STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089030	A. BUILDING: _____ B. WING _____	R 01/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA HEARTHSTONE WEST	3515 SW 6TH AVENUE TOPEKA, KS 66606

(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 citation is the result of a Revisit Correction Order 17-1, Notice of Assessment 17-1, and Ban on Admission 17-1 at the above named Assisted Living Facility in Topeka, Kansas on 01/26/17.	{S 000}		
{S3200} SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(1)(2) The census equalled 32 the sample included three Residents. The facility identified 22 Residents with facility managed medications. Based on reviews of records and interview, for one of three sampled (#2219) the Administrator failed to ensure all medications administered in	{S3200}		

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

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{S3200}	Continued From page 1 accordance with a medical care provider's written order and in accordance with professional standards of practice. Findings included: - Review of record revealed #2219 admitted 7/10/14 with diagnoses of Neuropathy, Bilateral knee osteoarthritis, Vitamin D deficiency, Gastroesophageal reflux disease, Dry eyes, and Hypertension. The current functional capacity screen of 12/31/16 assessed #2219 in need of physical assistance with medication and treatment management. The current negotiated service agreement of 12/31/16 documented facility staff to manage medications, assist with administration of medications, and order medications for Resident. Comparison of the January 2017 MAR (medication administration record) with current signed physician orders revealed discrepancies: Medical record contained a signed physician's order for: Betopic ophthalmic drops one drop both eyes TID (three times daily). The Resident Notes of 01/23/17 also reflected this new order. The January 2017 MAR contained an order dated 01/23/17: Betopic ophthalmic drops instill one drop in right eye 3 times day for dry eyes/glaucoma. In addition the currently signed POS (physician order sheet) dated 01/16/17 contained two orders not included on the current MAR:	{S3200}		

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{S3200}	Continued From page 2 Cryoderm topical pain relief over the counter - may keep at bedside and self administer for osteoarthritis pain. Fluorouracil 5% cream (Efudex) apply to lesions on right side nose twice daily (use gloves for administration) By interview on 01/26/17 at 2:20pm Company Compliance Nurse confirmed the January MAR failed to match the current signed orders... lacked evidence of clarification. Company Compliance Nurse stated the Betopic was most likely a transcription error when written on the MAR... the Cryoderm and Flurouracil were probably missed because they are at the top right of the page instead of down the left of the POS with all the other medication orders. The Administrator failed to ensure all medications administered to #2219 in accordance with written physician orders and in accordance with professional standards of practice.	{S3200}		