STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B049001	A. BUILDING: _____ B. WING _____	04/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN SENIOR LIVING LLC	321 N MAIN STREET HAVILAND, KS 67059

(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 a resurvey at the above named assisted living facility conducted on 4/4,5,9/2018	S 000		
S5326 SS=F	26-42-205 (l) (1) Medication Regimen Review Contents (l) (1) The medication regimen review shall identify any potential or current medication-related problems, including the following: (A) Lack of clinical indication for use of medication; (B) the use of a subtherapeutic dose of any medication; (C) failure of the resident to receive an ordered medication; (D) medications administered in excessive dosage, including duplicate therapy; (E) medications administered in excessive duration; (F) adverse medication reactions; (G) medication interactions; and (H) lack of adequate monitoring. This REQUIREMENT is not met as evidenced by: KAR 205(l)(1)(A) The facility reported a census of 8 residents. The sample included 3 residents. For all residents the operator failed to ensure the quarterly pharmacy reviews conducted by the Registered Nurse identified any potential or current medication-related problems, including the lack of clinical indication for use of medications as evidenced by interview and record review for 2 (#400 and #500) of 3 residents reviewed.	S5326		

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

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S5326	Continued From page 1 Findings included: - Review of resident #400's record revealed the following physician signed orders dated 2/1/18: Loperamide capsule 2 milligram (mg) as needed (lacked indication or parameters for administration) Milk of magnesia suspension take 30 milliliters (ml) as needed for constipation (lacked parameters of how often could be administered) Digoxin 0.125 mg tablet take 1 tablet by mouth Monday, Tuesday, Thursday and Saturday (lacked indication for use). Ascorbic acid tablet 500 mg 1 tablet daily (lacked indication for use) Aspirin 81 mg tablet 1 tablet daily (lacked indication for use) Pepto-Bismol suspension 262/15 ml take 30 ml every four hours as needed (lacked indication for use) Carvedilol 3.125 mg tablet 1 tablet twice daily (lacked indication for use) Vitamin D tablet 1000-unit tablet, 1 tablet daily (lacked indication for use) Senna S 8.6-50 mg tab 1 tablet by mouth daily as needed (lacked indication for use) Lactulose solution 10 gm/15 ml give 15 ml daily as needed (lacked indication for use) Omeprazole 20 mg capsule take 1 capsule daily (lacked indication for use) Potassium chloride 20 meq tablet take 1 tablet twice daily (lacked indication for use) Pramipexole 0.25 mg tablet take 1 tablet twice daily (lacked indication for use) Review of the resident's medication administration record (MAR) for January 2018 revealed Pramipexole and Carvedilol (Coreg) lacked dosages for the CMA to ensure	S5326		

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S5326	Continued From page 2	S5326		

administration of the proper ordered dose.

Review of the pharmacy reviews dated 1/25/18 failed to identify the lack of indications for use of medications and the lack of dosages on the MAR for accurate and safe administration of the Pramipexole and Carvedilol.

- Review of resident #500's record revealed the following medication list sent from the physician's office without a physician signature included the following medications.
Cholecalciferol (Vitamin D) 1000 U, 1 tablet twice a day (lacked indication for use)
Latanoprost ophthalmic 0.005% ophthalmic solution 1 drop both eyes at bed time (lacked indication for use)
Systane eye drops 1 drop both eyes every morning (lacked indication for use
Omeprazole 10 milligrams (mg) 1 capsule daily (lacked indication for use)
Simvastatin 40 mg 1 tablet at bedtime (lacked indication for use)
Potassium chloride 20 meq 1 tablet twice a day (lacked indication for use)
Losartan-hydrochlorothiazide 100 mg-12.5 mg 1 tablet daily (lacked indication for use)
Furosemide 20 mg 1 tablet daily (lacked indication for use)
Docusate-senna 50 mg-8.6 mg 2 tablets at bedtime (lacked indication for use)

Review of the pharmacy reviews dated 4/3/18 failed to identify the lack of indication for use of multiple medications.

During an interview on 4/4/18 at 3:00 PM administrative staff A reported he/she completed the quarterly medications reviews and looked for any medication errors.

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S5326	Continued From page 3 On 4/9/18 at 8:20 AM administrative staff A reported he/she also reviewed as needed (PRN) medications to make sure staff contacted with all PRN's given and they followed up for effectiveness of medications. He/she looked at blood pressure and pulse parameters to make sure staff notified him/her of any readings outside of parameters and just made sure medications were administered correctly. Staff A reported he/she did not really know all the aspects that he/she needed to review for a thorough medication regimen review. For all residents, the operator failed to ensure pharmacy medication reviews identified any potential or current medication-related problems, including the lack of clinical indication for use of medications.	S5326		