Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N096009	A. BUILDING: _____ B. WING _____	07/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WELLINGTON	500 N PLUM ST WELLINGTON, KS 67152

(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 represents the findings of a resurvey of the above assisted living facility on 7/7/15 and 7/8/15.	S 000		
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 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.	S3215		

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

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S3215	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 28 residents. The sample included 3 residents and 1 focus review resident. Based on record review, observation, and interview for 2 (#231 and #235) of 2 residents requiring Lantus insulin injections, the operator and the licensed nurse failed to ensure Lantus insulin was stored properly and not pre-drawn in syringes according to manufacturer's recommendations. Findings included: - Record review for resident #231 revealed an admission date of 5/16/13 and diagnoses of type II diabetes mellitus and macular degeneration. The functional capacity screen dated 4/22/15 indicated the resident required physical assistance with management of medications. The negotiated service agreement and health care service plan dated 4/22/15 documented that insulin syringes were pre-drawn with insulin by the licensed nurse and resident self-administered insulin with oversight by certified medication aides. At 10:00 a.m. on 7/7/15, observed pre-drawn insulin syringes for resident #231 in the refrigerator in the medication room. Certified medication aide #A stated the nurse filled insulin syringes for the resident "a few days at a time." Observed a plastic container labeled "bedtime Lantus 90 units" that contained a pre-drawn	S3215		

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S3215	Continued From page 2	S3215		

insulin syringe with a label as pre-drawn on 7/1/15.

- Record review for resident #235 revealed an admission date of 3/6/14 and a diagnosis of type II diabetes mellitus.

The functional capacity screen dated 4/3/15 indicated the resident required physical assistance with the management of medications.

The negotiated service agreement and health care service plan dated 4/3/15 documented that resident would self-inject insulin with syringes prefilled by the licensed nurse weekly.

At 10:00 a.m. on 7/7/15, observed pre-drawn insulin syringes for resident #235 in the refrigerator in the medication room. Observed a plastic container labeled with the resident's name and 9:00 a.m. Lantus 37 units with one pre-drawn syringe in the container. Observed a plastic container labeled with resident's name and Lantus 37 units with 2 pre-drawn syringes. Each syringe labeled by the licensed nurse as filled on 7/1/15.

At 2:00 p.m. on 7/7/15, the licensed nurse stated he/she filled insulin syringes with Lantus insulin ahead of time for 7 days. Licensed nurse did not have documentation of the manufacturer's recommendation regarding the stability of Lantus insulin when stored in an insulin syringe.

At 4:45 p.m. on 7/7/15, the licensed nurse provided a document dated 7/7/15 from Sanofi-Aventis, the manufacturer of Lantus that included "Sanofi-Aventis does not recommend prefilling syringes with Lantus and storing for any period longer than needed for application.

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S3215	Continued From page 3 Similarly, Becton Dickinson (BD), a major manufacturer of insulin syringes, states the following: BD does not recommend that any of our syringes be prefilled more than a few minutes in advance of the injection." For residents #231 and #235 requiring Lantus insulin injections, the operator and the licensed nurse failed to ensure Lantus insulin was stored properly and not pre-drawn in syringes according to manufacturer's recommendations.	S3215		