STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B058003	A. BUILDING: _____ B. WING _____	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LIGHTHOUSE	1189 HWY 77 MARYSVILLE, KS 66508

(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 represents the findings of a resurvey for the above named home plus facility conducted on 05/28/25-05/29/25.	S 000		
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: KAR 26-42-206(e) The facility reported a census of seven residents. The facility had a kitchen where food was prepared and served to all residents. Based on record review and interview the operator failed to ensure food was served at the proper temperature. Findings included:	S5192		

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

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S5192	Continued From page 1 - Observation of kitchen on 05/28/25 at 12:09 PM revealed an upper kitchen cabinet door with a temperature log taped on inside of door. Review of the food temperature log revealed the log lacked evidence of documentation staff obtained food temperatures before serving food to the residents for all days since November 13, 2024. On 05/28/25 at 12:09 PM Administrative Staff A confirmed the food temperature log lacked evidence of documentation food was served at proper temperature for each meal since 11/13/24. The 2024 Kansas Department of Agriculture's "Focus on Food Safety" booklet instructed on page nine to monitor temperatures of foods to prevent foodborne illnesses. Page 16 described "minimum hot holding temperature is 135 degrees Fahrenheit (F)" and "maximum cold holding temperature is 41 degrees F." On 05/28/25 at 02:55 PM Administrative Staff A stated the facility does not have a policy regarding medication labeling. The operator failed to ensure food was served at the proper temperature.	S5192		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a	S5195		

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S5195	Continued From page 2 three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of seven residents. The facility had a kitchen where food was stored, prepared, and served to all residents. Based on observation and interview the operator failed to ensure foods were stored under safe conditions. Findings included: - Observation on 05/28/25 at 12:01 PM revealed cabinets in the facility's kitchen which contained food items for the residents. The tall double door pantry contained one gallon of apple cider vinegar with best by date of 04/20/23, and one 1.5-ounce container of nutmeg with best by date of 05/24/25. On 05/28/25 at 12:01 PM Certified Medication Aide (CMA) C confirmed the foods were past best by dates and/or unsealed. Observation on 05/28/25 at 12:22 PM revealed a refrigerator in the facility's kitchen which contained food items for the residents. A temperature log was posted inside a kitchen cabinet with no recorded temperatures since November of 2024. The following foods were located in the refrigerator: One two-ounce package budding beef unsealed One zippered bag of sliced yellow cheese dated	S5195		

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S5195	Continued From page 3 "5/9" One 24 ounce container of sour cream undated One 36 fluid ounce container of ranch dressing with best by date of 03/25/25 One 48 fluid ounce container of mayo undated One 20 ounce container of mustard with best by date of 12/21/24 7 individual sized bowls of a pink dessert undated On 05/28/25 at approximately 12:28 PM CMA C confirmed the foods were undated, unsealed, and/or past use date. The August 2024 Kansas Department of Agriculture's "Focus on Food Safety" booklet documented on page 21 that commercially prepared foods must be date marked after the original container was opened and held under refrigeration. Food could be held under refrigeration for seven days. Foods prepared on site must be labeled and date marked for consumption or discarded within 24 hours. On 05/28/25 at 02:55 PM Administrative Staff A stated the facility does not have a policy regarding food storage. The operator failed to ensure foods were stored under safe conditions.	S5195		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of	S5215		

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S5215	Continued From page 4 employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of seven residents. Based on interview and record review the operator failed to provide quarterly reviews of the facility's emergency management plan with all residents. Findings included: - Review on 05/28/25 at 02:50 PM of the facility's quarterly reviews of the emergency management plan (EMP) with staff and residents revealed the 07/05/24, 10/05/24, and 01/05/25 review was completed with staff but no residents. On 05/28/25 at 02:50 PM Certified Medication Aide B confirmed quarterly reviews of the facility's emergency management plan was not conducted with residents for all quarterly reviews.	S5215		

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S5215	Continued From page 5 On 05/28/25 at 02:55 PM Administrative Staff A stated the facility does not have a policy regarding EMP quarterly reviews. The operator failed to provide quarterly reviews of the facility's emergency management plan with all residents.	S5215		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of seven residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for three of three	S5230		

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S5230	Continued From page 6 newly hired staff and Resident (R)3. Findings included: - Record review for R3 revealed an admission date of 03/26/25. Her record lacked evidence of documentation of TB testing completed upon admission. On 05/28/25 at 02:16 PM Administrative Staff A confirmed R3's record lacked documentation of TB symptom screening completed upon admission. - Review of Unlicensed Staff D's employee record revealed a hire date of 11/24/24 and lacked evidence of documentation of completed TB testing. A first step was administered 12/02/24 and read 12/04/24. A second step was not completed within one to three weeks. - Review of Certified Medication Aide (CMA) B's employee record revealed a hire date of 06/11/24 and lacked evidence of documentation of completed TB testing per guidelines. A first step was administered 02/03/25 and read 02/06/25. The second step was administered 02/25/25 and read 02/27/25. - Review of Certified Nurse Aide (CNA) E's employee record revealed a hire date of 02/18/25 and lacked evidence of documentation of TB testing. The results were requested which the facility failed to provide. On 05/28/25 at 01:52 PM Administrative Staff A confirmed all three staff records lacked documentation of TB two step skin testing	S5230		

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S5230	Continued From page 7 completed upon hire. The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented each new resident and employee shall receive a two-step skin test within seven days of employment or residency. On 05/28/25 at 02:55 PM Administrative Staff A stated the facility does not have a policy regarding TB testing and screening. The operator failed to ensure the facility remained in compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105, which had the potential to affect all residents.	S5230		
S5312 SS=D	26-42-205 (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 26-42-205(g)(2) The facility reported a census of seven residents. Based on observation and interview the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container of one prescription medication. Findings included:	S5312		

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S5312	Continued From page 8 - Observation on 05/28/25 at approximately 12:45 PM revealed Certified Medication Aide B unlocked and opened the medication cabinet where the medications for the residents were stored. One 300 unit Lantus insulin pen was not labeled with a dispensing pharmacist label. On 05/28/25 at approximately 12:46 PM Certified Medication Aide B confirmed the insulin pen was not labeled with a pharmacist affixed label. On 05/28/25 at approximately 12:46 PM Administrative Staff A confirmed the insulin pen was not labeled with a pharmacist affixed label. On 05/28/25 at 02:55 PM Administrative Staff A stated the facility does not have a policy regarding medication labeling. The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S5312		
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 licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and	S5313		

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S5313	Continued From page 9 the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of seven residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages of three over-the-counter (OTC) medications. Findings included: - Observation on 05/28/25 at 12:39 PM revealed Certified Medication Aide B unlocked and opened the medication cabinet where the medications for the residents were stored. One bottle of AZO 120 capsules, one bottle of 100 Vitafusion Calcium gummies, and one bottle of acetaminophen 500 milligram, 100 caplets were not labeled with residents' full names. On 05/28/25 at 12:39 PM Administrative Staff A confirmed the OTC medications were not labeled with residents' full names. - Observation on 05/28/25 at 11:56 AM revealed an unlockable cabinet in the south public bathroom which contained one four-ounce tube of calmosteptine without a resident's name. On 05/28/25 at 12:34 PM Administrative Staff A confirmed the OTC medication was not labeled with a resident's full name.	S5313		

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S5313	Continued From page 10 On 05/28/25 at 02:55 PM Administrative Staff A stated the facility does not have a policy regarding medication labeling. The operator failed to ensure three OTC medications were labeled with the residents' full names.	S5313		