STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087252	A. BUILDING: _____ B. WING _____	05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE KOTTAGE #4	2940 RIVER PARK DR WICHITA, KS 67202

(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 Re-Licensure Survey with complaint investigations 176617, 179882, 180127 for the above named Home Plus Facility conducted on 05/13/24 and 05/14/24.	S 000		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (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 26-42-205(g)(3) The facility reported a census of eight 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 each package and/or bottle/tube of over-the-counter medications. Findings included: - On 5/13/24 at 10:53 AM Certified Medication	S5313		

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

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S5313	Continued From page 1 Aide B unlocked the medication cart for investigation which revealed the following over the counter medications had a residents first name but did not include their last name: Vitamin C, three bottles of Tylenol , stool softener, Aleve, box of Mucinex, and a bottle of antifungal powder with no name on it. On 05/13/24 at 10:54 AM Certified Medication Aide B reported each resident pretty much has their own space in the cart and if they don't have the same first name we put their first name on the bottle. The operator failed to ensure each over-the-counter medication package and the medication container included the residents' full name.	S5313		
S5315 SS=F	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 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.	S5315		

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S5315	Continued From page 2 (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)(1) The facility reported a census of eight residents. Based on observation and interview, the operator failed to ensure staff stored medications securely to ensure only the "Licensed Nurses" and "Medication Aides" had access to the stored medications. Findings included: - Upon arrival to facility on 05/13/24 at 09:57 AM Certified Nurse Aide (CNA) C and CNA D reported the medication aide had just left the facility and would return throughout the day to pass medications. On 05/13/24 at 10:35 AM CNA D reported the medication cart keys are kept in the lock box and she did not know the code to open it. At 10:37 AM Kaylee came over to the medication	S5315		

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S5315	Continued From page 3 cart just to see if the Certified Medication Aide might have left them out on the cart. She moved the bottle of lotion and the keys to the med cart were sitting on the cart. With CNA D standing beside the surveyor, surveyor checked the keys and they unlocked the cart. Surveyor then locked the cart up and retained the keys until appropriate staff arrived to give them to. On 05/13/24 at 10:52 AM CMA B arrived at the facility and surveyor handed her the keys. CMA B reported the keys are not to be left out and are to be kept in the key lock box. The operator failed to ensure all medications were stored securely so that only the Licensed Nurses and Certified Medication Aides had access to medications.	S5315		