STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B044002	A. BUILDING: _____ B. WING _____	01/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE OF MERIDEN SOUTH	3566 62ND STREET MERIDEN, KS 66512

(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 #178314, and 178476 at the above named Home Plus conducted on 01/04/24 and 01/08/24.	S 000		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer '	S5315		

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
	B044002	A. BUILDING: _____ B. WING _____	01/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE OF MERIDEN SOUTH	3566 62ND STREET MERIDEN, KS 66512

(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
S5315	Continued From page 1 s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1)(4) The facility reported a census of nine residents. Based on observation and interview, the operator failed to ensure resident medications were securely and properly stored in a locked medication room, cabinet, or medication cart and in accordance with each manufacturer's recommendations. Findings included: - On 01/04/24 at 08:47 AM the facility's laundry room had an unlocked refrigerator with an opened box and unsealed vial of TUBERCULIN that was not marked with the opened date. The box, and the vial of TUBERCULIN contained instructions that a vial of TUBERCULIN which has been entered and in use for 30 days should be discarded. An unlocked, white stand-up refrigerator contained the following medications: One box of Latanoprost eye drops for resident (R)106. Two Gentle Laxative 10 milligrams for R107. Twenty prefilled syringes of Fluzone quadrivalent vaccine.	S5315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B044002	A. BUILDING: _____ B. WING _____	01/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE OF MERIDEN SOUTH	3566 62ND STREET MERIDEN, KS 66512

(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
S5315	Continued From page 2 On 01/04/23 at 09:52 AM Administrative Staff A stated it was her expectation that medications be stored separately from food in a locked refrigerator. The "Support Service Areas" policy dated February, 1997 documented, "The...facility shall provide the following:...(2) a locked medication storage area with a...refrigerator in the same area for medications." The operator failed to ensure medications were securely and properly stored and in accordance with each manufacturer's recommendations.	S5315		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-254 (a) The facility reported a census of nine residents. Based on observation, record review and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents.	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B044002	A. BUILDING: _____ B. WING _____	01/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE OF MERIDEN SOUTH	3566 62ND STREET MERIDEN, KS 66512

(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
S5335	Continued From page 3 Findings included: - Observations during initial tour on 01/04/24 revealed the lockable door to the laundry room was propped open. The laundry room had an unlocked metal storage unit which contained the following chemicals: Six one-quart bottles of Diversey Shine- Up Lemon Furniture Polish One gallon container of Ortho Weed B Gone One 1.12-gallon container of Pine Sol All Purpose Cleaner Four one-gallon containers of OdoBan Disinfectant Three 14-ounce cans of RAID wasp spray One gallon container of Roundup One gallon container of Eliminator Weed & Grass Killer Two one-gallon containers of Diversey J-512 Sanitizer Two one-gallon containers of Comet Disinfecting Sanitizing Bathroom Cleaners Two one-gallon containers of Windex Glass Cleaner One 2.87-ounce container of Cascade Original Dishwashing Liquid Ten 38 fluid ounce bottles of Dawn Professional Dishwashing Liquid One 24 fluid ounce bottle of Clorox Toilet Bowl Cleaner Numerous other chemicals not listed were also stored in the storage unit. On 01/04/23 at 08:55 AM Maintenance Staff D stated the laundry room was usually not propped open, but it was when he arrived at the facility	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B044002	A. BUILDING: _____ B. WING _____	01/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE OF MERIDEN SOUTH	3566 62ND STREET MERIDEN, KS 66512

(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
S5335	Continued From page 4 that morning. On 01/04/23 at 09:52 AM Administrative Staff A stated it was her expectation the laundry door be kept shut and locked due to there being chemicals stored in this room. The "Support Service Areas" policy dated February, 1997 documented, "The facility shall provide...a locked cabinet for storage of chemicals and supplies." The operator failed to ensure staff kept chemicals locked for resident safety.	S5335		