Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N028003	A. BUILDING: _____ B. WING _____	10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF GARDEN CITY	2414 N HENDERSON DR GARDEN CITY, KS 67846

(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 represent the findings of a resurvey for the above named Assisted Living facility conducted on 10/10/23 and 10/11/23.	S 000		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of	S3215		

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

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S3215	Continued From page 1 expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 23 residents. Based on observation and interview, the operator failed to ensure medications were stored in accordance with each manufacturer's recommendations. Findings included: - Observation on 10/10/23 at 03:28 PM the facility's medication room had a refrigerator with an opened box with an unsealed vial of TUBERSOL that was marked as opened on 08/04/23 and to be discarded on 09/01/23. The box, product insert and the vial of TUBERSOL itself contained instructions that a vial of TUBERSOL which has been entered and in use for 30 days should be discarded. On 10/11/23 at 12:30 PM Administrative Nurse B stated the facility did in-house Tuberculosis (TB) skin tests for residents and employees. Administrative Nurse B confirmed the Tuberculin vial in the refrigerator in the medication room was opened 08/04/23 and was to be discarded on 09/01/23. The operator failed to ensure medications were stored in accordance with each manufacturer's	S3215		

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S3215	Continued From page 2 recommendations.	S3215		
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 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)(3) The facility reported a census of 23 residents. Based on record review and interview for all residents and all facility employees, 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. Findings included:	S3280		

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S3280	Continued From page 3 - On 10/11/23 at 01:09 PM Administrative Nurse B provided a copy of the quarterly review of the emergency management plan completed on 06/20/23 with facility staff but was unable to provide documentation for any others being completed. On 10/11/23 at 01:09 PM Administrative Nurse B stated they were only able to locate one review completed with staff on 06/20/23 but could not find any other quarterly reviews for staff or residents. The operator failed to ensure the completion of quarterly reviews of the emergency management plan with employees and residents.	S3280		