

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/14/2023
NAME OF PROVIDER OR SUPPLIER SHAWNEE POST ACUTE REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 ANTIOCH ROAD OVERLAND PARK, KS 66204		
(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 represents the findings of a resurvey with attached complaint #180746 at the above named assisted living facility conducted on 06/13/23 and 06/14/23.	S 000		
S3211 SS=F	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 facility reported a census of 16 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of three over-the-counter (OTC) medications. 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 06/13/23 at 01:02 PM revealed Administrative Nurse A unlocked and opened the medication cart. The following OTC medications were not labeled with residents' full names: One bottle of Bayer low dose aspirin 81 milligrams (mg), 300 tablets One bottle of vitamin B12 1000 micrograms (mcg), 270 softgels One bottle of vitamin D3 1000 international units (IU), 500 softgels On 06/13/23 at approximately 01:02 PM Administrative Nurse A confirmed the OTC medications were not labeled with resident's full names. The facility's undated "Policy for over the counter and sample medications" policy documented OTC medications may be accepted by a licensed nurse or medication aide. The medication must be labeled by a licensed nurse with the resident's full name. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of OTC medications.	S3211		