STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N029005	A. BUILDING: _____ B. WING _____	11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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 11/29/23.	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: KAR 26-41-205(b) The facility reported a census of nine residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)102 identified the responsible person for administration and management of selected medications. Findings included: -R102's medical record revealed she moved into	S3186		

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

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S3186	Continued From page 1	S3186		

the facility on 12/06/19 with a diagnosis of peripheral vascular disease.
The 03/01/23 "Functional Capacity Screen" (FCS) documented that R102 required physical assistance with medication administration.

The NSA signed 11/29/23 documented R102 was able to keep some PRN (as needed) medications at her bedside and that she preferred staff to manage her scheduled and PRN prescription medications. The NSA did not identify which selected medications were to be self-administered by R102.

Review of the medical records revealed the following physician orders:
An order dated 06/16/23 for Nauzene Upset Stomach-Nausea 230 milligrams (mg), one tablet by mouth PRN for Nausea. May keep at bedside and self-administer.

An order dated 06/16/23 for Polysporin (bacitracin zinc) 500 unit-10,000 units, apply thin layer topically, PRN for skin irritation. May keep at bed side and self-administer.

An order dated 06/16/23 for Premium CBD oil 1 ounces /30 milliliters, one ounce sublingual, daily, PRN for pain. Resident my keep at bedside to self-administer.

An order dated 06/16/23 for Salonpas 3.1 percent (%) - 10/5 - 6/5 topical patch, one patch topically four times daily, PRN for joint pain. May keep at bedside to self-administer.

An order dated 06/16/23 for Zinc oxide 20% topical ointment, apply one layer topically, three

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S3186	Continued From page 2	S3186		

times daily, PRN for skin irritation. May keep at bedside to self-administer.

An order dated 06/16/23 for Hempvana pain relief cream maximum strength, apply one layer topically to shoulders, lower back, neck and upper arm, twice daily, PRN for pain. May have at bedside to self-administer.

An order dated 06/16/23 for Cough drops 5.8 mg (Menthol), one drop to mucous membrane every two hours, PRN for cough/sore throat. May keep at bedside to self-administer.

An order dated 06/16/23 CBD Freeze 750 mg, apply thin layer topically, four times daily, PRN for joint pain. May keep at bedside to self-administer.

An order dated 06/16/23 for Act Dry Mouth Lozenge with Xylitol, dissolve one lozenge by mouth, PRN for dry mouth. May keep at bedside to self-administer.

On 11/29/23 at 01:23 PM R102 stated staff administered her prescription medications and she self-administered her vitamins and PRN and over the counter (OTC) medications.

On 11/29/23 at 02:50 PM Administrative Nurse B stated R102 self-administered some OTC medications.

The operator failed to ensure R102's NSA identified who was responsible for administration and management of select medications.

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S3211	Continued From page 3	S3211		
S3211 SS=E	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 nine residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over the counter (OTC) medications. Findings included: - Observation on 11/29/23 at 08:37 AM revealed the bottom left drawer of the medication cart had the following OTC medications labelled as STOCK medications: One bottle of Geri Care Acetaminophen 500	S3211		

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S3211	Continued From page 4 milligrams (mg) One bottle of Basic's Acidophilus Probiotic One box of Major Anti-Diarrheal One bottle of Geri Care Acetaminophen 325 mg Top left drawer had one bottle of Geri Care Acetaminophen 325 mg without a resident's full name marked on the bottle and the staff present was unable to identify who this medication belonged to. The 11/09/21 "Medication Management" policy documented, "Over the counter medications administered by the community staff cannot be used for all residents. Each resident must have his/her own stock medication which has: date opened, staff initials, and resident name." The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(2) The facility reported a census of nine residents.	S3213		

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S3213	Continued From page 5 Based on observation and interview the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - Observation on 11/29/23 at 08:37 AM revealed the facility's medication cart contained the following prescription medications which were not labeled with a resident's full name: Resident (R)104: One inhaler of Stiolto Respimat One tube of Estradiol 0.01% cream R103: One tube of Diclofenac Sodium one percent (%) cream R105: One tube of Clobetasol cream R102: One tube of Triamcinolone 0.1% cream One bottle of Refresh eyedrops The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
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:	S3280		

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S3280	Continued From page 6 (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 nine 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 review of the facility's Emergency Management Plan (EMP) with employees. Findings included: - On 11/29/23 a request for documentation of quarterly reviews of the EMP was made to Administrative Staff A. On 11/29/23 at 10:48 AM Administrative Staff A stated due to a change in the Human Resource	S3280		

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S3280	Continued From page 7 Department, no quarterly reviews of the EMP have been assigned for staff to complete since 08/2022 and was unable to present documentation that facility staff have completed quarterly reviews of the EMP since this date. Review of the "Assisted Living EPP Egress and Training Requirements" policy dated 10/2020 documented, "ALU staff, residents, volunteers and guests were educated to...quarterly review of the facility's emergency management plan." The operator failed to ensure the completion of quarterly reviews of the EMP by facility staff.	S3280		