STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089041	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON PARK ASSISTED LIVING	1021 SW FLEMING COURT TOPEKA, KS 66604

(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 Licensure Resurvey at the above named Assisted Living Facility in Topeka, Kansas on 6/08/15 and 6/09/15. Complaints #76608 and #82625 also investigated.	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	S3215		

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

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S3215	Continued From page 1 expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The census equalled 51 the sample included three Residents. The roster identified eight Residents who used insulin and two included in the sample. Based on observation, interview, and review of record, for two of two sampled (#187 and #189) and six of six non-sampled who used insulin (#170, #173, #174, #171, #175, and #172), the licensed nurses and medication aides failed to ensure insulin pens stored in accordance with manufacturer's recommendations. Findings included: - By interview on 6/08/15 at 1:30pm, Operator stated our nurses administer the insulin to the Residents who use insulin. By observation on 6/08/15 at 2:10pm in the medication storage room of facility, licensed nurses and medication aides stored insulin pens in the refrigerator of the medication room. The refrigerator contained multiple prescription boxes with unopened insulin pens inside. The same refrigerator shelf contained a basket with multiple open and in use insulin pens inside. The insulin pens in use each contained a label with the Resident's name, the date the pen opened, and the date pen to be discarded. On 6/08/15 at 2:15pm, Resident Care Coordinator (RCC)/Registered Nurse (RN) confirmed the insulin pens inside the basket were	S3215		

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S3215	Continued From page 2 open and in use... state I/we were not aware of the need to store them outside the refrigerator after opened... RCC/RN reviewed package insert from the insulin pens and confirmed the manufacturer directed storage of open and in use pens at room temperature, and storage of unopened pens in the refrigerator. RCC/RN stated we have stored them like this since I came last October and before that... By review on 6/08/15, the manufacturer's package insert directed the storage of unopened pens in the refrigerator. The package insert instructed "...pen... in use must NOT be stored in the refrigerator..." Review of in use pens in basket in refrigerator revealed: #171 - Humalog and Lantus pens #189 - Novolog and Lantus pens #175 - Novolog and Lantus pens #172 - Novolog pen #173 - Lantus pens #174 - Novolog and Levemir pens #170 - Novolog pen #187 - Novolog and Lantus pens Record review revealed #187 admitted to facility 9/26/14 with diagnoses of Diabetes mellitus, Anxiety, Hypertension, Reflux, Urine retention, Dementia, Hyperlipidemia, Muscle weakness, Depression, and Sleep apnea. The June 2015 MAR (medication administration record) documented the administration of Novolog and Lantus insulin to Resident by staff. The current 5/26/15 FCS (functional capacity screen) assessed #187 in need of physical assistance with medication and treatment management.	S3215		

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S3215	Continued From page 3 The current 5/26/15 NSA (negotiated service agreement) documented facility staff to manage medications. Record review revealed #189 admitted to facility 10/08/10 with diagnoses of Diabetes, Congestive heart failure, Hypertension, Peripheral vascular disease, Debility, Pressure ulcers, Hyperlipidemia, Abnormal gait, Nocturia, Glaucoma, Gout, and Chronic kidney disease. The June 2015 MAR (medication administration record) documented the administration of Novolog and Lantus insulin to Resident by staff. The current 3/10/15 FCS (functional capacity screen) assessed #189 in need of physical assistance with medication and treatment management. The current 3/10/15 NSA (negotiated service agreement) documented Resident to self administer oral medications and facility nurses to administer insulin. The licensed nurses and medication aides failed to ensure insulin pens for #187, #189, #170, #173, #174, #171, #175, and #172, stored in accordance with manufacturer's recommendations.	S3215		