STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B026002	A. BUILDING: _____ B. WING _____	R 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WILLOW HOUSE	2900 WILLOW STREET HAYS, KS 67601

(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 and Correction Order visit #16-46 at the above named Home Plus facility in Hays, Kansas on 9/12/16 and 9/14/16.	{S 000}		
{S5300} SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home 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 home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The census equalled three the sample included three Residents. The Resident roster identified all Residents as receiving medication management. Based on interview and record review, for one of three sampled with medication management (#1078), the Operator failed to ensure all medications and biologicals administered to Residents in accordance with written medical	{S5300}		

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

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{S5300}	Continued From page 1 care provider orders, and in accordance with professional standards of practice. Findings included: - Record review revealed #1078 admitted to facility 6/07/16 with diagnoses of Parkinson's, Hypertension, and Weakness. The current functional capacity screen (FCS) of 6/07/16 assessed #1078 unable to perform medication and treatment management. The current negotiated service agreement (NSA) of 6/07/16 documented #1078 to receive management of medication by facility staff. Comparison of the September 2016 MAR (medication administration record) with signed medical care provider orders revealed a discrepancy: Signed physician's order of 7/29/16 documented: "Discontinue Travoprost... Order Latanoprost 0.008% eye drops to both eyes at bedtime for Glaucoma." By review the September 2016 MAR and the August 2016 MAR each documented Travoprost administered daily, and failed to indicate Latanoprost used as ordered. The July 2016 MAR contained the new order of Latanoprost, administered 8/29/16, 8/30/16 and 8/31/16. By observation on 9/12/16 at 5:06pm, Owner/Operator/RN (registered nurse) #H obtained a bottle of Latanoprost from #1078's medication bin... stated this is what we have been giving since 7/29/16... Owner/Operator/RN #H confirmed the order not transcribed as ordered on August and September MAR's... confirmed all	{S5300}		

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{S5300}	Continued From page 2 staff who administered the Latanoprost incorrectly documented as Travoprost... confirmed the transcription of the MAR and the documentation of an incorrect medication not in accordance with professional standards of practice. The Operator failed to ensure all medications and biologicals administered to #1078 in accordance with written medical care provider orders and in accordance with professional standards of practice.	{S5300}		