

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER SPARKLING FOUNTAIN HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 8525 SWITZER RD OVERLAND PARK, KS 66214		
(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 the licensure resurvey for the above named facility conducted on 8/31/2022.	S 000		
S5315 SS=D	26-42-205 (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 home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home 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 home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S5315		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5315	Continued From page 1 This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (h) (1) The facility reported a census of 7 residents. The sample included 3 residents. Based on observation and interview the Operator failed to ensure the non-controlled and controlled medications were stored in accordance with federal and state laws and regulations in a locked medication cart with only the Licensed Nurse (LN) or Certified Medication Aide (CMA) having access to the non-controlled and controlled medications. Findings included: - Observation on 08/31/22 at approximately 09:20AM revealed there were four staff members in the facility. The facility medication cart was located in the back of the living room next to the dining room. Observation revealed the locking bolt was in the out position, keys were located on the upper right corner of the medication cart. There were four residents sitting in the living room, and one resident walking with her walker from the dining room to the front of the living room. At approximately 09:25AM Operator A came into the facility with plastic bags in his hands and stated he had to go pick up a few things. Interview with operator A at 03:05 PM revealed he was the LN passing medications for the shift, and two of the staff members in the home were Certified Nurse Aide's (CNA's) from the night shift, one staff member in the home was a Certified Nurse Aide for the day shift, and one staff member worked as a non-certified staff	S5315		

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S5315	Continued From page 2 cleaning the facility and cooking for the residents. Operator A confirmed the medication cart was left unlocked while he was away from the cart and out of the facility. The Operator failed to ensure the non-controlled and controlled medications were stored in accordance with federal and state laws and regulations in a locked medication cart with only the Licensed Nurse (LN) or Certified Medication Aide (CMA) having access to the non-controlled and controlled medications.	S5315		