STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087184	A. BUILDING: _____ B. WING _____	01/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATFORD HOME	1425 N STRATFORD LANE WICHITA, KS 67206

(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 Re-Licensure Survey for the above named Home Plus Facility conducted on 01/21/25.	S 000		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (a)(1) The facility reported a census of eight Residents (R). The sample included three residents. Based on interview, and record review for one (R4) of one resident who self-administered her insulin, the operator failed to ensure a Licensed Nurse	S5265		

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

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S5265	Continued From page 1 (LN) assessed the resident's ability to self-administer the insulin safely and accurately prior to her self-injecting her insulin. Findings included: - R4's medical record revealed she moved into the facility on 05/16/24 with a diagnosis of diabetes mellitus type II. R4's "Functional Capacity Screen" (FCS) dated 05/16/24 had marked a "3" (unable to participate) for pills and "0" (independent) for insulin. R4's "Negotiated Service Agreement" (NSA) dated 05/16/24 identified Certified Medication Aides (CMA), Nurses, and Home Health administered medications and medical treatments. Review of R4's medical record failed to include an assessment for R4's ability to self administer her insulin. Interview on 01/21/25 at 02:39 PM CMA reported when R4 first moved in, the CMA prepared her insulin pen and handed it to her, and she would poke herself. Interview on 01/21/25 at 02:40 PM Administrative Nurse/Operator reported she watched R4 self-inject her insulin, but she did not complete an assessment form. The operator failed to ensure a licensed nurse assessed R4's ability to self-inject her insulin prior to initiating.	S5265		

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S5286	Continued From page 2	S5286		
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 eight residents. The sample included three residents. Based on interview, and record review the operator failed to ensure one (R4) of three sampled residents "Negotiated Service Agreement" identified qualified staff would prepare and dial R4's insulin pen to the ordered dosages and she would self-inject the insulin. Findings included: - R4's medical record revealed she moved into the facility on 05/16/24 with a diagnosis of diabetes mellitus type II. R4's "Functional Capacity Screen" (FCS) dated 05/16/24 had marked a "3" (unable to participate) for pills and "0" (independent) for insulin. R4's "Negotiated Service Agreement" (NSA)	S5286		

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S5286	Continued From page 3 dated 05/16/24 identified Certified Medication Aides (CMA), Nurses, and Home Health administered medications and medical treatments. It failed to identify the resident would self-inject her insulin after the CMAs prepared and dialed it to the ordered dosage. Review of R4's "Medication Administration Record" for May 2024 included initials from 05/16/24 to 05/30/24 of facility staff indicating they prepared R4's insulin for her to self-inject. Interview on 01/21/25 at 02:39 PM CMA reported when R4 first moved in, the CMA prepared her insulin pen and handed it to her, and she would poke herself. Interview on 01/21/25 at 02:40 PM Administrative Nurse/Operator acknowledged R4's NSA did not include services related to CMAs preparing her insulin and R4 self-injecting her insulin. The operator failed to ensure designated staff completed R4's NSA to include that she self injected her insulin and qualified staff administered all other medications.	S5286		
S5313 SS=E	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	S5313		

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S5313	Continued From page 4 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 eight residents (R). Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each package and/or bottle/tube of over-the-counter medications. Findings included: - On 01/21/25 at 09:30 AM Certified Medication Aide B unlocked the medication cabinet for inspection and revealed the following over-the-counter medications without a resident's full name: A bottle of two bottles of Tylenol, a bottle of Allertec, and a bottle of Probiotics with a resident's initials. It also included a bottle of Ibuprofen and two bottles of multivitamin with no name on the bottles. Interview on 01/21/25 at 09:35 AM Administrative Nurse/Operator reported she knew the bottles were supposed to have the resident's name on it but did not know it was supposed to have their full name. The operator failed to ensure each	S5313		

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S5313	Continued From page 5 over-the-counter medication included the residents' full name on the package and the medication container.	S5313		