STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B006004	A. BUILDING: _____ B. WING _____	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORTON HOUSE	1126 S HORTON FORT SCOTT, KS 66701

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 05/20/25 and 05/21/25.	S 000		
S5190 SS=F	26-42-206 (d) Dietary Services (d)(1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-206 (d) (1) The facility reported a census 9 residents. Based on observation and interview the operator failed to ensure the homes menu plans were available to each resident on at least a weekly basis. Findings included: - Observation on 05/20/25 at approximately 01:25 PM of the common living room, was a white wipe board with "Daily Menu" written on it. Interview on 05/20/25 at approximately 01:40 PM with Dietary staff B, confirmed the weekly menu was not posted in the common area at the time of the survey. Interview on 05/21/25 at approximately 03:30 PM with facility President A confirmed the weekly menu was not posted at the time of the survey process.	S5190		

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

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S5190	Continued From page 1 The operator failed to ensure the homes menu plans were available to each resident on at least a weekly basis.	S5190		
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 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: K.A.R. 26-42-206 (e) The facility reported a census 9 residents. Based on record review and interview, the operator failed to ensure food served to the residents was served at the proper temperature. Findings included:	S5192		

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S5192	Continued From page 2 - Record review of the facility provided documents titled "Food Temperature Log" revealed the following dates lacked documentation of food temperatures being obtained: 04/15/25 Breakfast and Dinner 04/16/25 Breakfast and Dinner 04/17/25 Dinner 04/18/25 Breakfast, Lunch and Dinner 04/22/25 Lunch 04/24/25 Breakfast, Lunch and Dinner 04/28/25 Dinner 04/29/25 Breakfast 05/11/25 Breakfast and Dinner 05/13/25 Dinner 05/14/25 Lunch and Dinner 05/16/25 Breakfast. Lunch and Dinner 05/17/25 Lunch and Dinner 05/18/25 Breakfast 05/20/25 Breakfast and Lunch Interview on 05/20/25 at approximately 01:40 PM with Dietary staff B confirmed the "Food Temperature Log" lacked documentation of the food temperatures being obtained for every meal. The operator failed to ensure food served to the residents was served at the proper temperature.	S5192		
S5301 SS=F	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared;	S5301		

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S5301	Continued From page 3 (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (d) (3) (D) The facility reported a census 9 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on observation, interview and record review, the operator failed to ensure the "Certified Medication Aides'" (CMA)s documented the administration of each resident's medication in the "Medication Administration Record" (MAR) immediately before or following completion of the task for R's 1, 2, and 3. Findings included: - Record Review for R1 revealed an admission date of 08/01/24 with diagnoses of Bipolar I disorder, cognitive disorder, dementia in Alzheimer's Disease with depression, and pain disorder. Review of R1's "Functional Capacity Screen"	S5301		

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S5301	Continued From page 4 (FCS) dated 08/01/24 revealed R1 lacked the ability to manage her own medications and medical treatments. Review of R1's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) dated 08/01/24 identified the LN or the CMA would administer all of R1's medications. Review of R1's medical record revealed R1's MAR dated 04/2025 with an order for the administration of Cipro 500 milligrams 1 tablet by mouth twice daily for 7 days for the treatment of a urinary tract infection, with an order date of 04/11/25. The MAR lacked documentation of the Cipro being administered twice daily on the following days; 04/12/25 the 08:00 AM and the 08:00 PM dose lacked documentation of being administered. 04/13/25 the 08:00 AM and the 08:00 PM dose lacked documentation of being administered. 04/14/25 the 08:00 AM dose lacked documentation of being administered. 04/15/25 the 08:00 AM dose lacked documentation of being administered. 04/16/26 the 08:00 AM dose lacked documentation of being administered. 04/18/25 the 08:00 AM and the 08:00 PM dose lacked documentation of being administered. On 05/21/22 record review of R1's MAR for 05/2025 revealed the following medications lacked documentation of being administered. On 05/05/25 Melatonin 5 milligrams at 08:00 PM a supplement for sleep On 05/05/25 Memantine 5 milligrams at 08:00	S5301		

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S5301	Continued From page 5 PM a medication for dementia On 05/05/25 Ziprasidone 80 milligrams at 08:00 PM a medication for Bipolar disorder On 05/08/25 Alprazolam 1 milligram at 08:00 PM a medication for anxiety On 05/09/25 Levothyroxine 50 microgram at 08:00 AM a medication for hypothyroidism On 05/20/25 and 05/21/25 R1's MAR lacked documentation of the following medications being administered at 08:00 AM; Alprazolam 1 milligram, Hydrocodone-Acetaminophen 10/325 milligrams, Levothyroxine 50 micrograms, Memantine 5 milligrams, Multivitamin 50 plus, and Ziprasidone 80 milligrams. Review of R1's medical record under the "Nurse Notes" tab lacked documentation of the reason R1's medications were not documented as being administered. - Record Review for R2 revealed an admission date of 06/27/24 with diagnoses of cerebral vascular accident with left sided weakness, hypertension, coronary artery disease, spinal stenosis, chronic kidney disease stage two and insomnia. Review of R2's "Functional Capacity Screen" (FCS) dated 06/27/24 revealed R1 lacked the ability to manage his own medications and medical treatments. Review of R1's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP)	S5301		

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S5301	Continued From page 6 dated 06/27/24 identified the LN or the CMA would administer all of R2's medications. On 05/21/25 record review of R2's MAR dated 05/25 revealed the following medications lacked documentation of being administered on 05/20/25 and 05/21/25 at 08:00 AM; Acetaminophen two 325 milligram tablets, Alfuzosin 10 milligrams, Aspirin 81 milligrams, Ayr Saline Nasal Gel, Clopidogrel 75 milligrams, Docusate Sodium 100 milligrams, Pantoprazole 40 milligrams, Miralax 3350 powder, Toviax 8 milligrams, and Voltaren Gel. Buspiorne 5 milligrams lacked documentation of being administered at 12:00 PM on the following days; 05/03/25 05/08/25 05/09/25 05/11/25 05/13/25 05/16/25 05/20/25 Furosemide 20 milligrams lacked documentation of being administered on 05/19/25. - Review of R2's medical record under the "Nurse Notes" tab lacked documentation of the reason R2's medications were not documented as being administered. Record review for R3 revealed an admission date of 12/08/22 with diagnoses of vascular	S5301		

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S5301	Continued From page 7	S5301		

dementia, hypertension, and generalized anxiety disorder.

Review of R's 3 "Functional Capacity Screen" (FCS) dated 08/01/24 revealed R1 lacked the ability to manage her own medications and medical treatments.

Review of R3's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) dated 08/01/24 identified the LN or the CMA would administer all medications and medical treatments.

On 05/21/25 record review of R3's MAR dated 05/25 revealed the following medications lacked documentation of being administered on 05/20/25 and 05/21/25 at 08:00 AM;

Losartan 25 milligrams, Amlodipine 5 milligrams, Eliquis 5 milligrams, Klor-Con M10 extended release 10 milli equivalent,

Diltiazem 30 milligrams and a current pulse rate lacked documentation of being administered/performed on 05/20/25 and 05/21/25

Miralax 3350 Powder lacked documentation of being administered 05/14/25, 05/20/25 and 05/25/25.

Review of R3's medical record under the "Nurse Notes" tab lacked documentation of the reason R3's medications were not documented as being administered.

Observation on 05/21/25 at approximately 08:30

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S5301	Continued From page 8 AM of CMA D placing medications from the pharmacy packaging into clear medications cups labeled with only the first name of the residents on a metal tray. She takes the medications one at a time and she did not document in the MAR binder when she placed the medications in the clear medication cups, nor did she document in the MAR after taking the medication cups to the residents. The MAR binder was observed in a clear plastic holder on the wall located next to secured medication door in the nurse office. Interview on 05/21/25 at approximately 03:30 PM with facility President A confirmed the MAR's for R's 1, 2, and 3 lacked documentation of the facility managed medications being administered consistently. The operator failed to ensure the CMAs documented the administration of each resident's medication in the MAR immediately before or following completion of the task for R's 1, 2, and 3.	S5301		
S5315 SS=F	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	S5315		

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S5315	Continued From page 9 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 expiration. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (h) (1) The facility reported a census 9 residents. Based on observation and interview, the operator failed to ensure the "Licensed Nurse" (LN) and "Certified Medication Aides'" (CMA)s shall store non-controlled medications managed by the home in a locked medication room, cabinet, or medication cart. Only LN and CMAs shall have access to the stored medications. Findings included:	S5315		

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S5315	Continued From page 10 - Observation on 05/20/25 at approximately 01:25 PM of the common resident bathroom located on the west side of the home, a set of shelves across from the shower with blue plastic baskets that held toiletries. In one basked was a bottle of "Medline Dermal Wound Cleanser" that lacked a resident name. Interview on 05/21/25 with facility President A confirmed all medications managed by the home were to be secured. The operator failed to ensure the LN and CMAs shall store non-controlled medications managed by the home in a locked medication room, cabinet, or medication cart. Only LN and CMAs shall have access to the stored medications.	S5315		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-437 (a) The facility reported a census 9 residents. Based on observation and interview the operator failed	S5335		

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S5335	Continued From page 11 to ensure the home was maintained to protect the safety of the residents. Findings included: - Observation on 05/20/25 at approximately 01:25 PM of the common resident bathroom located on the west side of the home, a set of shelves across from the shower revealed the following unsecured chemicals located on the bottom shelf; 1 Container of Great Value Disinfectant wipes 1 spray bottle of Great Value Cleaner Observation on 05/20/25 at approximately 01:35 in the common bathroom located on the east side of the home in the cabinets that freely opened, in the northeast corner of the bathroom were the following unsecured chemicals; 1 bottle of Lysol Cleaner spray 1 bottle of Spray Glass cleaner Interview on 05/21/25 at approximately 03:30 PM with facility President A confirmed all chemicals should be secured. The operator failed to ensure the home was maintained to protect the safety of the residents.	S5335		