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 _____	08/23/2022

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 citations represent the findings of a resurvey with complaint investigation 155889 at the above named assisted living facility conducted on 08/22/2022 -08/23/2022.	S 000		
S3229 SS=E	26-41-205 (l) (4) Medication Regimen Review Self Administration (l) (4) The administrator or operator, or the designee, shall offer each resident who self-administers medication a medication regimen review to be conducted by a licensed pharmacist at least quarterly and each time a resident experiences a significant change in condition. A licensed nurse shall document the resident ' s decision in the resident ' s clinical record. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l)(4) The facility reported a census of 36 residents (R). The sample included 3 residents and 1 focused record review. Based on observations, record review and interview the operator failed to ensure designated staff offered 1(R922) of 3 sampled residents and 1 (R825) of 1 focused review who self administered their medications an opportunity to have a medication regimen review conducted by a licensed pharmacist. Findings included: - Review of R822's medical record revealed she moved into the facility on 02/13/19 with diagnosis	S3229		

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

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S3229	Continued From page 1	S3229		

of hypertension, depression, anxiety, and asthma.

R822's "Functional Capacity Screen" dated 09/16/21 identified the resident had no cognitive impairment and could manage her own medications and medical treatments.

R822's "Resident Functional Needs Assessment", identified as the "Negotiated Service Agreement" by administrative staff B, revealed the resident self- managed her medications and orders her own medications.

Review of the pharmacy notebook provided by "Licensed Nurse" (LN) C lacked evidence the resident had a medication regimen review completed by a licensed pharmacist.

On 08/23/22 at 11:24 AM, LN C looked through the pharmacy review book and questioned administrative staff B if they did pharmacy reviews for residents who did all their own medications. Administrative staff B stated the pharmacist would not be able to complete a medication regimen review because the facility did not send physician's orders for signatures, and do not have medications in the electronic record for them to be able to review.

- Review of R825's medical record revealed he moved into the assisted living part of the facility in October of 2021 and had a diagnoses of chronic kidney disease, muscle weakness and diabetes type II.

R825's "Functional Capacity Screen" dated 12/01/21 identified the resident needed physical

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S3229	Continued From page 2 assistance with management of his medications and treatment plans. R925's "Resident Functional Needs Assessment", identified as the "Negotiated Service Agreement" by administrative staff B, revealed the resident's family assisted with ordering medications and set up a pill container for the resident to self-administer. Review of the pharmacy notebook provided by "Licensed Nurse" (LN) C lacked evidence the resident had a medication regimen review completed by a licensed pharmacist. On 08/23/22 at 01:29 PM administrative staff A acknowledged that the resident moved into the Assisted Living area in October of 2021 and should have been offered to have a pharmacy review completed. For R822 and R825, who self-administered their medications, the operator failed to provide them an opportunity to have a medication regimen review conducted by a licensed pharmacist.	S3229		