STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089008	A. BUILDING: _____ B. WING _____	11/14/2017

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

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S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey conducted at the above named residential care unit in Topeka, KS on 11/13/17 and 11/14/17.	S 000		
S3211 SS=F	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g) (3) The facility reported a census of 16 residents. The sample included 3 residents and one focus review resident. The resident roster identified all residents as receiving medication management. Based on observations and interviews for 16 residents, the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	S3211		

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

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S3211	Continued From page 1 Findings included: - Observation during facility tour of medication cart (for C hall/ residential care unit) on 11/13/17 at 10:20am with licensed nurse #B noted the following OTC (over the counter) medications in the cart drawers: In the top drawer: 24 OTC medication bottles including: Gericare-Senna Plus (laxative), 100 tablets (tabs), labeled as opened on 11/12/17, manufacturer expiration date: 1/19 Ibuprofen (pain) 200mg (milligram) tabs, 100 tablets, labeled as opened on 11/7/17, manufacturer expiration date: 4/19 Ondra brand Melatonin (sleep) 3 mg, 60 tabs, labeled as opened on 10/10/17, manufacturer expiration date: 5/19 In second drawer: 5 OTC medication bottles including: Docusate Sodium (laxative) 1000 tabs, labeled as opened on 9/1/17, manufacturer expiration date: 7/18 Acetaminophen (pain) 325mg, 1000 tabs, opened on 10/4/17, labeled as opened on 11/7/17, manufacturer expiration date: 2/20 In the 3rd drawer: 3 OTC medication bottles including: Milk of magnesia (laxative) 16 ounces, labeled as opened on 9/1/17, manufacturer expiration	S3211		

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S3211	Continued From page 2 date: 7/18 Vitamin C (supplement), 500 mg, labeled as opened on 7/23/17, manufacturer expiration date: 2/18 OTC medications lacked labels with residents' names. Interview on 11/13/17 at 10:20am with licensed nurse #B, confirmed the medications are used as stock supply for multiple residents. For all residents the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	S3211		
S3215 SS=F	26-41-205 (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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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	S3215		

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S3215	Continued From page 3 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 facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-205(h)(1) The facility reported a census of 16 residents. The sample included 3 residents, and 3 non-sampled residents. For all residents, the administrator failed to ensure that licensed nurses or medication aides stored controlled medications and biologicals managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Findings included: - Observation on 11/13/17 at10:20am during facility tour, in the residential unit hall (hall C), revealed 1 medication cart with a single key lock. The medication cart contained carded narcotic medications, filed in groupings by resident name, alongside resident's non-narcotic medications. Included in the single locked narcotics were	S3215		

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S3215	Continued From page 4 narcotic medications for the following residents: For resident #161: card labeled "2pm", Clonazepam (tranquilizer, schedule IV narcotic) 0.5mg (milligrams), 7 tablets left. For resident # 164: card labeled "Noon", Tramadol HCL (hydrochloride) (pain), 50 mg, 9 tablets left. For resident #165: card labeled to be administered twice daily and PRN (as needed), Clonazepam 0.5mg, 43 left. Interview on 11/13/17 at 10:20 am with licensed nurse #B stated "We count the PRN ones." He/she confirmed PRN narcotics are kept in the locked cart in the locked treatment room. He/she confirmed cart is only single locked. For all residents, the administrator failed to ensure that licensed nurses or medication aides stored controlled medications and biologicals managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart.	S3215		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures;	S3280		

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S3280	Continued From page 5 (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-4-104(d)(3) The census equaled 16 residents, the sample included 3 residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 11/13/17 at 12:25pm reviewed staff in-service records on disaster preparedness with maintenance staff #C. Records revealed one staff in service on 2/8/17 for emergency preparedness, fire drills on 8/27/17, 9/18/17 and 10/13/17 and a tornado drill conducted with emergency medical professionals	S3280		

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S3280	Continued From page 6 for the all city drill on 3/6/2017. Resident disaster preparedness records recorded: a tornado drill conducted with emergency medical professionals for the all city drill 3/6/2017 and a review of disaster preparedness plan on 4/26/17 at the resident council meeting. Interview on 11/13/17 at 12:25pm with maintenance staff #C confirmed facility had not conducted an evacuation drill with residents in the past year. Interview on 11/14/17 at 9:45am with licensed nurse #B confirmed disaster preparedness reviews are conducted only one time annually with staff and residents. For all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents.	S3280		