STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089091	A. BUILDING: _____ B. WING _____	C 10/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KARAWAY, LLC	1815 SW WESTWOOD CIRCLE TOPEKA, KS 66604

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S 000	INITIAL COMMENTS The following citations represent the findings of an abbreviated survey with complaint investigations 145849, 145491, 145390 at the above named home plus facility conducted on 10-22-19 and 10-23-19.	S 000		
S5315 SS=F	26-42-205 (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 home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home 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 home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of	S5315		

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

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S5315	Continued From page 1 expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for all residents, the Operator/LPN failed to ensure all medications and biologicals were securely and properly stored in accordance with federal and state laws and regulations and only licensed nurses or medication aides have access to the stored medications and biologicals. Licensed nurses and medication aides shall store controlled medications managed by the home 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 controlled medications. Findings included: - Observation of the facility nursing office on 10-22-19 at 9:00 AM revealed a closet with an unlocked padlock. Inside the closet was a small plastic box with an unlocked padlock containing controlled medications. Interview on 10-22-19 at 9:20 AM with Certified Medication Aide B confirmed the closet and medication box were left unlocked. Stated she was the only staff working and when she heard a resident coughing upstairs, she went up to see what they needed and failed to lock the box and door.	S5315		

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S5315	Continued From page 2 Facility policy titled: Medication Policy, Storage, recorded the following: "Our staff is in charge of making sure all medication is stored properly and locked in the assigned area; medications are stored in a locked area, and keys remain in the possession of Director, the licensed practical nurse and /or staff they designated." For all residents of the facility, the licensed nurses and medication aides failed to ensure all medications and biologicals were securely and properly stored in accordance with federal and state laws and regulations and only licensed nurses or medication aides have access to the stored medications and biologicals.	S5315		
S5316 SS=E	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;	S5316		

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S5316	Continued From page 3 (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) The facility reported a census of 6 residents. The sample included 3 residents. Based on observation, record review and interview for 3 (#1, #2, #3) of 3 sampled residents, the operator/LPN (licensed practical nurse) failed to ensure 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. Findings included: - Observation of medication closet on 10-22-19 at 9:20 am with Certified Medication Aide B revealed a small plastic tool box used for storage of controlled medications. Upon request, CMA B performed a count with surveyor to reconcile the medications with the Controlled Drug Record. The Controlled Drug record (count sheet) stated to "Sign out...to the right of the number of doses dispensed. Signature denotes dose given. - Resident #1 with admission on 1/21/19, with diagnosis including: Obstructive Pulmonary Disease, Diabetes Mellitus 2, Hypertension,	S5316		

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S5316	Continued From page 4	S5316		

Hypothyroidism, Hyperlipidemia and Hypokalemia. The Functional Capacity Screen dated 1-21-19 recorded resident unable to manage medications. The Negotiated Service Agreement dated 1-21-19 recorded facility to provide management of medications.

Review of controlled drug record for Resident #1 revealed the following medications/tablets lacked signatures to denote dose given:
Hydrocodone/acetaminophen 7.5-325 mg (milligrams) for tablets #11, #8, #7 (6 tablets left on card).
Oxycodone/acetaminophen 10-325 mg for tablets #13, #12, #11, #10 (9 tablets left on card).
Alprazolam 0.25 mg for tablets #25, #24, #23, #22, #19 (18 tablets left on card).
Pregabalin 300 mg capsule for capsules #7, #6, (3 capsules left on card).

- Resident #2 with admission on 12-14-18 with diagnoses including Lewy Body Dementia, Hypertension, Thoracic Aortic Aneurysm, Atrial Fibrillation, Low Back Pain and Hypothyroidism. The Functional Capacity Screen dated 12-14-18 recorded resident unable to perform management of medications. The Negotiated Service Agreement dated 12-14-18 recorded facility to provide management of medications.

Review of controlled drug record for Resident #2 revealed the following medications/tablets lacked signatures to denote dose given:
Methylphenidate 5 mg tablets lacked documentation of administration by signature for tablets #18, #17, #16, #15, #14 (13 tablets on card).
Tramadol 50 mg tablets lacked documentation of administration by signature for tablets #30, #29,

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S5316	Continued From page 5 #26, (25 tablets on card). - Resident #3 with admission on 12-10-18 with diagnoses including Depression, Anxiety, Neuropathy, Peripheral Vascular Disease, and Chronic Obstructive Pulmonary Disease. The Functional Capacity Screen dated 12-2-18 recorded resident unable to perform management of medications. The Negotiated Service Agreement dated 12-101-8 recorded facility to provide management of medications. Review of controlled drug record for Resident #3 revealed the following medications/tablets lacked signatures to denote dose given: Pregabalin 200 mg capsules lacked documentation of administration by signature for capsules #11, #10, #7 (5 capsules left on card). clonazepam 0.5 mg tablets lacked documentation of administration by signature for tablets #5, #4, #2, and #1. (card empty). Interview with CMA B during count confirmed all above spaces where staff failed to sign out the narcotic medications. Stated some of the blanks were hers and others were the Operator/LPN. Interview via phone on 10-22-19 at 12:50 PM with Operator/LPN upon review of each of the above narcotic count sheets confirmed the above tablets and capsules lacked a signature required for an accurate reconciliation. Further confirmed she had failed to sign out some of the medications when she administered medications to the residents because "sometimes they refuse them". For Residents #1, #2, #3, the Operator/LPN failed to ensure licensed nurses and certified medication aides maintained records of the	S5316		

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S5316	Continued From page 6 disposition of all medications manage by the home in sufficient detail for an accurate reconciliation.	S5316		