STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087048	A. BUILDING: _____ B. WING _____	06/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAUCER ESTATES LLC	10550 E 21ST STREET NORTH WICHITA, KS 67206

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S 000	INITIAL COMMENTS The following citations represent the findings of the resurvey and complaint investigations #115328, #121118 and #125631 for the above named facility conducted on 6/7/18 and 6/11/18.	S 000		
S 110 SS=E	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: KAR 26-39-103 (c) The facility report of the census of 45 residents. The sample included 3 residents. Based on record review an interview the administrator failed to ensure 3 of 3 (#401, #402 and #403) sampled	S 110		

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

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S 110	Continued From page 1 residents received a 30 day written notice of monthly rate change. Findings included: - Review of the record for resident #401 revealed an admission date of 4/19/17. The original Admission agreement was signed on 4/19/17 and Included a set monthly room rate. On 12/16/17 the facility sent a letter to the resident and/or responsible party a letter notifying them the monthly rate would increase on 1/1/2018 (a notice of 15 days). Interview on 6/11/18 at 12:36 PM with administrator A confirmed the letter was presented to the resident on 12/16/17 and did not give the resident a 30 day notice of the rate increase. The facility failed to give resident #401 a 30-day notice of a monthly rate increase. - Record review for resident #402 revealed an admission date of 2/27/17. Review of the admission agreement signed on 2/27/17 revealed a set monthly room rate. Interview on 6/11/18 at 12:36 PM with administrator A revealed all residents should have received an annual rate increase unless the resident and/or responsible party negotiated for a lesser amount. He/she indicated if that was the case he/she should have found information of such in the resident's file. He/she reported not being able to locate the annual letter or any evidence of a negotiated amount. The administrator failed to have evidence the resident received 30 days notice regarding the	S 110		

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S 110	Continued From page 2 annual monthly rate increase or the rationale of no or lesser rate increase. - Record review for resident #403 revealed an admission date of 9/9/12. Review of the admission agreement signed on 9/9/12 revealed a set monthly room rate. Interview on 6/11/18 at 12:36 PM with administrator A revealed all residents should have received an annual rate increase unless the resident and/or responsible party negotiated for a lesser amount. He/she indicated if that was the case he/she should have found information of such in the resident's file. He/she reported not being able to locate the annual letter or any evidence of a negotiated amount. The administrator failed to have evidence the resident received 30 days notice regarding the annual monthly rate increase or the rationale of no or lesser rate increase.	S 110		
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.	S3211		

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S3211	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a censes of 45 residents. Based on record review, observation, and interview for all residents receiving facility management of medications, the administrator 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 in 3 of 3 medication carts and 2 medication rooms. Findings included: - On 6/7/18 at 12:58 PM certified medication aide (CMA) B opened the north medication cart. Observation revealed multiple over the counter (OTC) medications within the cart which were not labeled with the resident's first and last name. CMA B reported he/she labeled the bottles with the resident's room number. He/she would take the OTC medications to the nurse when the resident or family brought them in to verify there was an order for the OTC but he/she wrote the resident's room number on the bottle/container. The cart contained the following OTC: Ecotrin 81 milligram (mg) labeled with a room number and a.m. Aspirin 81 mg labeled with a room number Probiotic MD 30 billion labeled with a room number Same-E 400 mg labeled with a room number TRF labeled with a room number and 1700 (5:00 PM) lithium Orolate 5 mg two bottles with the room	S3211		

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S3211	Continued From page 4 number Omega MD labeled with a room number Methyl B MD labeled with a room number Curcum - Evail labeled with a room number Boswellia AKBA labeled with a room number Cranberry D-Mannose labeled with a room number Magnesium 125 MD labeled with a room number 1100 (11:00 AM and 1700) Cardio Q MD labeled with a room number, 1100 and 1700 Ashwagandh labeled with a room number D3 K2 labeled with a room number Folic acid labeled with a room number Vicks vapor rub labeled with a room number Multivitamin labeled with a room number, 1100 and 1700 Centrum silver labeled with a room number Vitamin E 400 international units (IU) labeled with a room number. On 6/7/18 at 1:13 PM CMA C opened the south medication cart. He/she reported when the resident or family brought in OTC medications he/she would write the room number on the bottle or container. Observation revealed the following OTC not labeled with the resident's first and last night: Melatonin 5 mg labeled with a room number Systane Ultra eyedrops labeled with a room number Coated aspirin 81 mg labeled with a room number Another bottle of Coated aspirin 81 mg labeled with another resident's room number B 12 gummies 1000 micrograms (mcg) labeled with a room number and a.m. Centrum silver labeled with a room number Fish oil 120 mg labeled with a room number and a.m.	S3211		

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S3211	Continued From page 5 Aspirin 81 mg labeled with a room number and a.m. Vitamin E 400 IU labeled with a room number and a.m. Alka-Seltzer plus cold and cough medication with a room number. On 6/11/18 at 1:23 PM licensed nurse D opened the North/South medication room. Observation revealed cabinets with small cubby/bins for resident medications which were identified by the room number. The cubbies contained the following OTC medications intended for resident use per the cubby with a room number: Folic acid 400 mg Iron 65 mg Fiber tablets (two bottles) Stool softener Biotin 5000 mcg Alleve 220 mg Coricidin HBP labeled with resident's last name and room number Pain relief PM extra strength Bayer aspirin 81 mg Colace (stool softener) Alka-Seltzer plus Calcium bone strength Vitamin D-3 1000 mg Mucus relief Chewable aspirin 81 mg Alleve liquid gel Bayer aspirin 500 mg labeled with a resident's first name Acetaminophen 500 mg One-a-day vitamins Calcium 1200 mg Extra strength pain reliever labeled with a room number Daytime severe cold and flu Nighttime severe cold and flu	S3211		

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S3211	Continued From page 6 Dulcolax tablets Advil 200 mg Vitamin D-3 1000 IU Ibuprofen 200 mg Aspirin 81 mg Probiotic MD Same-E 400 mg Cranberry D-mannose TRF (2 bottles) Curcum Boswellia (2 bottles) On 6/7/18 at 1:53 PM CMA B opened the medication cart for the Memory care unit. Observation revealed the following OTC medications in the cart which were not labeled with the resident's first and last name: Vitamin D-3 1000 IU not labeled Mega red 500 mg labeled with a room number Multivitamin labeled with a resident's first name and room number Fish oil 1200 mg labeled with the resident's first name, a room number and noon D3 1000 mg IU labeled with the resident's first name, room number and noon Calcium 600 mg/vitamin D-3 labeled with the resident's first name, room number, 8 AM and 8 PM Osteo BIO-flex labeled with the resident's first name and AM Preparation H ointment labeled with the first initial of a resident, the last name and room number. On 6/7/18 at 2:07 PM CMA E opened the memory care medication room. Observation revealed the following OTC medications not labeled with the resident's full first and last name: A bottle of Mucinex DM 1200 mg/60 mg not labeled (14 tablets) Mucus relief 400 mg not label	S3211		

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S3211	Continued From page 7 A box of Mucinex DM 1200 mg not labeled (28 tablets) A bottle of clear lungs not labeled Flonase 27.5 mcg not labeled A bottle of sweet oil not labeled On 6/7/18 at 1:30 PM licensed nurse D reported the CMAs will label the OTC medications if there is an order for them otherwise the nurse will obtain the order and then write the room number on it. He/she did not know the state regulation required the full first and last name on the medication. The facility's policy dated 5/17/17 directed all medications must be labeled in a container which conforms to state regulations. The administrator 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 in 3 of 3 medication carts and 2 medication rooms for all residents who received facility management of their medications.	S3211		