STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E589	A. BUILDING _____ B. WING _____	03/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERNAULD VILLAGE	716 TWEED STREET WINFIELD, KS 67156

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. This 2567 was electronically sent to the facility on 03/18/21.	F 000		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility reported a census of 32 residents. Based on observation, interview, and record review, the facility failed to administer the correct dosage of medication for Resident (R)6.	F 757		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E589	A. BUILDING _____ B. WING _____	03/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERNAULD VILLAGE	716 TWEED STREET WINFIELD, KS 67156

(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) COMPLETION DATE
F 757	Continued From page 1 Findings included: - The "Physician Orders," dated 12/10/20, for Resident (R)6, included diagnoses of chronic obstructive pulmonary disease (COPD-progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), dyspnea (difficulty breathing), and congenital tracheomalacia (the narrowing or collapse of trachea during exhalation present during birth). The orders included an order, dated 05/09/19, for Albuterol sulfate (medication used to prevent and treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness caused by lung disease), 1.25 milligrams (mg) per 3 milliliters (mL) solution, administer one vial by inhalation, three times daily, for congenital tracheomalacia. The nurse's notes, located in the electronic medical record (EMR), on 05/09/19 at 10:42 AM, indicated that R6 admitted to the facility. On 03/15/21 at 01:38 PM, during observation of a medication pass, Certified Medication Aide (CMA) R, prepared to administer the Albuterol sulfate to R6. The medication label for the Albuterol sulfate was for 2.5 mg per mL. The order in the Medication Administration Record (MAR), was for Albuterol sulfate, 1.25 mg per 3 mL. CMA R confirmed the medication on hand did not match the order in the MAR and notified Licensed Nurse (LN) G. On 03/15/21 at 01:40 PM, LN G confirmed the medication did not match the order in the EMR, she then notified the pharmacy, and instructed CMA R not to administer the medication.	F 757		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E589	A. BUILDING _____ B. WING _____	03/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERNAULD VILLAGE	716 TWEED STREET WINFIELD, KS 67156

(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) COMPLETION DATE
F 757	Continued From page 2	F 757		

Furthermore, LN G confirmed that the box of Albuterol vials contained 40 doses left, indicating that 20 doses had been administered.

On 03/15/21 at 02:22 PM, Consultant staff GG, confirmed the pharmacy had sent out the Albuterol sulfate, 2.5 mg per 3 mL since 06/05/19 to current time.

On 03/15/21 at 03:33 PM, Administrative Nurse D revealed she would expect staff to compare the resident's medication to the order in the MAR to ensure the medication matched the order.

The facility policy "Administration of Medications," dated 09/12/18, indicated the procedure for preparation of medication for administration was to check for accuracy and completeness of each medication ordered. The staff were to verify the resident's name, the drug name, the drug dosage, the route of administration, and the time of administration, between medication container and the medication administration record.

The facility failed to verify the medication matched the order when administering medication, which resulted in this resident that received the incorrect dosage of Albuterol inhalation medication.