STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265532	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkway Health Care Center	2323 Swope Parkway Kansas City, MO 64130

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure safe and secure storage for narcotics for two sampled residents (Resident #10 and #11), when the nursing staff did not conduct a shift-to-shift count of the narcotics which resulted in missing narcotics out of 11 sampled residents. The facility census was 68 residents. On [DATE] the Administrator and the Director of Nursing (DON) were notified of the failure, and the facility took immediate action and began an investigation, in-services and education for the nurses and Certified Medication Technicians (CMT). The facility purchased a new locking box for narcotics, relocated liquid and as needed (PRN) narcotics to the nurse cart and restricted access. All changes and training were completed on [DATE]. Additional training for count on shift change and documentation was completed on [DATE]. Review of the facility Controlled Substance Administration and Accountability Policy dated [DATE] showed:-It was the policy of the facility to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. -The facility will have safeguards in place in order to prevent loss, diversion or accidental exposure. -Controlled substances are stored in a separate compartment of a locked storage unit with access limited to approved personnel. -All controlled substances (Schedule II, III, IV, V) are accounted for by all controlled substances obtained from a non-automated medication cart or cabinet are recorded on the designated usage form.-Written documentation must be clearly legible with all applicable information provided.-All specially compounded or non-stock Schedule II controlled substances dispensed from the pharmacy for a specific patient are recorded on the controlled drug record supplied with the medication or other designated form as per facility policy. -In all cases, the dose noted on the usage form or entered into the automated dispensing system must match the dose recorded on the medication administration record (MAR), controlled drug record, or other facility specified form and placed in the patient's medical record. -The controlled drug record (or other specified form) serves the dual purpose of recording both narcotic disposition and patient administration. -The controlled drug record is a permanent medical record document and in conjunction with the MAR is the source for documenting any patient-specific narcotic dispensed from the pharmacy.-The charge nurse or other designee conducts a daily visual audit of the required documentation of controlled substances.-Spot checks are performed to verify--Medications removed from the medication cart have a documented physician order.-Areas without automated dispensing systems utilize a substantially constructed storage unit with two locks and a paper system for 24-hour recording of controlled substance use.-Patient-specific controlled substances are stored under double lock until administered to patient. Review of the facility undated Instructions for Medication Cart Reconciliation Log showed:-To maintain regulatory compliance and ensure medication security, this log must be completed during every shift change. -Both the oncoming and outgoing licensed nurses must physically verify the count together before signing. -Shift change documentation:--Enter the current calendar date.--Record the exact time the count is performed.--The nurse finishing their shift signs here to verify the count they are handing (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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