STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087056	A. BUILDING: _____ B. WING _____	08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE MCLEAN, INC	777 N MCLEAN BLVD WICHITA, KS 67203

(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 the licensure resurvey for the above named assisted living facility conducted on 8/19/19, 8/20/19 and 8/21/19.	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 47 residents and the facility managed medications for 36 of those residents. Based on observation and interview the administrator/operator failed to ensure a licensed nurse or licensed pharmacist labeled over-the-counter medications with the resident's full name for 3 residents whom the facility managed his/her medications (#199, #218 and #307). Findings included:	S3211		

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

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S3211	Continued From page 1 - The resident roster provided on 8/19/19 indicated the facility managed medications/treatments for 36 residents. On 8/19/19 at 4:21 PM certified medication aide A opened the downstairs south medication cart. Observation revealed over-the-counter (OTC) medications for residents. The OTC medications did not include any identification or were not labeled with the resident's full name as follows: Resident #199 had 8 OTC medications which had no identification at all or had a room # only or had the resident's first name and room #. CMA A identified the unmarked bottles as belonging to the resident. Resident #218 had 3 OTC medications 1 without identification and 2 with a room # only. CMA A identified the unmarked bottle as belonging to the resident. Resident #307 had 7 OTC medications labeled with a room # only and 1 which had the first name initial and the last name. Interview on 8/19/19 at 4:21 PM with CMA A revealed he/she would write the resident's name or room # on the OTC when the resident or family brought the OTCs to them. Interview on 8/19/19 at 4:32 PM with licensed nurse B confirmed an expectation for the licensed nurses to label all OTCs medications with the resident's full name. The administrator/operator failed to ensure a licensed nurse or licensed pharmacist labeled over-the-counter medications with the resident's full name.	S3211		

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S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care 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. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254 (a) The facility reported a census of 47 residents. The facility identified 16 of 47 residents with cognitive impairment. Based on observation, interview and record review the administrator/operator failed to ensure staff secured all chemicals to maintain the safety of the cognitively impaired residents, personnel and the public.	S3320		

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S3320	Continued From page 3 Findings included: - During the initial tour conducted on 8/19/19 at 3:35 PM observation revealed in the upstairs north unlocked laundry room were multiple cabinets and none were lockable. The first cabinet from the door had an open partial used bottle of liquid laundry detergent labeled "Staff". The manufacture warning label included safety tips and to keep the detergent out of the reach of children (KORC). On 8/19/19 at 3:41 PM observation revealed the unlocked downstairs north laundry room had multiple cabinets and 2 cabinets had locks which were locked. In the cabinet without a lock (next to the locked cabinets) sat an open used bottle of liquid laundry detergent. The manufacture warning label included safety tips and to keep the detergent out of the reach of children (KORC). On 8/19/19 at 3:44 PM observation revealed on the downstairs north unit an unlocked utility room. The door had a lock which was not locked, and the door opened freely. Inside the room was a housekeeping cart, various items used for cleaning, some storage type items, shelving on the wall and a metal access door in the floor to a lower compartment in the middle of the room. The metal door had a warning sign of Danger and the edge of the sign was raised and bent upwards on 1 corner creating a trip hazard. The edges of the sign were jagged and sharp. The upper shelf accessible by someone ambulatory had open and used bottles of fresh air urinal and drain treatment, CLR (calcium, lime, rust remover), a spray bottle of multi-surface cleaner and a spray bottle of Resolve carpet stain cleaner. All 4 bottles	S3320		

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S3320	Continued From page 4 of cleaning agents were labeled with warning statements of various possible injuries and to KORC. The housekeeping cart had an area with a lockable door which was not locked and inside the area sat the following cleaning chemicals all labeled with warnings and KORC: a spray bottle of disinfectant cleaner, shine up furniture polish spray bottle, Multi-surface cream cleaner squeeze bottle and a spray can of glass cleaner. Interview on 8/19/19 at 3:45 PM with certified medication aide A confirmed the room door should be locked and he/she locked the door. Interview on 8/19/19 at 4:32 PM with administrator/operator C and licensed nurse B confirmed that all cleaning chemicals or items labeled KORC should be maintained in a locked cabinet or room. The administrator/operator failed to ensure staff secured all chemicals to maintain the safety of the cognitively impaired residents, personnel and the public.	S3320		