STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E528	A. BUILDING _____ B. WING _____	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE HEALTH CENTER	440 SE WOODLAND AVENUE TOPEKA, KS 66607

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation #K000137140,K000136515, K000136092 and K000125874.	F 000		
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility identified a census of 83 residents. The sample contained 12 residents. Based on observation, interviewe and record review the facility failed to ensure the resident environment remained free of accident hazards by properly storing hazardous chemicals -On 1/27/19 at 5:55 P.M., during initial tour observation revealed an unlocked door on the north end of hall C which contained the following: 1 gallon of Explorer Hight Solid Floor Finish, with product warning to avoid long exposure, wear appropriate protective equipment. This product caused skin irritation, eye irritation and to drink water if ingested and seek medical attention if discomfort. An interview on 1/27/19 at 6:05 PM with direct care staff Q revealed that the doors should	F 689		1/31/19

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E528	A. BUILDING _____ B. WING _____	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE HEALTH CENTER	440 SE WOODLAND AVENUE TOPEKA, KS 66607

(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) COMPLETION DATE
F 689	Continued From page 1 automatically lock and the chemical should not be in the closet. An interview on 1/27/19 at 645 PM with administrative nursing staff D revealed the door should not be unlocked and the storage area should not have chemicals. An interview on 1/27/19 at 650 PM administrative staff A confirmed the door should be locked and the chemical should not be stored in it. He/she removed the chemical and tested the door for a secure lock. The facility failed to provide a policy regarding handling and storing hazardous chemicals. The facility failed to provide a safe environment for 21 cognitively impaired, independently mobile residents who reside in the building.	F 689		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E528	A. BUILDING _____ B. WING _____	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE HEALTH CENTER	440 SE WOODLAND AVENUE TOPEKA, KS 66607

(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) COMPLETION DATE
F 761	Continued From page 2	F 761		

§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 83 residents. The sample included 12 residents. The facility had 2 medication rooms, 4 medication carts, and 2 treatment carts. Based on observation, interview and record review, the facility failed to ensure that 5 sleeves of controlled substances, were secured behind a locked cabinet in 1 of the 2 medication rooms.

Findings included:

- During observation on 1/29/19 at 9:00 AM medication storage room contained 1 sleeve of Klonopin (a medication used to treat anxiety) with 3 tablets remaining, and 4 sleeves of Valium (a medication used to treat anxiety) each containing 23 tablets.

During an interview on 1/29/19 at 9:09 AM certified medication aide Q stated the Klonipin needed to be returned to the pharmacy as the resident no longer resided in the facility and the Valium should have been locked in the medication cart of in the area where controlled medications are stored.

During interview on 1/29/19 at 9:23 AM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E528	A. BUILDING _____ B. WING _____	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE HEALTH CENTER	440 SE WOODLAND AVENUE TOPEKA, KS 66607

(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) COMPLETION DATE
F 761	Continued From page 3 administrative nursing staff D stated controlled medications that are no longer needed are to be given to him/her by the nurse on duty. Staff D further revealed the medications are placed in a locked cabinet in his/her office and that he/she was the only one with the key. Staff D stated if he/she is not here the medications should be placed in the secured cabinet in the medication rooms. Review of the facility's medication storage policy dated 3/2011 documented, medications are stored safely, securely, and properly. Controlled medications are stored separately from other medications in a locked drawer or compartment. The facility failed to ensure that controlled medication were secured in 1 one of 2 medication rooms.	F 761		
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: The facility identified a census of 83 residents. Based on observation and interview the facility failed to provide a safe sanitary environment. Findings included: -On 1/27/19 at 5:55 P.M., during initial tour observation revealed community bathroom between A and B hall to have a dirty toilet.	F 921		1/31/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E528	A. BUILDING _____ B. WING _____	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE HEALTH CENTER	440 SE WOODLAND AVENUE TOPEKA, KS 66607

(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) COMPLETION DATE
F 921	Continued From page 4 On 1/27/19 at 5:58 P.M., during initial tour observation revealed a large splash mark on the wall between rooms 44 and 46. On 1/27/19 at 6:00 P.M. the floors throughout the facility were dirty with spilled drink marks, and dirt from foot traffic. On 1/28/19 at 9:18 A.M. the medication room down the D hallway had spill marks against the wall by trashcan. The sink was found to be uncleaned. During interview on 1/28/29 at 10:07 staff A stated the floor and bathrooms are cleaned daily. Our residents are very mobile and independent, and they tend to be messy with their drinks and by tracking in mud when coming back from smoking. During interview on 1/31/19 at 2:28 PM administrative staff A stated we clean on a regular basis, it is up to the staff and residents to let us know if there are big spills. Our residents are mobile and track in a lot of mud from smoking outside and they tend to spill their drinks. I was not aware of a big splatter in the medication room or between rooms 44 and 46. The facility failed to provide a safe sanitary environment for the residents who reside in the building.	F 921		