STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N078010	A. BUILDING: _____ B. WING _____	02/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESLEY TOWERS INC	700 MONTEREY PL HUTCHINSON, KS 67502

(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 at the above named facility conducted on 02/27/23.	S 000		
S3211 SS=D	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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 26-41-205 (g) (3) The census totaled 42 residents. The sample included 3 residents. Based on observation and interview for 2 non-sampled residents (R)4 and R5, Operator/Licensed Nurse (LN) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included:	S3211		

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

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S3211	Continued From page 1 - Observation on 02/27/23 at 11:34 AM with LN G revealed a locked medication cart in the facility. The following over the counter medications were noted without full names: For R4 the cart contained one bottle of PreserVision AREDS 2 (eye vitamin), one bottle of Bone Health Caltrate 600 + D3 (vitamin) and one bottle of Vitamin C, For R5 the cart contained one bottle of Loratadine Allergy Relief and one bottle of Aspirin (nonsteroidal anti-inflammatory drugs). Interview on 02/27/23 with LN G confirmed the above listed medications were without full first and last names for R4 and R5. Facility's "Medication Labeling and Storage" policy (no date) recorded, "Medications are labeled in accordance with facility requirements and Kansas and federal laws." Operator/LN A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
S3310 SS=E	26-41-207 (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	S3310		

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S3310	Continued From page 2 setting; and (c) Each administrator or operator shall ensure the facility ' 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: K.A.R 26-41-207 (c) The census totaled 42 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 1 Resident (R)3 and 5 staff (Certified Nurse Aide (CNA) B, CNA C, CNA D, CNA E and CNA F, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R3's "Health Record" revealed she admitted to the facility on 11/30/22 and the record lacked evidence of completion of a TB questionnaire upon admission. Review of CNA B's employee record revealed they hired onto the facility on 06/08/22. CNA B's record lacked evidence of completion of a TB questionnaire upon hire. Review of CNA C's employee record revealed they hired onto the facility on 06/27/22. CNA C's record lacked evidence of completion of a TB questionnaire upon hire.	S3310		

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S3310	Continued From page 3 Review of CNA D's employee record revealed they hired onto the facility on 04/08/22. CNA D's record lacked evidence of completion of a TB questionnaire upon hire. Review of CNA E's employee record revealed they hired onto the facility on 09/27/22. CNA E's record lacked evidence of completion of a TB questionnaire upon hire. Review of CNA F's employee record revealed they hired onto the facility on 05/16/22. CNA F's record lacked evidence of completion of a TB questionnaire upon hire. Interview on 02/27/23 at 03:41 PM with Operator/Licensed Nurse (LN) A confirmed unable to locate TB questionnaire upon admission for R3. Interview on 02/27/23 at 05:08 PM with Operator/LN A confirmed unable to locate TB questionnaire upon hire for CNA B, CNA C, CNA D, CNA E and CNA F. The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		