Operator failed to protect the health and safety of residents by a failure to keep cleaning chemicals in a locked secured area.	S5335		