STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089086	A. BUILDING: _____ B. WING _____	04/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSDALE PLACE LLC	1402 SW LANCASTER STREET TOPEKA, KS 66604

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure conducted on 4/18/19, 4/23/19 and 4/24/19 at the above named home plus facility in Topeka, Ks.	S 000		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 The census equaled 5 residents. The sample included 5 residents. Based on record review and interview for 1 sampled resident (#415) the operator failed to ensure the resident could perform medication self-administration safely and accurately without staff assistance.	S5265		

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

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S5265	Continued From page 1 Findings included: Record review for resident #415 recorded admission date of 5/5/16 with diagnoses of: chronic obstructive pulmonary disease, urinary tract infection, vitamin D deficiency, hypothyroidism and diabetes mellitus. Functional Capacity Screen dated 9/24/18 recorded resident unable to perform management of medications. Negotiated service agreement dated 9/24/18 recorded management of medication: included, licensed nurse #B responsible. Health Care Service Plan does not address medication management. Resident roster identified resident as requiring insulin injections. April medication administration record recorded: Levemir Flextouch (insulin) 100 units, inject 17 units subcutaneously at bedtime for diabetes mellitus. Recorded as administered daily by staff. Interview on 4/23/19 at 11:40am with certified staff #C, confirmed resident self-injects his/her insulin at night. Resident record recorded an "assessment for self- administration of medication" signed by resident and licensed nurse #D. Document recorded: "staff will hand resident pen for resident to poke their skin and push in insulin until all medication dispensed."	S5265		

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S5265	Continued From page 2 The document lacked date of completion, and lacked an evaluation of the resident's physical, cognitive and functional ability to manage insulin self-injection. Interview on 4/23/19 at 3:00pm with operator #A, confirmed resident self-injected insulin and record lacked documentation of resident's ability to self-inject insulin. For resident #415 the operator failed to ensure the resident could perform medication self-administration safely and accurately without staff assistance.	S5265		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (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 26-42-205(g) (3) The facility reported a census of 5 residents. The sample included 3 residents. The resident roster	S5313		

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S5313	Continued From page 3	S5313		

identified all residents as receiving medication management. Based on observations and interviews for all residents, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.

Findings included:

- Observation during facility tour on 4/18/19 at 1:35pm in the facility medication cabinet, revealed over the counter (OTC) medications that lacked the residents' full name:

In boxes labeled with residents' names:

Senna Lax (constipation) 8.6 mg (milligram) tablets #100.
Kroger brand anti-diarrheal, loperamide HCL (hydrochloride) 2 mg, 48 capsules
DG health brand Senna Lax 8.6mg #100
ASA (aspirin for pain) 81 mg, 365 tablets
Major Brand Acetaminophen (pain/fever) 325mg, #100
Plus 7 additional OTC medications lacking full resident names.

In the bottom of the cabinet a bottle of Kroger brand Milk of Magnesia (constipation) 12 ounces, no resident name.

On top of the cabinet, a bottle of Ferro food (supplement) 150 capsules, no resident name.

Interview on 4/18/19 at 1:45pm with facility operator #A stated family just brought in the Ferro

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S5313	Continued From page 4 food and he/she put it on top of the cabinet until the nurse could check on it. For all residents the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	S5313		
S5315 SS=E	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	S5315		

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S5315	Continued From page 5 administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h) The facility reported a census of 5 residents. The sample included 3 residents. Based on observation, the licensed nurses and medication aides failed to ensure all medications and biologicals were securely and properly stored in accordance with manufacturers recommendations, federal and state laws and regulations. Findings included: - On 4/18/19 at 1:30pm in the facility refrigerator in a black plastic padlocked box, an open vial of Tubersol Tuberculin solution, Lot # 2030804 with manufacturer expiration date of 3/14/21, open date of 2/25/19. Manufacturer recommendations state: a bottle of solution entered and opened for 30 days should be discarded and not used. 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 manufacturers recommendations, federal and state laws and regulations.	S5315		