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	B096017	A. BUILDING: _____ B. WING _____	10/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOY HOME	419 N PACIFIC OXFORD, KS 67119

(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 a complaint #KS00171580 at the above named home plus conducted on 10/27/22 and 10/31/22.	S 000		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(g) The operator reported a census of seven residents. Based on observation and interview the operator failed to ensure a notice of availability of policies and procedures related to resident services was posted in a place readily accessible to residents. Findings included: - On 10/27/22 at 12:52 PM during the initial tour of the facility a notice of availability of policies and procedures was not located. On 10/27/22 at 01:03 PM Administrative Nurse B confirmed a sign of availability of policies and	S5029		

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

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S5029	Continued From page 1 procedures was not posted. The operator failed to ensure a notice of availability was posted in a place readily accessible to residents.	S5029		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1)(2)(3) The facility reported a census of seven residents with three included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 127, R129, and R131's "Negotiated Service Agreements" (NSA) described the services they would receive based on their "Functional Capacity Screens" (FCS);	S5105		

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S5105	Continued From page 2	S5105		

and R127 and R129's "NSA's" identified the provider for hospice and the party responsible for payment for hospice.

Finding included:

- Record review for R127 revealed an admission date of 10/19/20 with the following diagnoses: Alzheimer's disease, anxiety, major depressive disorder, and gout.

The 01/31/22 "FCS" identified R127 required supervision with transfers; had short-term and long-term memory, memory recall, and decision-making cognitive impairments; usually understood others during communication; and was marked for impaired vision and impaired decision making. A handwritten note near the bottom of the "FCS" read "started Kindred Hospice 01/31/22."

The 10/19/20 (most recent) "NSA" failed to identify the services R127 would receive to keep him safe during transfers, with cognitive impairments, during communication, and with impaired vision and decision making, hospice provider, and party responsible for payment for hospice.

- Record review for R129 revealed an admission date of 07/17/21 with the following diagnoses: dementia, anxiety, depression, and hypertension.

The 02/24/22 "FCS" identified R129 required supervision with eating; was usually understandable and usually understood others during communication; and was marked for falls, impaired vision, impaired hearing, and

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S5105	Continued From page 3	S5105		

wandering. A handwritten note near the bottom of the "FCS" read "Admitted to Kindred Hospice 02/24/22."

The 07/17/21 (most recent) "NSA" failed to identify the services R129 would receive to keep her safe during eating, communication, from falls, and with impaired vision and hearing, wandering, hospice provider, and party responsible for payment for hospice.

- Record review for R131 revealed an admission date of 08/22/19 with the following diagnoses: glaucoma and macular degeneration.

The 02/14/22 "FCS" identified R131 required physical assistance with transfers; supervision with eating; had short-term and long-term memory, memory recall, and decision-making cognitive impairments; was usually understandable and sometimes understood others during communication; and was marked for falls, impaired vision, impaired decision making, and wandering.

The 05/23/20 (most recent) "NSA" failed to identify the services R131 would receive to keep her during transfers, eating, with cognitive impairments, during communication, from falls and with impaired vision and hearing, and from wandering.

On 10/31/22 at 01:33 PM Administrative Staff A confirmed R127, R129, and R131's "NSA's" did not address every item marked on their FCS to keep them safe in the facility. She confirmed R127 and R129 received outside services provided by hospice care.

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S5105	Continued From page 4 The operator failed to ensure R127, R129, and R131's "NSA's" described the services they would receive based on their "FCS's" and R127 and R129's "NSA's" identified the provider for hospice and the party responsible for payment for hospice.	S5105		
S5116 SS=F	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(1)(2) The facility reported a census of seven residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the review and if necessary, revision of the "Negotiated Service Agreement" (NSA) for Residents (R) 127, R129, and R131 following a significant change in	S5116		

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S5116	Continued From page 5 condition and once every 365 days. Findings included: - Record review for R127 revealed an admission date of 10/19/20 with the following diagnoses: Alzheimer's disease, anxiety, major depressive disorder, and gout. The 01/31/22 significant change "Functional Capacity Screen" (FCS) identified R127 required physical assistance with bathing; supervision with dressing, toileting, transfers, and walking/mobility; he was unable to perform management of medications and treatments; was usually continent of bladder, had short-term and long-term memory, memory recall, and decision-making cognitive impairments; usually understood others during communication; and was marked for impaired vision and impaired decision making. The 10/19/20 (most recent) "NSA" identified facility staff would provide R127 assistance twice a week with bathing, assistance of one staff with dressing; required reminders to take himself to the restroom for toileting, used a wheelchair for mobility, facility staff managed medications and treatments; and he was incontinent of bladder at night. Transfers, cognition, communication, impaired vision, and impaired decision making were not addressed on R127's "NSA" R127a's record revealed a significant change "FCS" on 01/31/22. R127's record lacked evidence of an "NSA" following a significant change and based on the	S5116		

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S5116	Continued From page 6	S5116		

significant change "FCS." His record further lacked evidence of an "NSA" completed at least once every 365 days since 10/19/20 which was 738 days at the beginning of the survey and 373 days late so far.

Observation on 10/31/22 at 12:11 PM revealed R127 had finished eating lunch in the dining area. A Certified Medication Aide (CMA) was nearby in the common area and a Certified Nurse Aide (CNA) was nearby in the kitchen behind the counter. R127 transferred himself without difficulty out of a dining chair, ambulated without difficulty using a rolling walker to the common area to pick up some Halloween candy from the table, ambulated to his room and shut the door.

- Record review for R129 revealed an admission date of 07/17/21 with the following diagnoses: dementia, anxiety, depression, and hypertension.

The 02/24/22 significant change "FCS" identified R129 was unable to perform bathing, dressing; management of medications and treatments; required physical assistance with toileting, transfers, walking/mobility; required supervision with eating; was incontinent of bladder, had short-term and long-term memory, memory recall, and decision-making cognitive impairments; was usually understood and usually understood others during communication; and was marked for falls, impaired vision, impaired hearing, and wandering.

The 07/17/21 (most recent) "NSA" identified facility staff would provide R129 assistance with bathing twice weekly and as needed for bathing;

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assistance of one staff with dressing; assistance to the bathroom for toileting, transfers and walking/mobility with a cane or walker, management of medications and treatments; she wore briefs for bladder incontinence; and facility staff would monitor all care for cognition. Eating, communication, falls, impaired vision and hearing, and wandering were not addressed on R129's "NSA"

R129's record revealed a significant change "FCS" on 02/24/22.

R129's record lacked evidence of an "NSA" following a significant change on 02/24/22 and based on the significant change "FCS." Her record further lacked evidence of an "NSA" completed at least once every 365 days since 07/17/21 which was 467 days at the beginning of the survey and 102 days late so far.

Observation on 10/31/22 at 12:55 PM revealed R129 sat in a wheelchair at the dining table feeding herself the lunch meal. She nodded her head to answer questions but did speak. She did not appear to be anxious, agitated, withdrawn, or in pain.

- Record review for R131 revealed an admission date of 08/22/19 with the following diagnoses: glaucoma and macular degeneration.

The 02/14/22 significant change "FCS" identified R131 was unable to perform bathing, dressing, and management of medications and treatments; she required physical assistance with toileting, transfers, and walking/mobility; supervision with eating; was occasionally incontinent of bladder,

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had short-term and long-term memory, memory recall, and decision-making cognitive impairments; was usually understandable and sometimes understood others during communication; and was marked for falls, impaired vision, impaired hearing, impaired decision making, and wandering.

The 05/23/20 (most recent) "NSA" identified facility staff would provide R131 assistance of one staff twice weekly and as needed for bathing; assistance to select clothing for dressing; she was "continent" for toileting; "self-ambulates with wheeled walker" for walking/mobility; facility staff manage medications and treatments; and she wore briefs for bladder incontinence. R131's "NSA" did not address transfers, eating, cognition, communication, falls, impaired vision, impaired hearing, impaired decision making, and wandering.

R131's record revealed a significant change "FCS" on 02/14/22.

R131's record lacked evidence of an "NSA" following a significant change on 02/14/22 based on the significant change "FCS."

R131's record lacked evidence of an "NSA" following a significant change on 02/14/22 and based on the significant change "FCS." Her record further lacked evidence of an "NSA" completed at least once every 365 days since 05/23/20 which was 887 days at the beginning of the survey and 522 days late so far.

Observation on 10/31/22 at 12:59 PM revealed

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S5116	Continued From page 9 R131 sat in a wheelchair in the common area. She commented to staff how good the lunch dessert was and hopes they make it again. She appeared clean, neat, and work appropriate clothing for the season. On 10/31/22 at 12:16 PM Administrative Staff A confirmed significant change or every 365 days NSA's were not present in R127, R129, and R131's records. The operator failed to ensure the review and if necessary, revision of the "NSA" for R127, R129, and R131following a significant change in condition and once every 365 days.	S5116		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) The facility reported a census of seven residents with three residents included in the sample. Based on interview and record review the operator failed to obtain signatures of each individual involved in the development of the "Negotiated Service Agreement" (NSA) for Resident (R) 127.	S5126		

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S5126	Continued From page 10 Findings included: - Record review for R127 revealed an admission date of 10/19/20 with the following diagnoses: Alzheimer's disease, anxiety, major depressive disorder, and gout. The 01/31/22 significant change "Functional Capacity Screen" (FCS) identified R127 required physical assistance with bathing; supervision with dressing, toileting, transfers, and walking/mobility; he was unable to perform management of medications and treatments; was usually continent of bladder, had short-term and long-term memory, memory recall, and decision-making cognitive impairments; usually understood others during communication; and was marked for impaired vision and impaired decision making. The 10/19/20 (most recent) "NSA" identified facility staff would provide R127 assistance twice a week with bathing, assistance of one staff with dressing; required reminders to take himself to the restroom for toileting, used a wheelchair for mobility, facility staff managed medications and treatments; and he was incontinent of bladder at night. Transfers, cognition, communication, impaired vision, and impaired decision making were not addressed on R127's "NSA" R127's "NSA" lacked signatures of any individual that participated in the development of the "NSA". On 10/20/22 at approximately 09:05 AM Administrative Staff A and B confirmed R127s'	S5126		

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S5126	Continued From page 11 "NSA" lacked any signatures. The operator failed to obtain the signatures of each individual involved in the development of the "NSA" for R27.	S5126		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of seven residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with employees and residents.	S5215		

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S5215	Continued From page 12 Findings included - On 10/27/22 documentation of quarterly reviews of the emergency management plan was requested from Administrative Nurse A. The information provided lacked documentation of quarterly reviews completed for 2021 and 2022. On 10/27/22 at 11:01 AM Administrative Nurse B stated the emergency management plan was addressed concerning tornadoes during tornado season and fires during fire safety drills. She confirmed all other required topics of the emergency management plan was not reviewed on a quarterly basis with staff and residents. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with residents and staff.	S5215		
S5220 SS=F	26-42-104 (e) Emergency Plan Available (e) Each administrator or operator shall make the emergency management plan available to the staff, residents, and visitors. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(e) The facility reported a census of seven residents. Based on observation and interview the facility failed to ensure a copy of the emergency management plan was made available to staff, residents, and visitors. Findings included:	S5220		

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S5220	Continued From page 13 - On 10/27/22 at 12:52 PM during the initial tour of the facility a copy of the emergency management plan was not located. On 10/27/22 at 02:27 PM Administrative Nurse confirmed the emergency management plan was not made available to residents, staff, and visitors. The operator failed to ensure a copy of the emergency management plan was made available to staff, residents, and visitors.	S5220		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of seven residents. Based on interview and record review the	S5230		

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S5230	Continued From page 14 operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for five out five total sampled staff. Findings included: - Review of Registered Nurse (RN) D's employee record revealed a hire date of 11/16/21 and lacked evidence of TB symptom screening and skin testing. Review of Certified Medication Aide (CMA) E's employee record revealed a hire date of 03/30/22 and lacked evidence of TB symptom screening and skin testing. Review of Certified Nurse Aid (CNA) F's employee record revealed a hire date of 02/21/22 and lacked evidence of TB symptom screening and skin testing. Review of CNA G's employee record revealed a hire date of 05/07/22. The 05/10/22 first of the two-step skin test was read on 05/12/22 as negative. The 05/10/22 symptom screen was negative. CNA G's record lacked evidence the second of the two-step test was completed. Review of CNA H's employee record revealed a hire date of 07/07/21. The 08/04/21 first of the two-step skin test was read on 08/06/21 as negative. The 01/25/22 second of the two-step skin test was read on 01/27/22 as negative. CNA H's record lacked evidence TB symptom screening and skin testing was completed within	S5230		

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S5230	Continued From page 15 seven days according to the department guidelines. On 10/27/22 at approximately 01:59 PM Administrative Nurse B confirmed TB screening and testing had not been completed according to the department's guidelines for all five sampled staff. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees.	S5230		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each	S5258		

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S5258	Continued From page 16 state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2) The facility reported a census of seven residents. Based on interview and record review the operator failed to ensure evidence of registration or certification for three out of five sampled staff and supporting documentation for criminal background checks for two out of five sampled staff was completed upon hire. Findings included: - Record review for three employees revealed the following: Registered Nurse (RN) D's employee record revealed a hire date of 11/16/21 with a registry contact date of 12/13/21 which was 27 days RN D worked in the facility without verification of valid registration. Certified Nurse Aide (CNA) G's employee record revealed a hire date of 05/07/22 with a registry contact date of 09/14/22 which was 144 days CNA G worked in the facility without verification of valid certification. The employee record lacked evidence a background check was completed. CNA H's employee record revealed a hire date of 07/07/21. The employee record lacked evidence of certification. The criminal background check	S5258		

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S5258	Continued From page 17 was completed on 07/20/21 which was 14 days CNA worked in the facility before background check was completed. The operator failed to ensure evidence of registration or certification for three out of five sampled staff and supporting documentation for criminal background checks for two out of five sampled staff was completed upon hire.	S5258		
S5310 SS=F	26-42-205 (e) (f) (g 1 - 3) Medication Orders, Ordering, Labeling (e) Medication orders. Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order. (f) Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident ' s medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(e) The facility reported a census of seven residents	S5310		

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S5310	Continued From page 18	S5310		

with three included in the sample. Based on observation and interview the operator failed to ensure a licensed nurse ensured all verbal orders were signed by the medical care provider within seven working days of receipt of the verbal order for Resident (R) 127, R129, and R131.

Findings included:

- Record review for R127 revealed an admission date of 10/19/20 with the following diagnoses: Alzheimer's disease, anxiety, major depressive disorder, and gout.

The 01/31/22 significant change "Functional Capacity Screen" (FCS) identified R127 required physical assistance with bathing; supervision with dressing, toileting, transfers, and walking/mobility; he was unable to perform management of medications and treatments; was usually continent of bladder, had short-term and long-term memory, memory recall, and decision-making cognitive impairments; usually understood others during communication; and was marked for impaired vision and impaired decision making.

The 10/19/20 (most recent) "NSA" identified facility staff would provide R127 assistance twice a week with bathing, assistance of one staff with dressing; required reminders to take himself to the restroom for toileting, used a wheelchair for mobility, facility staff managed medications and treatments; and he was incontinent of bladder at night. Transfers, cognition, communication, impaired vision, and impaired decision making were not addressed on R127's "NSA"

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S5310	Continued From page 19 The 07/27/22 "Physician's Order" documented to discontinue vitamin D3 1000 international units (iu) 1 tablet by mouth daily, zinc 50 micrograms (mcg) 1 tablet by mouth daily, and vitamin C 500 milligrams (mg) 1 tablet by mouth twice daily. The order was signed by Medical Provider C on 09/02/22, 37 days later. - Record review for R129 revealed an admission date of 07/17/21 with the following diagnoses: dementia, anxiety, depression, and hypertension. The 02/24/22 significant change "FCS" identified R129 was unable to perform bathing, dressing; management of medications and treatments; required physical assistance with toileting, transfers, walking/mobility; required supervision with eating; was incontinent of bladder, had short-term and long-term memory, memory recall, and decision-making cognitive impairments; was usually understood and usually understood others during communication; and was marked for falls, impaired vision, impaired hearing, and wandering. The 07/17/21 (most recent) "NSA" identified facility staff would provide R129 assistance with bathing twice weekly and as needed for bathing; assistance of one staff with dressing; assistance to the bathroom for toileting, transfers and walking/mobility with a cane or walker, management of medications and treatments; she wore briefs for bladder incontinence; and facility staff would monitor all care for cognition. Eating, communication, falls, impaired vision and h earing, and wandering were not addressed on R129's "NSA"	S5310		

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S5310	Continued From page 20	S5310		

The 06/29/22 22 "Physician's Order" documented dexamethasone six mg by mouth daily for one week lacked a medical provider's signature.

The 06/30/22 "Physician's Order" documented aspirin 325 mg 1 tablet by mouth daily for six months. The order was signed by Medical Provider C on 09/02/22, 64 days later.

The 06/30/22 "Physician's Order" documented clarification to remove bisacodyl 10 mg suppository from Medication Administration Record (MAR). The order was signed by Medical Provider C on 09/02/22, 64 days later.

- Record review for R131 revealed an admission date of 08/22/19 with the following diagnoses: glaucoma and macular degeneration.

The 02/14/22 significant change "FCS" identified R131 was unable to perform bathing, dressing, and management of medications and treatments; she required physical assistance with toileting, transfers, and walking/mobility; supervision with eating; was occasionally incontinent of bladder, had short-term and long-term memory, memory recall, and decision-making cognitive impairments; was usually understandable and sometimes understood others during communication; and was marked for falls, impaired vision, impaired hearing, impaired decision making, and wandering.

The 05/23/20 (most recent) "NSA" identified facility staff would provide R131 assistance of one staff twice weekly and as needed for bathing; assistance to select clothing for

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S5310	Continued From page 21 dressing; she was "continent" for toileting; "self-ambulates with wheeled walker" for walking/mobility; facility staff manage medications and treatments; and she wore briefs for bladder incontinence. R131's "NSA" did not address transfers, eating, cognition, communication, falls, impaired vision, impaired hearing, impaired decision making, and wandering. The 06/29/22 "Physician's Order" documented vitamin C 500 mg by mouth twice daily and zinc 50 mg by mouth daily. The order was signed by Medical Provider C on 09/02/22, 65 days later. The 06/30/22 "Physician's Order" documented clarification to remove discontinued ropinirole 25 mg from MAR. The order was signed by Medical Provider C on 09/02/22, 64 days later. The 07/25/22 "Physician's Order" documented hydrocortisone cream to affected areas twice daily for seven days. The order was signed by Medical Provider C on 09/02/22, 39 days later. On 10/31/22 at 11:01 AM Administrative Nurse B confirmed medical provider's verbal orders for R127, R129, and R131were not signed within seven working days. The operator failed to ensure a licensed nurse ensured all verbal orders were signed by the medical care provider within seven working days of receipt of the verbal order for Resident (R) 127, R129, and R131.	S5310		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication	S5313		

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S5313	Continued From page 22 (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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of seven residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package and the container, bottle, or tube if it could be removed from the original package of over-the-counter (OTC) medications. Findings included: - Observation on 10/27/22 at 01:10 PM revealed Administrative Staff A unlocked and opened the medication cart where the medications were stored. The cart contained drawers that were divided into slots labeled the residents' (R) names. For five out of seven total residents the following OTC medications were not labeled with	S5313		

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S5313	Continued From page 23 a their first and last name: In a slot labeled with R133's name: vitamin D3 50 micrograms (mcg) gummies vitamin D3 25 mcg tablets 1 bottle of Arnica roll-on pain relieving gel Famotidine 20 milligrams (mg) capsules (acid reflux) Tylenol extra strength 500 mg tablets Bayer low dose aspirin 81 mg tablets Systane dry eye relief drops In a slot labeled with R135's name: Melatonin 5 mg (supplement) In a slot labeled with R129's name: Ibuprofen 200 mg capsules (pain/fever) In a slot labeled with R137's name: one bottle of Tylenol 125 mg tablets with what appeared be initials handwritten on the cap women's daily multivitamin tablets In a slot labeled with R139's name: fluticasone allergy relief nasal spray 50 mcg lycopene 20 mg softgels (supplement) In an unlabeled slot: Lycopene 20 mg softgels Vitamin B12 5,000 mcg lozenges Two bottles of Ultimate 16 Strain Probiotic capsules On 10/27/22 at approximately 01:10 AM Administrative Nurse B stated the bottle of Tylenol with handwritten initials observed in R137's slot did not belong to R137 but to another resident. Administrative Nurse B confirmed the	S5313		

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S5313	Continued From page 24 OTC medications were not labeled with residents' full names. The operator failed to ensure all OTC medications were labeled with the residents' full names.	S5313		