STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N093004	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENWOOD PLAZA INC	607 E 1ST AVENUE ST JOHN, KS 67576

(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 licensure resurvey at the above named facility conducted on 09/27/23.	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 28 residents. The sample included 3 residents. Based on observation and interview for 2 non-sampled residents (R)4 and R5, Operator 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 during the initial tour on 09/27/23 at 11:04 AM with Licensed Nurse (LN) C revealed a locked medication carts located in the dining area of the facility. The following over the counter medications were noted without full names: For R4, the cart contained one bottle of 8HR Arthritis Pain Relief and one bottle of Melatonin (supplement), For R5, the cart contained one bottle of One A Day Men's Vitamin Interview on 09/27/23 at 11:08 AM with LN B confirmed the above listed medications were without full first and last names for R4 and R5. Facility's "Over the Counter Medication Policy" (no date) recorded, " ...All OTC medications will be stored in the medication room ...Nurses are to put first and last names on each bottle." Operator 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		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency	S3280		

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S3280	Continued From page 2 procedures; (3) quarterly review of the facility ' 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 26-41-104 (d) (4) The census equaled 28 residents. The sample included 3 residents and review of 5 employee records. Based on record review and interview, Operator A failed to ensure disaster and emergency preparedness by ensuring the performance an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location. Findings included: - Facility failed to perform an annual emergency drill conducted with all residents and the minimum number of staff on duty at one time that included an evacuation of all residents to a secure location. Electronic interview on 09/27/23 at 05:21 PM with Administrative Staff B confirmed unable to locate a full evacuation completed with all residents and the minimum number of staff on duty at one time.	S3280		

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S3280	Continued From page 3 Operator A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.	S3280		