Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008011	A. BUILDING: _____ B. WING _____	06/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA FALLS ASSISTED LIVING	408 E CENTRAL PO BOX 906 ANDOVER, KS 67002

(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 citation represents the finding of a resurvey with investigation of complaint #140885 of the above assisted living facility on 6/5/19, 6/6/19, 6/10/19, and 6/11/19.	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 81 residents. The sample included 6 residents. Based on record review, observation, and interview with the potential to affect all residents receiving medication management, administrator B failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the over-the-counter medication package, container, bottle, or tube. Findings included:	S3211		

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

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S3211	Continued From page 1 - Review of the resident roster revealed the facility provided medication management for 66 residents. At 9:44 a.m. on 6/10/19, surveyor observed certified staff E unlock medication cart D. The medication cart contained the following over-the-counter medications that lacked the first and last name of the resident: B Complex Vitamin D3 Extra strength Tylenol Nystop powder One tube of Actiflex pain cream Meclizine Guaifenesin Flonase nasal spray At 10:07 a.m. on 6/10/19, surveyor observed certified staff C unlock medication cart C. The medication cart contained the following over-the-counter medications that lacked the first and last name of the resident: Aspirin 81 milligram tablets Two bottles of stool softener tablets Two bottles of Niacin Certified staff D stated residents obtained over-the-counter medications and gave to certified medication aide to label with resident identification and place medication in medication cart. At 1:17 p.m. on 6/10/19, surveyor observed certified staff F unlock medication cart B. The medication cart contained the following over-the-counter medications that lacked the first and last name of the resident: Stool softener/laxative tablets Melatonin	S3211		

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S3211	Continued From page 2 Restasis eye drops Certified staff F then unlocked medication cart A and surveyor observed the following over-the-counter medications that lacked the first and last name of a resident: Aspirin 325 milligrams Stool softener Calcium/ magnesium/zinc tablets Vitamin D3 Certified staff F stated licensed nurse or certified medication aides labeled the over-the-counter medications for each resident. During an interview at 12:55 p.m. on 6/10/19, licensed nurse C stated he/she did not know it there was a written policy for labeling resident over-the-counter medications. Licensed nurse C stated a licensed nurse was to verify resident had an order for the over-the-counter medication and then label the container with resident's room number and name. Administrator B failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the over-the-counter medication package, container, bottle, or tube.	S3211		