Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087085	A. BUILDING: _____ B. WING _____	09/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT ST MARY	3700 E LINCOLN ST WICHITA, KS 67218

(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 with a complaint (#139643) at the above named assisted living facility conducted on 9-16,17-2019.	S 000		
S3211 SS=F	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 20 residents. Based on observation and interviews for all residents, the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the package or if the package contained a container, bottle, or tube that could be removed from the original package a licensed pharmacist or licensed nurse placed the full name of the resident on both the original manufacturer's medication package and the medication container.	S3211		

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

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S3211	Continued From page 1 Findings included: - On 9-16-19 at 11:40 AM an observation of the medication cart with licensed nursing staff C opened the medication cart which revealed the following over the counter medications without a resident's name on the bottle: Tylenol 325 milligram (mg) tablets, Tylenol 500 mg tablets, Tylenol 650 mg. tablets, Bisacodyl 5 mg. tablets, Melatonin 1 mg. tablets, Omeprazole 20 mg. tablets, Ibuprofen 200 mg. tablets, 2 boxes of Loperamide 2 mg. tablets, bottle of fiber powder, bottle of geri-lanta, bottle of Mirilax, and a bottle of Milk of Magnesia. During an interview on 9-16-19 at 11:42 AM licensed nursing staff C reported the medications were stock medications for use as needed for any resident who had a medical providers for that particular medication. The administrator failed to ensure all over-the-counter medications were labeled with the resident's full name.	S3211		