STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008008	A. BUILDING: _____ B. WING _____	C 06/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF AUGUSTA	1611 FAIRWAY STREET AUGUSTA, KS 67010

(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 resurvey and complaint investigations (#117290, #118932, #121160, #122505, #125114, #127627 and #129449) for the above named facility conducted on 5/30/18, 5/31/18, 6/4/18 and 6/5/18.	S 000		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) (4) The facility census totaled 30 residents. The sample included 3 residents and 2 focused reviews. Based on record review and interview the facility failed to have evidence of additional training for certified medication aide (CMA) G and H to ensure the CMAs were competent and safe with duties delegated to check blood sugars and dial the dose for insulin pens. Findings included: - On 5/30/18 at 4:30 PM licensed nurse C reported certified medication aides (CMAs) were delegated to perform blood sugar testing and dialing of insulin pens for residents. Review of the personnel file for CMA G on 5/31/18 revealed he/she began employment on	S3202		

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

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S3202	Continued From page 1 3/30/18 the record lacked documentation of additional training to allow this CMA to perform blood sugar testing and dialing of insulin pens for residents to administer. Review of the personnel file for CMA H on 5/31/18 revealed he/she began employment on 2/7/18 the record lacked documentation of additional training to allow this CMA to perform blood sugar testing and dialing of insulin pens for residents to administer. Observation on 5/31/18 at 3:12 PM revealed CMA H passing medications on the memory care unit. Interview on 5/31/18 at 3:12 PM with CMA H revealed he/she performed blood sugar testing on residents and would dial the insulin pen for the residents to administer. Interview with licensed nurse C on 5/31/18 at 4:40 PM confirmed the facility did not have evidence of CMA G and H being trained in blood sugar testing and dialing insulin pens. The facility failed to have evidence of additional training for certified medication aides to ensure the CMAs were competent and safe with duties delegated regarding blood sugar checks and dialing the dose for insulin pens.	S3202		
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	S3211		

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S3211	Continued From page 2 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 30 residents. Based on observation and interview the facility failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on each over-the-counter (OTC) medication package or container located in 2 of 2 medication carts. Findings included: - The resident roster identified 29 residents received facility management of medications. On 5/30/18 at 4:03 PM certified medication aide (CMA) B opened the medication cart on the memory care unit. Observation revealed the following over the counter (OTC) medications lacked labels which included the resident's first and last name: Restore eye drops labeled with a first name only A tube of calmoseptine cream labeled with a room # and another tube which had a sticky note and rubber band around it. The sticky note had a resident's first and last name but not the medication.	S3211		

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S3211	Continued From page 3 A tube of Z-guard paste labeled with first name only A tube of Aspercreme labeled "Stock" 2 boxes of antidiarrhea which had been labeled with a resident's name that staff blackened out and CMA B indicated the medication was now used a stock. Calcium with vitamin D labeled with room # Multivitamin labeled with 2 different room #s Famotidine labeled with room # On 5/30/18 at 4:21 PM CMA D opened the medication cart for the other unit of the facility. Observation revealed the following over the counter (OTC) medications lacked labels which included the resident's first and last name: Alleve liquid gels labeled with a room # Famotidine labeled with times of administration only Allergy relief labeled with the first name of a resident Acetaminophen 500 mg tablets labeled with a room # Interview on 5/30/18 at 4:03 PM with CMA B revealed when resident's or their family members bring in OTC medication he/she would write the room number on it. Interview on 5/30/18 at 4:21 PM with CMA D revealed he/she would apply a white label and write the resident's name on it when the resident or family brought in the OTC medication. Interview on 5/30/18 at 4:15 PM with licensed nurse C and administrator F confirmed the CMAs were labeling the OTC medications and the labeling did not include the first and last name of the resident as required.	S3211		

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S3211	Continued From page 4 The facility failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on each over-the-counter (OTC) medication package or containers.	S3211		