STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087228	A. BUILDING: _____ B. WING _____	12/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE KOTTAGE #3	1411 S MAIZE RD WICHITA, KS 67209

(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 home plus facility conducted on 12/08/22 and 12/12/22.	S 000		
S5286 SS=D	26-42-205 (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: KAR 26-42-205(b) The facility reported a census of seven residents with three in the sample. Based on interview and record review the operator failed to ensure Resident (R) 129's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration of insulin. Findings included: - Record review for R129 revealed an admission date of 09/27/21 with a diagnosis of Parkinson's Disease, diabetes mellitus type 2, major depressive disorder, and personality disorder. The 02/18/22 "Functional Capacity Screen"	S5286		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5286	Continued From page 1 (FCS) identified R129 was unable to perform management of medications. The 02/18/22 "NSA" under the "Management of Medications" section on page two identified facility staff would remind residents to take medications and staff will administer medications. Under the "Nursing Services" section on page six by "Insulin" a check mark was beside the name of the facility. The 02/18/22 "NSA" failed to identify who was responsible administration of insulin for R129. The 07/05/22 "Assessment for Self-Administration of Medication" documented "Resident is able to give self insulin injections, other meds are given by CMA's." On 12/12/22 at approximately 12:36 PM during a phone interview Administrative Staff A confirmed R129's NSA lacked documentation of who was responsible for administration of insulin. The operator failed to ensure R129's "NSA" identified who was responsible for administration of insulin.	S5286		