STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175549	A. BUILDING _____ B. WING _____	C 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATFORD COMMONS REHAB & HEALTH CARE CENTER	12340 QUIVIRA ROAD OVERLAND PARK, KS 66213

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F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation KS00175455. The 2567 was sent electronically on 11/02/22.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs	F 755		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/02/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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is maintained and periodically reconciled.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 55 residents. The sample included four residents reviewed for medication availability and administration. Based on record review, observation, and interview, the facility failed to ensure availability of physician ordered medication for Resident (R)1. This placed R1 at risk for impaired health and ineffective medication regimen.

Findings included:

- The electronic medical record (EMR) documented R1 admitted to the facility on 08/18/22 with diagnoses that included: dementia (progressive mental disorder characterized by failing memory, confusion), stage 4 chronic kidney disease (disease in which the kidneys are moderately or severely damaged and are not working as well as they should to filter waste from your blood), hypertensive heart disease (heart problems that occur because of high blood pressure that is present over a long time), and other medical problems.

The "Admission Minimum Data Set" (MDS) dated 8/27/22 documented R1 had a Brief Interview for Mental Status (BIMS) score of four which indicated R1's cognition was severely impaired. The MDS recorded the resident did not have any behaviors such as refusals of care, hallucinations and/or delusions during the assessment period. This MDS recorded R1 required limited to extensive assistance from staff with most activities of daily living (ADL) such as bed mobility, transfers, dressing and toilet use and R1 used a wheelchair for ambulation. The

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MDS recorded R1 received anti-depressant medication (used to treat mood disorders of feeling down and/or loss of interest in activities), and diuretic medication (used to remove excess fluid from the body).

The "Psychotropic Medication Care Area Assessment" (CAA) dated 8/27/22 documented R1 received psychotropic medications (drugs that affect a person's mental state) and other diagnosis-based medications and directed staff to monitor for side effects and/or adverse effects.

R1's initial "Care Plan" dated 08/18/22 documented R1's use of medications and biologicals and directed staff to administer the medications per physician's order.

Review of R1'sSeptembr 2022 "Medication Administration Record" (MAR) revealed on 09/02/22 and 09/03/22 R1 did not receive the following medications as ordered:
Gabapentin (medication used to treat nerve pain) 300 milligrams(mg) one capsule twice a day for relief neuralgia; R1 did not receive evening dose on 09/02/22.
Omeprazole tablet 20 mg (used to decrease stomach acid); R1 did not receive the 04:00 PM dose on 09/02/22.
Voltaren gel (non-steroidal topical gel used to relieve pain) 1% apply to bilateral knees two times daily for pain relief; R1 did not receive the evening application on 09/02/22.
Mirtazapine (antidepressant) 15 mg one tab at bedtime for "insomnia;" R1 did not receive on evening dose on 09/02/22.
Amlodipine besylate (treats high blood pressure) 5mg tablet by mouth once a day for hypertension; R1 did not receive morning dose on 09/03/22.

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Calcium tablet 600/200 mg one tab daily for supplement; R1 did not receive the morning dose on 09/03/22.
Sertraline (antidepressant) 25 mg one tab daily for depression; R1 did not receive the morning dose on 09/03/22.
Sodium bicarbonate (reduces stomach acid) tablet 650 mg daily for supplement; R1 did not receive morning dose on 09/03/22.
Torsemide (diuretic) 20 mg one tablet daily for edema (fluid buildup); R1 did not receive morning dose on 09/03/22.

A "Re-education Memo" issued to Licensed Nurse (LN) G on 09/06/22 documented on the evening of 09/02/22, R1 had "holes" (area where medication was not signed as given) on the MAR for mirtazapine, gabapentin, omeprazole and a pain assessment.

A "Re-education Memo" issued to Certified Medication Assistant (CMA) M on 09/06/22 documented during CMA M's shift on 09/03/22, CMA M documented code 6 and wrote a progress note which stated the medications were not available, waiting on pharmacy. The memo directed when a medication was not in the medication cart, staff were required to look for it, and if not found, notify the nurse. Staff should call the pharmacy, check the Cubex (a backup supply of medications) and notify the physician if the medication could not be administered.

Interview on 10/27/22 at 02:00 PM Administrative Nurse D acknowledged R1 did not receive medications on 09/02/22 and 09/03/22 but she thought the issue was resolved. Administrative Nurse D stated the pharmacy usually came for turnaround of medications around the eight or

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ninth of each month and she was unsure why R1's medications were not available in the medication cart.

The facility's "5.1 Drug Administration General Guidelines Policy" revised May 2019, documented medications were administered as prescribed in accordance with good nursing principles and practices and only by persons authorized to do so. Medications were administered in accordance with written orders of the attending physician.

The facility failed to ensure availability of physician ordered medication for R1. This placed R1 at risk for impaired health and ineffective medication regimen.