STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089065	A. BUILDING: _____ B. WING _____	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF TOPEKA	6300 SW 6TH AVENUE TOPEKA, KS 66615

(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 06/12/24.	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: 3186 KAR 26-41-205(b) The facility reported a census of 26 residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure the "Negotiated Service Agreement / Health Care Service Plan" (NSA/HCSP) for resident (R)103 identified the responsible person for administration and management of selected medications. Findings included: -R103'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 the facility on 06/03/21. The 02/21/24 Functional Capacity Screen revealed R103 required physical assistance with the management of medications. The 02/21/24 NSA/HCSP documented staff administered R103's medications. The NSA/HCSP did not identify which selected medications R104 self-administered but instead documented R103 self-administered the medications that she chose to. Review of R103's medical records revealed the following medications R103 self-administered: Order dated 01/17/24 for Ibuprofen 400 milligrams, one tablet by mouth every six hours as needed for pain, unsupervised self-administration. Order dated 07/27/23 for Azelastine HCL Solution, one spray in both nostrils two times a day for runny nose, unsupervised self-administration, may keep in room. Order dated 08/18/22 for Ipratropium Bromide Solution 0.03 percent, two sprays in both nostrils two times a day for nose spray, unsupervised self-administration. Order dated 06/03/21 for Voltaren Gel 1 percent, apply four grams to left shoulder, right hip topically three times a day for pain, unsupervised self-administration. Order dated 06/03/21 for Flonase Suspension 50 micrograms, one spray in both nostrils two times a day for chronic rhinitis, unsupervised self-administration.	S3186		

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S3186	Continued From page 2 On 06/12/24 at 01:49 PM "Certified Medication Aide" (CMA) B stated R103 had some creams and nose sprays in her room that she could self-administer if she chose to. CMA B stated all the rest of the medications were administered by staff. On 06/12/24 at 03:00 PM Administrative Nurse A stated R103 self-administered a few of her own medications but the NSA did not identify which medications R103 self-administered. The administrator failed to ensure the NSA identified who was responsible for administration and management of selected medications for R103.	S3186		
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: 3211	S3211		

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S3211	Continued From page 3 KAR 26-41-205 (g)(3) The facility reported a census of 26 residents. Based on observation and interview the administrator 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 06/12/24 at 09:25 AM revealed the facility's medication cart contained the following OTC medications which were not labeled with a resident's full name: Resident (R)104: One bottle of Equate Complete Multivitamin One bottle Spring Valley Vitamin D3 R105: One bottle of HyVee HealthMarker Vitamin C 250 milligrams (mg.) R103: One bottle of GeriCare Mucus Relief Guaifenesin 400 mg. R107 One bottle of Goodsense Artificial Tears R108: One bottle of New Chapter Melatonin and Ginger R109: One bottle of D-Mannose 1300 mg. There was also one bottle of HyVee HealthMarket Iron 65 mg. with no resident name to identify who	S3211		

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S3211	Continued From page 4 it belonged to. On 06/12/24 at 09:35 AM "Certified Medication Aide" (CMA) B acknowledged that not all OTC medications were labeled with the full name of a resident. CMA B stated she did not know who the iron supplement belonged to. On 06/12/24 a policy concerning medication storage and labeling was requested. Administrative Nurse A provided the "Storage of Medications" policy dated 11/2022 but it did not address the labeling of OTC medications. The administrator 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: 3213 KAR 26-41-205 (g)(2) The facility reported a census of 26 residents. Based on observation and interview the administrator failed to ensure each prescription medication container had a label provided by a	S3213		

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S3213	Continued From page 5 dispensing pharmacist affixed to the container. Findings included: - Observation on 06/12/23 at 09:25 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 bottle of Alcon Simbrinza eyedrops R106: One bottle of Ipratropium Bromide Nasal Solution 0.06 percent R103: One bottle of Fluticasone Propionate Nasal Spray 50 micrograms (mcg.) One bottle of Azelastine HCL Nasal Solution 0.1 percent Observation on 06/12/24 at 09:45 AM revealed the facility's medication room contained the following prescription medications which were not labeled with a resident's full name: R110: Two bottles of Myrbetriq ER 50 milligrams (mg.) One bottle of Safetussin DM R104: Two bottles of Myrbetriq 50 mg. One inhaler of Albuterol HFA 90 mcg. On 06/12/24 at 09:35 AM Certified Medication Aide B acknowledged that not all prescription medications were labeled with the full name of a resident	S3213		

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S3213	Continued From page 6 On 06/12/24 a policy concerning medication storage and labeling was requested. Administrative Nurse A provided the "Storage of Medications" policy dated 11/2022 but it did not address the labeling of prescription medications. The administrator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
S3270 SS=F	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: 3270 KAR 26-41-104(b)(6) The facility reported a census of 26 residents. Based on record review and interview for all residents and all facility employees, the	S3270		

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S3270	Continued From page 7 administrator failed to ensure the disaster and emergency plan include all required items as it failed to include information on natural gas leaks. Findings included: - On 06/12/24 at 03:23 PM review of the facility's emergency management plan revealed no documentation of information concerning natural gas leaks. On 06/12/24 at 03:25 PM Administrative Staff C stated he was not able to locate anything in the emergency management plan that specifically addressed natural gas leaks. The administrator failed to ensure the emergency management plan included all the required items.	S3270		
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.	S3280		

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S3280	Continued From page 8 This REQUIREMENT is not met as evidenced by: 3280 KAR 26-41-104(d)(3) The facility reported a census of 26 residents. Based on record review and interview for all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with all employees. Findings included: - On 06/12/24 Administrative Staff A provided documentation of completed quarterly reviews of the emergency management plan with staff. Review of the provided documentation revealed quarterly reviews of the emergency management plan with staff were completed on 07/10/23, 11/02/23, and 02/15/24 but did not include the names of all staff employed at the facility. On 06/12/24 03:25 PM Administrative Nurse A acknowledged documentation of quarterly reviews of the emergency management plan with staff did not include all staff. The administrator failed to ensure the completion of quarterly reviews of the emergency management plan with all employees.	S3280		