STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N026010	A. BUILDING: _____ B. WING _____	05/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF HAYS OPERATIONS, LLC	2929 STERNBERG DRIVE HAYS, KS 67601

(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 a resurvey with a complaint (#173919) at the above named facility conducted on 05/30/23 and 05/31/23.	S 000		
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: KAR 26-41-205 (g) (3) The census totaled 39 residents. The sample included 3 residents. Based on observation and interview for 6 non-sampled residents (R)4, R5, R6, R7 and R8, Operator/ License Nurse (LN) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication.	S3211		

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

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S3211	Continued From page 1 Findings included: - Observation on 05/30/23 at 10:30 AM with Certified Medication Aide (CMA) C and Operator/ LN A revealed two locked medication carts at the nurse's station of the facility. The following over the counter medications were noted without full names: For R4, the cart contained one bottle of Acetaminophen (pain reliever/ fever reducer), one bottle of Vitamin B12 (dietary supplement), one bottle of Hair Skin and Nails (dietary supplement) and one bottle of Lutein (eye health supplement), For R5, the cart contained one bottle of AREDS 2 (eye vitamin), For R6, the cart contained one bottle of C-1000 (dietary supplement), For R7, the cart contained one bottle of Fiber Well Gummies (fiber supplement), For R8, the cart contained one bottle of Iron (dietary supplement) and one bottle of Magnesium (dietary supplement). Interview on 05/30/23 with Operator/ LN A confirmed the above listed medications were without full first and last names for R4, R5, R6, R7 and R8. Operator/ LN A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the residents over the counter medication.	S3211		
S3225 SS=E	26-41-205 (l) Medication Regimen Review Frequency	S3225		

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S3225	Continued From page 2 (l) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (l) The facility reported a census of 39 residents, with 3 residents included in the sample. Based on record review and interview, the facility failed to ensure a licensed pharmacist conducted a quarterly medication regimen review for 3 Residents, (R)1, R2 and R3, when the facility managed their medications. Findings included: - Record review for R1 revealed an admission date of 12/06/21 with diagnoses of hyperlipidemia, Dementia without behavioral disturbances, hypertension, and diabetes mellitus type II. Review of resident's "Functional Capacity Screen/ Negotiated Service Agreement" dated	S3225		

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S3225	Continued From page 3 12/28/22 recorded the resident required physical assistance with management of medications and treatments, R1 self- injected insulin and facility staff administered all other medications. Review of resident's "Service Plan" dated 05/17/23 recorded R1 self- injected insulin and facility staff administered all other medications. Review of R1's "Medication Regimen Reviews" lacked evidence any were completed for the third and fourth quarters of 2022. - Record review for R2 revealed an admission date of 07/20/11 with diagnoses of hyperlipidemia, hypertension, chronic pain and diabetes mellitus type II. Review of resident's "Functional Capacity Screen/ Negotiated Service Agreement" dated 03/13/23 recorded the resident required physical assistance with management of medications and treatments and facility staff administered all medications. Review of resident's "Service Plan" dated 11/30/22 recorded facility staff administered all medications. Review of R2's "Medication Regimen Reviews" lacked evidence any were completed for the third and fourth quarters of 2022. - Record review for R3 revealed an admission date of 05/03/22 with diagnoses of hyperlipidemia, hypertension, and major depressive disorder.	S3225		

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S3225	Continued From page 4 Review of resident's "Functional Capacity Screen/ Negotiated Service Agreement" dated 05/15/23 recorded the resident required physical assistance with management of medications and treatments and facility staff administered all medications. Review of resident's "Service Plan" dated 11/11/22 recorded facility staff administered all medications. Review of R3's "Medication Regimen Reviews" lacked evidence any were completed for the third and fourth quarters of 2022. Interview on 05/31/23 at 09:02 AM with Operator/ Licensed Nurse (LN) A confirmed no pharmacist reviews were conducted for the third and fourth quarters of 2022 for all residents of the facility. The facility failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for R1, R2 and R3, who had their medication managed by the facility.	S3225		