

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF OLATHE SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 751 N SOMERSET TERRACE OLATHE, KS 66062		
(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 represents the findings of a resurvey with attached complaints #192134, #191256, #186924, #186867, and #186069 at the above named assisted living conducted on 01/22/25.	S 000		
S3216 SS=D	26-41-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(i)	S3216		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3216	Continued From page 1 The facility reported a census of 36 residents. Based on observation, interview, and record review the administrator failed to ensure a certified medication aide (CMA) maintained records of the disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. Findings included: - Observation on 01/22/25 at 09:14 AM revealed CMA C unlocked and opened the first medication cart. Controlled medications were stored in a separate locked compartment within the medication cart. A spot check of one randomly selected controlled medication card revealed the card for Resident (R) 1 contained only 57 pills of alprazolam 0.25 milligrams (mg). Review of the "Controlled Medication Count Sheet" for alprazolam 0.25 mg for R1 documented 58 pills were in the medication card. CMA C confirmed the count documented was incorrect on the count sheet. She stated she arrived late for her shift and did not count with outgoing staff when she took responsibility for the medication cart. Observation on 01/22/25 at 09:17 AM revealed CMA C and Administrative Nurse B completed count of all controlled medications. On 01/22/25 at approximately 09:17 AM Administrative Nurse B confirmed the count documented was incorrect on the count sheet. She stated she expected CMA's to complete	S3216		

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S3216	Continued From page 2 medication counts during every shift change. She would interview staff involved and ensure the one responsible documented a correction on the count sheet. The administrator failed to ensure a certified medication aide (CMA) maintained records of the disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation.	S3216		