STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N014001	A. BUILDING: _____ B. WING _____	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAY CENTER PRESBYTERIAN MANOR	924 8TH STREET CLAY CENTER, KS 67432

(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 the licensure resurvey for the above named facility conducted on 10/08/24.	S 000		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) The facility reported a census of 16 residents. The sample included 3 residents. Based on record review and interview for 1 Resident (R)3, Administrator A failed to ensure all medications and treatments were administered in accordance with professional standards of practice when a CMA (certified medication aid) did not consult with a licensed nurse prior to administering a	S3200		

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

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S3200	Continued From page 1 PRN (as needed) narcotic. Findings included: - Record review for R3 revealed she admitted to the facility on 09/22/22 with diagnoses of Alzheimer's Disorder, hypertension and anxiety disorder. R3's current "Functional Capacity Screen" (FCS) dated 09/13/24 recorded the resident was unable to perform management of medications and treatments. The resident's "Negotiated Agreement/ Service Plan" dated 09/13/24 recorded facility staff would provide management of medications. Current October 2024 MAR (medication administration record) recorded, "Tramadol 50 milligram tablet - 1 tablet by mouth every 6 hours PRN for pain." Medication administered and signed off the following dates: On 10/01/24 and 10/03/24, Tramadol signed off as administered twice a day by CMA E and CMA F, On 10/04/24, 10/05/24, 10/06/24, 10/07/24 and 10/08/24, Tramadol signed off as administered once a day by CMA E and CMA F. Review of R3's record lacked documentation a licensed nurse was notified prior to administration of a PRN narcotic. Interview on 10/08/24 at 11:26 AM with CMA E stated she was not required to notify a licensed nurse prior to giving a PRN narcotic. Interview on 10/08/24 at 02:45 PM with Licensed Nurse (LN) B, LN C and LN D confirmed CMAs were to notify a licensed nurse prior to giving a	S3200		

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S3200	Continued From page 2 PRN narcotic. Facility's "Medication Administration" policy dated 06/02/23 failed to identify CMAs notifying a LN prior to administering a PRN narcotic. Administrator A failed to ensure all medications and treatments were administered in accordance with professional standards of practice when a CMA did not consult with a licensed nurse prior to administering a PRN narcotic.	S3200		