STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N028005	A. BUILDING: _____ B. WING _____	12/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RANCH HOUSE SENIOR LIVING LLC	2900 CAMPUS DRIVE GARDEN CITY, KS 67846

(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 with complaint investigations 189076 and 188789 for the above named Assisted Living Facility conducted on 12/18/24, 12/19/24, and 12/26/24.	S 000		
S3215 SS=E	26-41-205 (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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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 facility. (4) A licensed nurse or medication aide shall not	S3215		

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

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S3215	Continued From page 1 administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(1)(4) The facility reported a census of 32 residents. Based on observation and interview, the executive director failed to ensure staff stored medications according to manufacturer's recommendations related to the storage of insulin pens to ensure staff did not administer the medication beyond the manufacturer's recommended date of expiration. Findings included: - Observation on 12/18/24 at 08:44 AM Certified Medication Aide D unlocked her medication cart for inspections which revealed the following insulin pens staff had opened and initiated us of: Tresiba flex pen, two pens with no open date and no resident name. Admelog Solostar two pens with no open date or resident name. Lantus pen with an open date of 08/04/24. Interview on 12/18/24 at 08:45 AM Certified Medication Aide D reported staff were supposed to write the start date on the pens when they start using it. Observation on 12/18/24 at 08:59 AM Licensed Nurse E unlocked the upstairs medication cart	S3215		

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S3215	Continued From page 2 for inspection which revealed the following insulin pens staff had opened and initiated us of: Lantus flex pen and Lispro pen that had no open date on the pens. Basaglar flex pen with open date of 12/14/24 and expire date of 1/30/25, 47 days after open date. Levemir flex pen with an open date of 12/4/24 and expiration date of 6/24/25, more than six months after open date. Interview on 12/18/24 at 08:50 AM Executive Director B confirmed all insulin pens were supposed to include the residents name and date opened to know when they expire. Review of the Tresiba Flex Pen manufacturer recommendations revealed to store at room temperature and discard after 56 days. Review of the Admelog Solostar manufacturer recommendations revealed to store ta room temperature and discard after 28 days. Review of the Lantus manufacturer recommendations revealed to store at room temperature and discard after 28 days. Review of the Levemir manufacturer recommendations revealed to store at room temperature and discard after 42 days. Review of the Basaglar manufacturer recommendations revealed to store at room temperature and discard after 28 days in use. The executive director failed to ensure designated staff wrote the date an insulin pen was first put in use and/or date it expired to	S3215		

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S3215	Continued From page 3 ensure it was not used past the manufacturers recommended date of expiration.	S3215		