

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B089093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER GOSHEN HOME CARE DAN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 5745 ROSEHILL RD SHAWNEE, KS 66216		
(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 for the above named facility conducted on 05/14/25.	S 000		
S5315 SS=E	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 ' s or pharmacy provider ' s recommended date of	S5315		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5315	Continued From page 1 expiration. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (h) (1) The facility reported a census of 12 residents. The sample included 3 "Residents". Based on observation, record review and interview the Operator failed to ensure the "Licensed Nurse" (LN) or "Certified Medication Aide" (CMA) stored all medications managed by the home in a locked medication room, cabinet, or medication cart. Only LN or CMAs shall have access to the stored medications. Findings included: - Observation on 05/13/25 at approximately 08:25 AM in the common sitting area was the facility medication cart. There was a locking bolt on each side of the top of the medication cart. Both bolts were observed in the up position. There was not a CMA close to the cart. The CMA was observed to walk to the medication cart and away from the medication cart without locking the cart. - Observation on 05/13/25 at approximately 08:55 AM of the facility medication cart sitting in the common sitting area, the drawers on the medication cart freely opened and there were resident medications stored in the unsecured medication cart.	S5315		

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S5315	Continued From page 2 - Record review for R2 revealed an admission date of 10/18/22 with diagnoses of Alzheimer's disease, anxiety, and major depressive disorder. Review of R2's "Functional Capacity Screen" (FCS) dated 10/13/24 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R2 lacked the ability to manage her own medications and was incontinent. R2 had impaired short-term memory, impaired long-term memory, impaired memory/recall, and impaired decision making. She rarely or never could make herself understood and she rarely or never understood others. Review of R2's combined "Negotiated Service Agreement" (NSA)/" Health Service Plan" (HSP) dated 10/13/24 instructed the facility CMA or LN to administer all of R2's medications and medical treatments. Observation on 05/14/25 at approximately 02:45 PM of R2's bathroom, on the shelf in front of the toilet were three tubes of Calmoseptine, a topical ointment that acts as a moisture barrier to protect and help heal skin irritations. - Record review for R3 revealed an admission date of 03/30/23 with diagnoses of dementia, senile degeneration of the brain, depression, anxiety, insomnia, hypertension, and transient cerebral ischemic attack. Review for R3's FCS dated 03/18/25 revealed R3 required physical assistance with bathing,	S5315		

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S5315	Continued From page 3 dressing, toileting, transferring, walking/mobility, and eating. R3 lacked the ability to manage her own medications and was incontinent. R3 had impaired short-term memory, impaired long-term memory, impaired memory/recall, and impaired decision making. She was sometimes able to make herself understood and she sometimes understood others. Review of R3's combined NSA/HSP dated 03/18/25 instructed the facility CMA or LN to administer all of R3's medications and medical treatments. Observation on 05/14/25 at approximately 02:50 PM of R3's bedroom dresser revealed a box of Derma Skin protectant wipes. Interview on 05/14/25 at approximately 03:10 PM with Operator A and LN B confirmed the medication cart was not locked and should be, and further confirmed all over the counter medications should be in the medication cart. The Operator failed to ensure the "Licensed Nurse" (LN) or "Certified Medication Aide" (CMA) stored all medications managed by the home in a locked medication room, cabinet, or medication cart. Only LN or CMAs shall have access to the stored medications.	S5315		