STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N005007	A. BUILDING: _____ B. WING _____	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF HOISINGTON	259 WEST 6TH STREET HOISINGTON, KS 67544

(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 the licensure resurvey at the above named facility conducted on 02/25/25 and 02/26/25.	S 000		
S3213 SS=D	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (2) The facility reported a census of 12 residents. Based on observation, interview and record review, Operator/ Certified Medication Aide (CMA) A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for 1 sampled Resident (R)2. Findings included: - Observation on 02/25/25 at 09:43 AM with Certified Medication Aide (CMA) C and Licensed Nurse (LN) B of the medication room revealed one insulin injector pen, which was not labeled with resident's name or an open date. CMA C identified the insulin injector pen as belonging to	S3213		

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

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S3213	Continued From page 1 R2. The injector pen had a manufacture label of Basaglar KwikPen and the injector pen had no other identification or pharmacist labeling. Review of R2's February 2025 "Medication Administration Record" (MAR) revealed the following, "Basaglar KwikPen 100 unit/milliliter subcutaneous, inject 4 unit subcutaneously at bedtime related to type 2 diabetes mellitus" signed off as administered by certified staff from 02/01/25 through 02/24/25. Signed physician orders dated 12/10/24 for R2 recorded, "Insulin Glargine 4 unit(s) subcutaneously HS pen." Interview on 02/25/25 at approximately 09:43 AM with LN B and CMA C confirmed the Basaglar Kwikpen was not labeled with the residents name or open date. Operator/ CMA A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for 1 sampled resident (R)2.	S3213		
S3299 SS=D	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.	S3299		

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	N005007	A. BUILDING: _____ B. WING _____	02/26/2025

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CREDO SENIOR LIVING OF HOISINGTON	259 WEST 6TH STREET HOISINGTON, KS 67544

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S3299	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (e) The census equaled 12 residents. Based on record review and interview for all residents receiving meal services, Operator/ Certified Medication Aide (CMA) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 02/25/25 at 09:28 AM with Operator/ CMA A revealed a storage room with two refrigerators and one deep freezer, a kitchen with one refrigerator and one freezer, and a laundry room with one freezer, all containing food. The "Freezer Temperature Log Sheet" monitored all six refrigerator/ freezers in the facility and revealed the following dates were missing: 02/07/25, 02/11/25, 02/12/25, 02/16/25, 02/17/25, 02/20/25, 02/21/25. Interview on 02/26/25 at approximately 09:45 AM with Operator/ CMA A confirmed the "Freezer Temperature Log Sheet" for the six refrigerator/ freezers in the facility containing food were not completed daily in February 2025. Facility "Food Storage" policy dated 2022 recorded, "11. The kitchen staff will be responsible for maintaining the kitchen logs. First shift employees will log refrigerator/ freezer temperatures including storage units."	S3299		

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S3299	Continued From page 3 For all residents of the facility, Operator/ CMA A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		