STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008008	A. BUILDING: _____ B. WING _____	05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF AUGUSTA	1611 FAIRWAY STREET AUGUSTA, KS 67010

(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 with attached complaint numbers 177809, 177259, 176589, 174456, 173577, and 171487 for the above named facility conducted on 05/16/23, 05/17/23 and 05/18/23.	S 000		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (b) The facility reported a census of 32 residents. The sample included 4 "Residents'" ((R's)1, 2, 3, 4, and 5). Based on record review and interview the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management for selected medication's for R4.	S3186		

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

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S3186	Continued From page 1 Findings include: Record review on 05/17/23 for R4 Revealed an admission date of 02/22/22 with diagnoses of adjustment disorder with mixed anxiety and depressed mood, irritable bowel syndrome with constipation, abnormal level of hormones in specimens from female genital organs, type 2 diabetes mellitus, migraine, iron deficiency anemia, and chronic kidney disease stage 3. Review of R4 "Functional Capacity Screen" (FCS)/NSA dated 11/17/22 identified R4 required physical assistance with bathing and dressing. She was independent with toileting, transferring, and required supervision with mobility and eating. She required supervision with medication management, was incontinent of bladder, and her cognition was intact. She was able to make herself understood and she understood others, she was marked with falls and impaired vision, and she used a 4 wheeled walker mobility device. Review of R4 NSA/ "Health Service Plan" (HSP) instructed staff to physically assist R4 with bathing, and dressing, and certified medication aide or licensed nurse to dial R4 insulin pen, R4 self-injected insulin. The NSA lacked identification of an Albuterol Inhaler at the bedside. Record review of the signed "Physician Rounds" note dated 03/23/23 stated the following order: "okay to keep Albuterol inhaler in room and self-administer".	S3186		

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S3186	Continued From page 2 Interview on 05/17/23 at 04:16 PM with R4, she confirmed she self-administers the Albuterol Inhaler and keeps it in her room. The operator failed to ensure the NSA identified who was responsible for the administration and management for selected medication's for R4.	S3186		
S3200 SS=F	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (d) The facility reported a census of 32 residents. Based on observation and interview the operator failed to ensure the "Certified Medication Aide"	S3200		

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S3200	Continued From page 3 (CMA) administered resident medications in accordance with professional standards of practice. Findings include: Observation on 05/16/23 at 12:48 PM during the initial facility tour in the secured memory care unit at the location of the memory care medication cart, CMA A is observed stacking 2 unmarked, small clear medication cups together, one cup has a crushed white medication and chocolate pudding, the other cup has 2 white tablets. She confirmed the medication cups belonged to 2 different residents who sat at the same table for meals. She proceeded to carry them to the table where she administered the medications. Interview with operator B at 12:50PM, she confirmed the CMA should not be stacking multiple resident medications together and then passing them. Review of the Kansas Certified Medication Aide Curriculum dated 02/2011 revealed the following instructions "Medication Tray" A way to carry medications about the facility. - May be flat, with medicine cups placed next to small medication cards. - May be molded with recesses for holding cups and cards. - All medications must be identified to point of administration. For medications removed from a package or container with the prescription label, a medication card must be used which contains	S3200		

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S3200	Continued From page 4 the resident's name, the name of the medication, the route of administration, special instructions for administration and time of administration. This card must be checked against the MAR before administering the medication to a resident. The operator failed to ensure the "Certified Medication Aide" (CMA) administered resident medications in accordance with professional standards of practice.	S3200		
S3214 SS=D	26-41-205 (g) (4) Sample & Indigent Medication Program Meds (g) (4) Licensed nurses and medication aides may administer sample medications and medications from indigent medication programs if the administrator or operator ensures the development of policies and implementation of procedures for receiving and identifying sample medications and medications from indigent medication programs that include all of the following conditions: (A) The medication is not a controlled medication. (B) A medical care provider ' s written order accompanies the medication, stating the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. (C) A licensed nurse or medication aide receives the medication in its original, unbroken manufacturer ' s package. (D) A licensed nurse documents receipt of the medication by entering the resident ' s name and the medication name, strength, and quantity into a log.	S3214		

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S3214	Continued From page 5 (E) A licensed nurse places identification information on the medication or package containing the medication that includes the medical care provider ' s name; the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions as documented on the medical care provider ' s order. Facility staff consisting of either two licensed nurses or a licensed nurse and a medication aide shall verify that the information on the medication matches the information on the medical care provider ' s order. (F) A licensed nurse informs the resident or the resident ' s legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident ' s clinical record shall contain documentation that the resident or the resident ' s legal representative has received the information and accepted the risk of potential adverse consequences. This REQUIREMENT is not met as evidenced by: K.A.R.26-41-205 (g)(4)(D)(E) The facility reported a census of 32 residents. The sample included 5 "Residents'" ((R's1, 2, 3, 4, and 5) Based on observation, interview and record review the operator failed to ensure the "Licensed Nurse" (LN) placed the following information on the package containing a sample	S3214		

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S3214	Continued From page 6	S3214		

medication for R5: R5's full name, medical care provider's name, the medication name, strength, dose, route, frequency of administration, and any cautionary instructions. The operator further failed to ensure a providers written order accompanied the medication, the residents name, medication name, strength, dosage, route and frequency of administration and any cautionary instructions, and ensure the receipt of the sample medication was documented with the R5 name, medication name, strength, and quantity into a log.

Findings include:

- Observation on 05/16/23 at 12:48 AM during the initial facility tour, CMA A opened the locked medication cart in the memory care unit. In the top drawer on the right side was an unlabeled, open bottle of Xarelto.

Interview on 05/16/23 at 12:48AM with operator A, she confirmed the sample medication lacked a resident label.

Review of the facility policy titled "Sample Drugs" and dated 2011 stated the following:
"Medications from physician-dispensed medication containers can be administered only if packaged according to facility policy and labeled with the following:
Patient full name, date dispensed, physicians name, address, and phone number. The medication name, strength and quantity of medication, and directions for use".

Review of the physician note dated 12/07/22 stated the following under the section titled

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S3214	Continued From page 7 "Plan": "acute embolism and thrombosis of right popliteal vein, remarkable for deep vein thrombosis on the right. Start Xarelto 15milligrams two time daily for three weeks, then 20 milligrams daily. Samples provided with the order. " Review of the facility provided document titled "Sample Medications" revealed the log was implemented on 05/17/23. Interview on 05/18/23 with operator B and LN C confirmed the records lacked documentation of R5 full name, medical care provider's name, the medication name, strength, dose, route, frequency of administration, and any cautionary instructions on the package of medication, and the medication log was implemented on 05/17/23 that contained the receipt of the sample medication and documented R5 name, medication name, strength, and quantity into a log. They continued to confirm a providers written order accompanied the medication, the residents name, medication name, strength, dosage, route and frequency of administration and any cautionary instructions. The operator failed to ensure the LN placed the following information on the package containing a sample medication for R5: R5's full name, medical care provider's name, the medication name, strength, dose, route, frequency of administration, and any cautionary instructions. The operator further failed to ensure a providers written order accompanied the medication, the residents name, medication name, strength, dosage, route and frequency of administration and any cautionary instructions, and ensure the	S3214		

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S3214	Continued From page 8 receipt of the sample medication was documented with the R5 name, medication name, strength, and quantity into a log.	S3214		