STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087258	A. BUILDING: _____ B. WING _____	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FERN'S PLACE	1730 N NORTHWEST PARKWAY WICHITA, KS 67212

(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 Re-Licensure Survey for the above named Home Plus Facility conducted on 12/02/24 & 12/03/24.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c)(2) The facility reported a census of five residents(R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure designated staff completed a resident "Functional Capacity Screen" for one (R5) of three sampled residents following a significant change in condition as defined in KAR 26-39-100. Findings Included: - Review of R5's electronic medical record revealed she moved into the facility on 07/28/24 with a diagnoses of dementia and abnormal gait. . R5's "Functional Capacity Screen" (FCS) dated 07/28/24 revealed R5 needed supervision with	S5085		

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

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S5085	Continued From page 1	S5085		

bathing and toileting, was unable to participate in the management of her medications and medical treatments and had impaired cognition. She was at risk or had a current problem with falls and unsteadiness.

Review of R5's observation notes revealed on 07/30/24 the resident had incontinence and needed assistance with changing her briefs On 08/22/24 staff documented she had dementia and needed supervision with all care and frequent reminders to complete activities of daily living.

Observation on 12/02/24 at 12:01 AM resident walked out of her room and down the hall using her four wheeled walker. Certified Medication Aide (CMA) E got beside her and walked her back to her room, then she sat on the side of the bed visiting.

Interview on 12/02/24 at 10:56 AM CMA E reported R5 needs some sort of assistance with everything now. R5 is a fall risk, and we have to pay attention if she gets up, to be with her to make sure she doesn't fall. She needs some assistance with getting dressed as far as making sure her clothes are set out and help with directing her on how to put clothes on and give her a lot of cues and guidance. Sometimes we have to actually help her. She is assist of 1 staff and we try to catch her if walking by herself and will try to walk with her because she has fallen, she needs assist with toileting.

Interview on 12/03/24 at 09:24 AM, Administrative Licensed Nurse B acknowledged she should have completed a new FCS a month or so after she moved in when we realized how much help she actually needed with activities of daily living.

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S5085	Continued From page 2 The operator failed to ensure designated staff completed a FCS for R5 after she experienced a decline in status resulting in a significant change in condition as defined in KAR 26-39-100.	S5085		
S5105 SS=D	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1)(2)(3) The facility reported a census of five residents(R). The sample included three residents. Based on interview, and record review for to one (R5) of three sampled residents, the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's service needs that included identification of services provided, the provider of the service, and party responsible for payment related to the	S5105		

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S5105	Continued From page 3 outside service of Home Health and Physical Therapy. . Findings included: - R5's medical record revealed she moved into the facility on 07/28/24 with diagnoses of dementia and abnormal gait. R5's most current "Functional Capacity Screen" dated 07/28/24 revealed she was at risk or had a current problem with falls and used a walker. R5's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP)dated 07/28/24 failed to include the resident received Physical Therapy services through a local Home Health agency and who was responsible for payment of that service. Interview on 12/03/24 at 10:33 AM Administrative Licensed Nurse B had contacted the Home Health agency and reported R5 received Physical Therapy services starting on 07/20/24 prior to admission to the facility and received them through 09/09/24. The administrator failed to ensure designated staff completed the NSA/HCSP for R5 to include the services provided by an outside resources, who provided the service and who was responsible for payment of the service.	S5105		
S5116 SS=E	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any	S5116		

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S5116	Continued From page 4 significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2) The facility reported a census of five residents with three residents (R) sampled. Based on interview and record review, the operator failed to ensure a licensed nurse reviewed and if necessary revised three (R3, R4, R5) of three sampled residents "Negotiated Service Agreement" to identify services related to physical therapy/and skilled nursing when the resident had a significant change in service needs. Findings included: - Review of R3's electronic medical record revealed she moved into the facility on 02/14/23 with diagnoses of dementia, and chronic atrial fibrillation. R3's "Functional Capacity Screen" dated 02/14/24 revealed she needed physical assistance with bathing, was unable to manage her medications or medical treatments and had impaired cognition. R3's "Negotiated Service Agreement/Health Care	S5116		

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S5116	Continued From page 5	S5116		

Service Plan" (NSA/HCSP) included the resident used a quad cane for assistance with mobility.

Interview on 12/03/24 at 10:33 AM Administrative Licensed Nurse B had contacted the Home Health agency and reported R3's Physical Therapy services were discontinued on 09/09/24. Nurse B acknowledged she had not revised R3's NSA/HCSP to identify she had a significant change in service needs.

The operator failed to ensure designated staff reviewed/revised R3's NSA/HCSP when she had a change in service needs.

- R4's electronic medical record revealed he moved into the facility on 03/05/24 with a diagnosis of dementia.

R4's "Functional Capacity Screen dated 03/05/24 revealed he needed physical assistance with bathing, had impaired cognitions and impaired decision making ability.

R4's 'Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 03/05/24 identified staff provided cueing, reminders and assist as needed with activities of daily living. The NSA/HCSP did not identify he received services from Home Health.

R4's electronic record included an "Addendum to the Negotiated Service Agreement" that was not dated and identified a service change for a local Home Health Company. The addendum lacked what service they provided and was not signed by resident/legal representative.

Interview on 12/03/24 at 08:29 AM Administrative Licensed Nurse B reported R4 started with a

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S5116	Continued From page 6	S5116		

local Home Health agency for physical therapy and is now receiving skilled nursing for a surgical wound. Nurse B acknowledged she should have completed an "Addendum to the Negotiated Service Agreement" when R4 discontinued therapy services and should have been more specific on the Addendum she did complete.

"Interview on 12/03/24 at 09:03 AM with local Home health agency R4 received physical therapy services from 08/20/24 to 10/08/24 and started skilled nursing services on 08/18/24 for wound care.

The operator failed to ensure designated staff reviewed and revised R4's NSA/HCSP when he had a significant change related to therapy services.

- R5's medical record revealed she moved into the facility on 07/28/24 with diagnoses of dementia and abnormal gait.

R5's most current "Functional Capacity Screen" dated 07/28/24 revealed she was at risk or had a current problem with falls and used a walker.

R5's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP)dated 07/28/24 failed to include the resident received Physical Therapy services through a local Home Health agency and who was responsible for payment of that service.

Interview on 12/03/24 at 09:13 AM Administrative Licensed Nurse B acknowledged she should have completed an Addendum to the Negotiated Service Plan for therapy services when they discontinued services.

The operator failed to ensure designated staff

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S5116	Continued From page 7 reviewed/revised R5's NSA/HCSP when she had a significant changes in services provided related to physical therapy.	S5116		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (h) The facility reported a census of five residents (R). The sample included three residents. Based on interview and record review for one (R3) of three sampled residents the operator failed to ensure that everyone involved in the development of the "Negotiated Service Agreement" signed the agreement. Findings included: - Review of R3's electronic medical record revealed she moved into the facility on 02/14/23 with a diagnoses dementia, and chronic atrial fibrillation. R3's "Functional Capacity Screen" dated 02/14/24 revealed she needed physical assistance with bathing, was unable to manage her medications or medical treatments and had impaired cognition.	S5126		

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S5126	Continued From page 8 R3's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 02/14/24 included the signature of the Administrative Licensed Nurse but did not include any other participant's signature. Interview on 12/03/24 at 09:50 Am Administrative Licensed Nurse B reported she thought R3's legal representative had signed it when she signed all of the other paperwork. Nurse B acknowledged it should have been signed by all who helped develop it. The operator failed to ensure everyone involved in the development of R3's NSA/HCSP signed the agreement.	S5126		
S5130 SS=D	26-42-202 (j) NSA Outside Resources (j) If a resident's negotiated service agreement includes the use of outside resources, the designated staff shall perform the following: (1) Provide the resident, the resident's legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(j)(3) The facility reported a census of five resident's.	S5130		

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S5130	Continued From page 9 The sample included three residents. Based on interview and record review, the operator failed to ensure if a resident received a service from an outside resource, designated staff monitored services and act as an advocate for the resident to ensure services met professional standards of practice for one (R5) of three residents. Findings included: - Review of R5's electronic medical record revealed she moved into the facility on 07/28/24 with diagnoses of dementia and abnormal gait. R5's "Functional Capacity Screen dated 07/28/24 identified she was independent with transfers and mobility but at risk for falls. . R5's "Negotiated Service Agreement/Health Care Service Plan" dated 07/28/24 identified the resident used a walker as an assistive device for transfers and mobility. Interview on 12/3/24 at 09:30 AM Administrative Licensed Nurse B reported R5 did receive therapy services at one point but was not sure which company or how long she received it. Interview on 12/3/24 at 10:33 AM Administrative Licensed Nurse B stated she spoke with the Home Health agency and they provided Physical Therapy services from 07/20/24 to 09/09/24. Nurse B reported the admission NSA/HCSP should have included the information related to Home Health and Physical Therapy. The operator failed to ensure designated staff monitored physical therapy services to ensure they met professional standards of practice.	S5130		

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S5165	Continued From page 10	S5165		
S5165 SS=D	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(e) The facility reported a census of five residents. The sample included three residents. Based on record review and interview for one (R5) of three sampled residents who had orders to monitor INR (Blood monitoring related to blood thinning medications), the operator failed to provide documentation that a licensed nurse delegated the checking of INR nursing procedures which is not included in the medication aide curriculums to one of four newly hired nursing staff according to the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of R3's medical record revealed she moved into the facility on 02/14/23 with a diagnosis of congestive heart failur and chronic atrial fibrilation. R3's "Functional Capacity Screen" dated 02/14/24 revealed she was unable manage her medications or medical treatments. R3's "Negotiated Service Agreement/ Health Care	S5165		

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S5165	Continued From page 11 Service Plan" dated 02/14/24 identified Certified Medication Aides and Licensed Nurses would administer medications and manage treatments. R3's record also included a medical provider's order dated 06/22/2024 for INR Monitoring each week and report results to the nurse. Review of R3's Novemeber Medication Administration Record included documnetation of INR monitoring which included Certified Medication Aide C's initials indicating she checked R3's INR. On 10/03/24 Administrative Licensed Nurse provided documentation of delegation for the procedure of checking a resident's INR but it did not include CMA C's signature. She acknowledged she had not completed a delegation/competency with CMA C. The operator failed to ensure Certified Medication Aides were properly trained on the specific procedure for checking R3's INR.	S5165		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not	S5192		

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S5192	Continued From page 12	S5192		

be used.
(3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-206 (e)

The facility reported a census of five residents. Based on record review and interview, the operator failed to ensure staff prepared food using safe methods and ensured staff served foods at the proper temperature for all residents in the facility.

- During initial tour on 10/02/24 at 09:25 AM the buffet contained a notebook that included the November 2024 food temperature logs. Review of the food temperature logs revealed the following missing food temperatures; 11/2/24 - supper, 11/11/24 - lunch, 11/22/24 - lunch and supper, 11/23/24 all meals, 11/25/24 - supper , 11/26-29/24 all meals, 11/30/24 breakfast, and 11/31/24 all meals.

Interview on 12/02/24 at 09:31 AM - Certified Medication Aide E acknowledged staff needed to take the temperature of the food after they cook it or reheat it to make sure it reached the proper food temperature.

The operator failed to ensure staff checked the temperature of foods to ensure staff cooked it to the proper temperature as well as served at a proper temperature.

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S5215	Continued From page 13	S5215		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (d)(3) The facility reported a census of five residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by the failure to ensure designated staff conducted quarterly reviews of the home's emergency management plan (EMP) with all residents and all staff. Findings included: - Review of information provided by Administrative Licensed Nurse B on 12/02/24 at 10:40 AM revealed one page with columns for each quarter that had dates for July and October of 2023, but did not have signatures of	S5215		

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(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
S5215	Continued From page 14 employees or any type of documentation for residents as to who reviewed the plan. The 2024 review sheets had the same type of "table" but only had one employee initial as having reviewed the EMP and no residents. Interview on 12/02/24 at 12:41 PM Administrative Licensed Nurse acknowledged she had not gotten signatures and not completed the quarterly reviews as required with employees and residents. The operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the emergency management plan with all residents and staff.	S5215		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c)	S5230		

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	B087258	A. BUILDING: _____ B. WING _____	12/03/2024

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S5230	Continued From page 15 The facility reported a census of five residents(R). The sample included three residents and five newly hired staff. Based on interview and record review for two (R4, R5) of three residents and three of five newly hired staff, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of four newly hired employee's files revealed the following: 1. Administrative Licensed Nurse B hired on 08/14/23 TB symptom screen and TB skin tests initiated on 11/02/24, more than seven days after hire. 2. Certified Medication Aide C hired on 09/06/24 TB symptom screen completed on 09/1/24 and TB skin testing initiated on 10/01/24, both more than seven days after hire . 3. Certified Medication Aide F hired on 10/12/24 TB symptom screen completed on 11/02/24, more than seven days after hire date. Interview on 12/03/24 at 07:56 AM Administrative Licensed Nurse B acknowledged she had not completed TB screens or testing for employees within seven days of hire. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June, 2013 revealed each new employee shall receive a TB symptom screen that includes components of the Tuberculosis Symptom Screen Questionnaire within seven days of hire, and a two-step TB skin test within seven days of employment unless specific conditions are met.	S5230		

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S5230	Continued From page 16 The operator failed to ensure three of four newly hired staff had a TB skin testing in accordance with TB guidelines. - R3's medical record revealed she moved into the facility on 02/12/24 with diagnosis of Alzheimer's disease. R3's medical record lacked evidence of receiving a two-step TB skin test. Interview on 10/10/24 at 04:23 PM Operator/Administrative Nurse A reported if it cannot be found in the chart then it must not have been completed. - R3's record revealed she moved into the facility on 02/14/23 and failed to include an annual TB symptom screen questionnaire. -R4's record revealed he moved into the facility on 03/05/24 and failed to include a TB symptom screen questionnaire. - R5's record revealed she moved into the facility on 07/28/24 and failed to include a TB symptom screen questionnaire. Interview on 12/03/24 at 08:16 AM Administrative Licensed Nurse B acknowledged she had not completed residents' TB symptom screen questionnaires; her focus was to make sure TB skin testing was done. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June, 2013 revealed each new resident shall receive a TB symptom screen that includes components of the Tuberculosis Symptom Screen Questionnaire within seven	S5230		

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S5230	Continued From page 17 days of admission. The operator failed to ensure R3, R4, and R5 received TB skin testing to ensure the facility remained in compliance with TB guidelines.	S5230		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of five residents(R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure the medical record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date and time, action taken, and results of the action for one (R4) of three sampled residents related to monitoring and treatment of a surgical wound. Findings included: - Review of R4's electronic medical record revealed he moved into the facility on 03/05/24 with diagnoses of dementia. R4's "Functional Capacity Screen" (FCS) dated	S5251		

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S5251	Continued From page 18 03/05/24 identified he was unable to participate in the management of medical treatments. R4's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 03/05/24 identified Certified Medication Aides and Licensed Nurses would administer all medical treatments. Review of R4's "nursing observations" revealed the following documentation: 07/22/2024 -Resident underwent Mohs Micrographic Surgery today. Resident returned with no pain. Postoperative instructions given: Keep initial dressing dry and in place (do not remove) for 48 hours. . After bandage is removed, wash the area gently with soap and water daily. Blot the wound dry with gauze. Apply enough petroleum jelly to completely cover stitches. Cover with a non-stick pad and tape or other bandage. Continue this wound care until stitches are removed. Pain management post op orders: 07/29/24 - wound care continues with no signs or symptoms of infection or edema noted. 08/08/24 - wound care continues no changes to orders and wound remains open but no signs of infection. The record lacked any further documentation related to the wound, a description of the wound and healing progress/decline. The record also lacked information that local Home Health agency provided skilled nursing for management of the surgical wound. Review of R4's medical record failed to include documentation from the facility licensed nurse regarding her wounds, description of her wounds, measurements, treatments, and results of medical treatments.	S5251		

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S5251	Continued From page 19 Observation on 12/03/24 at 08:41 AM with Administrative Licensed Nurse revealed a small foam dressing covered the area. When dressing was pulled back, it revealed an open wound approximately 1 centimeter in diameter, wound bed was red with no redness to surrounding tissue. Interview on 12/03/24 at 08:29 AM Administrative licensed Nurse B confirmed Home Health Nurse came into facility and managed wound care and she does occasionally look at it but acknowledged she has not been documenting in R4's record facts related to treatment plan, results and a descriptions of the wound. The operator failed to ensure R4's record included complete documentation related to R4's wounds and treatment of his surgical wound.	S5251		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route.	S5300		

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S5300	Continued From page 20	S5300		

This REQUIREMENT is not met as evidenced by:
KAR 26-42-205 (d)(1)

The facility reported a census of five residents. Based on interview and record review, the operator failed to ensure that only a licensed nurses and medication aides administered and managed medications for two (R3 and R4) of three sampled residents for which the home was responsible.

Findings included:

- Review of the "Resident Roster" provided on 12/02/24 by "Administrative Licensed Nurse" B revealed the facility was responsible for administering all or some medications for all five residents who lived in the facility.

While reviewing newly hired staff records identified Certified Medication Aide (CMA) D's certification had expired from 06/27/24 to -08/05/24.

Review of three sampled residents Medication Administration Records (MAR) revealed the following:
1. R3's June 2024 MAR revealed CMA D administered six different medications on 06/29/24. R3's July 2024 MAR revealed CMA D administered 11 different medications on 13 days in the month of July.
2. R4's June 2024 MAR revealed CMA D administered eight different medications on 06/29/24. R4's July 2024 MAR revealed CMA D administered 10 different medications on 13 days

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S5300	Continued From page 21 in the month of July. Interview on 12/03/24 at 10:27 AM Administrative Licensed Nurse reported she did not find out that CMA D's certification had expired until the end of July and at that point someone either covered her shifts to pass medications or came in and passed medications. The operator failed to ensure only licensed nurses and medication aides administered medications for which the home was responsible.	S5300		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (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 26-42-205(g)(3) The facility reported a census of five residents (R). Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the	S5313		

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S5313	Continued From page 22 resident on each package and/or bottle/tube of over-the-counter medications. Findings included: - On 12/02/24 at 10:00 AM Certified Medication Aide (CMA) E unlocked the medication cart for inspection which revealed the following over-the-counter medications without a residents "full name" on the package and/or medication container: Mucus relief, two unopened boxes of PreserVision and one opened bottle, one tube of BioFreeze, Vaporizing rub, Athletes Foot Cream, Athletes powder spray, bottle of Tylenol Extra Strength, Antidiarrheal, Gas-X, Vitamin D3+K2, Allergy Relief tablets, Aspirin, Foil package of Mucinex, magnesium Glycinate all with initials only or a first or last name and initials. The top drawer included a bottle of Robitussin labeled "house" on it without any resident's name on it. Interview 10:02 AM CMA E reported the Robitussin is house stock and any resident can use it if they have an order for it. CMA E stated she thought all of the over-the-counter medications were supposed to have the residents name on it and not just initials. On 1202/24 at 12:13 PM Administrative Licensed Nurse B acknowledged all over-the-counter medications should have a resident's full name on it. The operator failed to ensure each over-the-counter medication included the residents' full name on the package and the medication container.	S5313		