

Kansas Department on Aging

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>B046042</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/25/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SENIORCARE HOMES NEWPORT HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10301 SAGAMORE RD<br/>LEAWOOD, KS 66206</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| S 000                                                                     | INITIAL COMMENTS<br><br>The following citations represent the findings of the licensure resurvey for the above named facility conducted on 10/24/2022 and 10/25/2022.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S 000                                                                                   |                                                                                                                          |                                                        |
| S5313<br>SS=F                                                             | 26-42-205 (g) (3) Over the counter medication<br><br>(g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R. 26-42-205 (g)(3)<br><br>The facility reported a census of four residents. Based on record review, observation and interview the operator failed to ensure the licensed nurse or licensed pharmacist placed the resident full name on the bottles of "Over the Counter" (OTC) medications.<br><br>Findings included:<br><br>Observation on 10/24/2022 at 01:58 PM of the | S5313                                                                                   |                                                                                                                          |                                                        |

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

TITLE

(X6) DATE

Kansas Department on Aging

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| S5313                                                                     | <p>Continued From page 1</p> <p>facility medication cart located in the facility dining room revealed the following:<br/>"Certified Medication Aide" (CMA) B unlocked the locked medication cart.</p> <p>The first drawer contained the following un-labeled OTC's medication's: one bottle of Ocuville (eyes) and one bottle of IB gard (GI supplement).</p> <p>The second drawer contained the following unlabeled OTC medication's: one bottle of Kirkland Multi Vitamins, 1 bottle of Preser Vision (eyes) one bottle of Nature Made vitamin D3, one bottle of Nature's Bounty vitamin B12.</p> <p>The third drawer contained the following unlabeled OTC medication's: one bottle of Nature's bounty D3 vitamin, and one bottle of Osteo bi flex. (joint supplement).</p> <p>The fourth drawer contained the following unlabeled OTC medication's: 1 bottle of Ocuville, 1 box skin prep wipes, and 1 tube of Toothache and gum pain relief cream.</p> <p>Interview on 10/24/2022 at 02:00 PM with LN A, she confirmed the OTC medications bottles/tube lacked the residents' full names.</p> <p>Record review on 10/25/22 at 09:00 AM of the facility policy titled "Pharmacy Deliveries" and dated 07/2022 lacked information on labeling OTC medications.</p> <p>Interview on 10/25/22 at 09:00 AM with LN A, she confirmed the facility provided policy lacked instructions/information on labeling OTC</p> | S5313                                                                                   |                                                                                                                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SENIORCARE HOMES NEWPORT HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10301 SAGAMORE RD<br/>LEAWOOD, KS 66206</b> |                                                                                                                          |                                                        |
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| S5313                                                                     | Continued From page 2<br><br>medications. She confirmed the facility lacked a policy which instructed/informed the facility nurse on accepting and labeling OTC medications.<br><br>The operator failed to ensure the licensed nurse or licensed pharmacist placed the resident full name on the bottles of "Over the Counter" (OTC) medications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S5313                                                                                   |                                                                                                                          |                                                        |
| S5335<br>SS=F                                                             | 28-39-437 Construction<br><br>(a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.<br><br>(b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal.<br>This REQUIREMENT is not met as evidenced by:<br>K.A.R. 28-39-437 (a)<br><br>The facility reported a census of four residents. Based on record review, observation and interview the operator failed to ensure the facility staff maintained the facility to protect the health and safety of the residents, personnel, and the public by ensuring all chemicals were kept secured in a locked cabinet.<br><br>Findings included:<br><br>- Record review on 10/25/22 of the facility provided resident roster revealed four residents | S5335                                                                                   |                                                                                                                          |                                                        |

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| S5335                                                                     | <p>Continued From page 3</p> <p>with impaired cognition and independently mobile.</p> <p>Observation on 10/25/22 at 01:18 PM during the unguided facility tour revealed the following:</p> <p>The cabinet under the kitchen sink freely opened and there was 1 container of Companion Disinfectant wipes, 2 cans Brody chemical disinfectant spray, 1 container of Pro Spray wipes, and 1 container of Finish ultimate cleaning dishwasher pods.</p> <p>The doors to the laundry area were in the open position with the lock in the unlocked position, the cabinet above the washer contained 1 container of Pro spray disinfectant wipes, 1 can of Micro Ban disinfectant spray, and to the left of the washing machine sat an open container of Kirkland ultra-cleaning laundry pods.</p> <p>The bathroom across from the laundry area had a closet door that freely opened and on the floor of the closet there were 2 cans Micro Ban spray, 1 bottle Windex spray, 2 bottles Lysol toilet cleaner, and 2 containers of Pro Clean disinfectant wipes.</p> <p>Interview on 10/25/22 at approximately 02:30PM with "Licensed Nurse" (LN) A, confirmed all four residents are cognitively impaired and independently mobile, and all chemicals were not in a locked cabinet.</p> <p>Record review on 10/25/22 of the facility policy titled "Security, Safety and Hazards" and dated 07/2022 stated "All hazardous materials need to be kept locked up at all times".</p> | S5335                                                                                   |                                                                                                                          |                                                        |

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| S5335                                                                     | Continued From page 4<br><br>The operator failed to ensure the facility staff maintained the facility to protect the health and safety of the residents, personnel, and the public by ensuring all chemicals were kept secured in a locked cabinet. | S5335                                                                                   |                                                                                                                          |                                                        |