STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B079002	A. BUILDING: _____ B. WING _____	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING OF LARNED HOME PLUS II	712 W9TH LARNED, KS 67550

(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 resurvey at the above named home plus facility conducted on 03/27/24.	S 000		
S5312 SS=D	26-42-205 (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 26-42-205 (g) (2) The facility reported a census of 12 residents and identified 12 residents received facility management of medications. Based on observation, record review and interview, Operator A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for 1 sampled resident (R)4. Findings included: - Observation on 03/27/24 at 11:20 AM with Licensed Nurse (LN) B and LN C of the medication room revealed an Advair HFA Aerosol inhaler in R4's medication bin. The inhaler did not have any identification or pharmacist labeling.	S5312		

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

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S5312	Continued From page 1 Current March 2024 MAR (medication administration record) recorded, "Advair HFA Aerosol 2 puff inhale orally two times a day for COPD [chronic obstructive pulmonary disease], rinse mouth after use." Medication signed off as administered twice daily from 03/24/24 to 03/26/24 by certified staff. Interview on 03/27/24 with LN C confirmed the inhaler was not labeled and further confirmed all prescription medications were to be labeled with the resident's name on the pharmacy label. Facility failed to provide a policy on prescription medication labeling. Operator A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for 1 sampled resident (R)4.	S5312		
S5315 SS=E	26-42-205 (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 home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in	S5315		

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S5315	Continued From page 2 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 home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (h) (4) The facility reported a census of 12 residents. The sample included 3 residents. Based on observation, record review and interview for 1 sampled resident (R)3 and 3 non-sampled Residents (R)4, R6 and R7, Operator A failed to ensure medications were not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration. Findings included: - Observation during the initial tour on 03/27/24	S5315		

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S5315	Continued From page 3 at 11:20 AM with Licensed Nurse (LN) B and LN C revealed a medication room in the facility. The medication room contained cabinets with resident's medications in separate bins. The following medications were noted as expired: For R3, the cabinet contained one opened bottle of Timolol Maleate Ophthalmic Solution 0.5% (eye drops) with a pharmacy label affixed to the medication box. The pharmacy label recorded a use by date of 03/24/24. Current March 2024 MAR (medication administration record) recorded, "Timolol Maleate Ophthalmic Solution 0.5% instill 1 drop in right eye one time a day for glaucoma." Medication signed off as administered once daily from 03/24/24 to 03/27/24 by certified staff. For R4, the cabinet contained one opened Ventolin HFA (Albuterol sulfate) inhaler with a pharmacy label affixed to the inhaler. The pharmacy label recorded a use by date of 12/05/23. Current March 2024 MAR recorded, "Albuterol Sulfate Inhalation Nebulization Solution 0.083%, 1 vial inhale orally every 4 hours as needed for wheezing." Medication signed off as administered once daily on 03/17/24 and 03/18/24 by certified staff. For R6, the cabinet contained one bottle of Azelastine HCL Solution (nasal spray) with a pharmacy label affixed to the medication box. The pharmacy label recorded a use by date of 12/30/23.	S5315		

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S5315	Continued From page 4	S5315		

Current March 2024 MAR recorded, "Azelastine HCL Solution 137 micrograms/spray 1 spray in both nostrils two times a day for allergies." Medication signed off as administered twice daily from 03/01/24 to 03/27/24 by certified staff.

For R6, the cabinet contained one bottle of Timolol Maleate Ophthalmic Solution 0.5% with a pharmacy label affixed to the medication box. The pharmacy label recorded a use by date of 12/30/23.

Current March 2024 MAR recorded, "Timolol Maleate Ophthalmic Solution 0.5% instill 1 drop in both eyes one time a day for glaucoma." Medication signed off as administered once daily from 03/01/24 to 03/27/24 by certified staff.

For R7, the cabinet contained one bottle of Docusate Sodium Liquid (stool softener) with a pharmacy label affixed to the medication box. The pharmacy label recorded a use by date of 03/13/24.

Current March 2024 MAR recorded, "Docusate Sodium Liquid give 10 milliliters by mouth one time a day for prevent constipation." Medication signed off as administered once daily from 03/13/24 to 03/27/24 by certified staff.

Interview on 03/27/24 at 11:28 AM with LN B and LN C confirmed the above listed medications were expired and further confirmed they follow the pharmacy label for date of expiration for prescription medication.

Interview on 03/27/24 at 02:50 PM with LN B stated the facility did not have a policy on

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S5315	Continued From page 5 prescription medications and further confirmed the facility follows the pharmacy label for date of expiration for prescription medications. Operator A failed to ensure medications were not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration.	S5315		