

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER SPARKLING FOUNTAIN HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 8525 SWITZER RD OVERLAND PARK, KS 66214		
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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named home plus conducted on 08/05/25 and 08/06/25.	S 000		
S5105 SS=D	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1)(2) The facility reported a census of seven residents with three included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R) 1 described the services and named the provider for management of enema treatments.	S5105		

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

TITLE

(X6) DATE

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S5105	Continued From page 1 Findings included: - Record review for R1 revealed an admission date of 02/09/22 with diagnoses of pain, constipation, and diabetes. The 12/16/24 "FCS" identified R1 required physical assistance with toileting and was unable to perform management of treatments. The 12/16/24 "NSA" identified R3 received total assistance from facility staff for toileting and peri-care. The "NSA" failed to describe services for enema treatments and identify the provider of the services. The 05/03 at 06:16 PM "Nurse Note" by Administrative Staff A documented R1 continued with enemas as needed to help with bowel regulation. On 08/06/25 at 10:57 AM Administrative Staff A stated R1 self-managed his own enema treatments twice daily and confirmed the "NSA" failed to describe and identify R1 managed his own enema treatments. The undated facility's "Negotiated Service Agreement" policy documented the "NSA" would contain a description of the services the resident received and identify the provider of the services. The operator failed to ensure the "NSA" for R1 described the services and named the provider for management of enema treatments.	S5105		

Kansas Department on Aging

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S5116	Continued From page 2	S5116		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2) 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 designated staff revised the "Negotiated Service Agreement" (NSA) for Resident (R) 3 following a significant change. Findings included: - Record review for R3 revealed an admission date of 06/06/23 with diagnoses of dementia with behaviors and traumatic brain injury. The 02/03/25 "Functional Capacity Screen"	S5116 S5116		

Kansas Department on Aging

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S5116	Continued From page 3 (FCS) identified R3 was unable to perform transfers and walking/mobility. The 02/03/25 "NSA" identified R3 received assistance of two staff using a mechanical lift for transfers and moderate assistance from facility staff with a wheelchair for walking/mobility. The "NSA" documented physical and occupational therapy would evaluate and treat as needed. On 08/06/25 at approximately 12:53 PM Administrative Nurse B stated R3 no longer received physical and occupational therapy and confirmed her "NSA" had not been updated to reflect the change. The undated facility's "Negotiated Service Agreement" policy documented the "NSA" was reviewed following any significant change in condition. The operator failed to ensure designated staff reviewed and if necessary, revised the "NSA" for R3 following a significant change.	S5116		
S5135 SS=F	26-42-203 (a) Range of Services (a) Range of services. The administrator or operator of each home plus shall ensure the provision or coordination of the range of services specified in each resident ' s negotiated service agreement. The range of services may include the following: (1) Daily meal service based on each resident's needs; (2) health care services based on an assessment by a licensed nurse and in accordance with K.A.R. 26-42-204;	S5135		

Kansas Department on Aging

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S5135	Continued From page 4 (3) housekeeping services essential for the health, comfort, and safety of each resident; (4) medical, dental, and social transportation; (5) planned group and individual activities that meet the needs and interests of each resident; and (6) other services necessary to support the health and safety of each resident. This REQUIREMENT is not met as evidenced by: KAR 26-42-203(a)(6) The facility reported a census of seven residents. Based on observation and interview the operator failed to keep the front door always shut and secure to ensure the safety of the residents. Findings included: - Observation on 08/05/25 at 09:55 AM revealed the front door to the facility was open with a gap approximately 4-6 inches wide which left the building accessible to the public allowing free entry for two persons without the need to knock or ring a doorbell from the outside. Certified Nurse Aide (CNA) D was present in the common area of the facility with no other staff in sight. On 08/05/25 at approximately 09:58 AM CNA C entered the front door and stated she left the door open because she went out to her car to get some water. On 08/06/25 at 09:57 AM Administrative Staff A stated he expected staff to keep the doors shut	S5135		

Kansas Department on Aging

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S5135	Continued From page 5 and always secured. He stated staff "sometimes forgot and propped open the door to get something from their car." The undated facility's "Residential Setting" policy documented for staff and residents' safety only residents and staff members were able to let outsiders into the building. The operator failed to keep the front door always shut and secure to ensure the safety of the residents.	S5135		
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)	S5192		

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S5192	Continued From page 6 The facility reported a census of seven residents. Based on record review and interview the operator failed to ensure designated staff served food at the proper temperature to prevent bacterial growth. Findings included: Review of the "Food Temperature Record" provided by the facility for the months of July and August 2025 revealed instructions at the top which read "Record food temperature and identify the cook at the beginning of each meal service." The record lacked evidence of documentation of food temperatures for all three meals on 07/06/25 and 07/07/25 which was six meals the residents were at risk for bacterial infection. The space to write the name of the cook was blank for all 31 days of July and for the first five days, until the start of the survey, for August. On 08/06/25 at approximately 12:53 PM Administrative Nurse B confirmed the food temperature log lacked evidence of documentation staff served food at the proper temperature for all three meals on 07/06/25 and 07/07/25. The undated facility's "Safe Food Handling and Storage" policy documented foods must be cooked at a temperature of 165 degrees or more. The operator failed to ensure designated staff served all cold food items within safe temperatures.	S5192		

Kansas Department on Aging

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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 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 staff stored, prepared, and served food to the residents. Based on observation and interview the operator failed to ensure designated staff stored food items under safe conditions. Findings included: - Observation on 08/05/25 at 10:05 AM revealed a refrigerator in the kitchen that contained the following food items for the residents: One opened 8-ounce (oz) Glucerna chocolate flavored shake lacked open date One opened plastic package of sliced ham lacked open date One opened 12-oz can of Fanta orange flavored beverage lacked open date One opened 6-oz can of tomato paste with metal lid lacked open date One zip-close storage bag contained ½ onion,	S5195		

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S5195	Continued From page 8 lacked prepared date One opened plastic bottle of chocolate syrup with a handwritten date which read "03/01/24" One 15-oz spray can of whipped cream with stamped expiration date of 03/14/24 had a handwritten date of 05/28/25 One opened gallon of milk lacked open date One opened 7.25-oz of chocolate fudge Magic Shell with stamped expiration date of 11/02/24 had a handwritten date of 03/5/24 One bottle of ranch-flavored salad dressing with stamped expiration of 10/17/24 One 1-serving size applesauce opened with foil lid loosely attached lacked open date One square plastic container with appeared to be cooked rice lacked label to identify contents and lacked prepared date On 08/05/25 at approximately 12:05 PM Administrative Staff A confirmed some food items in the refrigerator lacked labels indicating dates and/or contents inside. Some dated foods were past seven since days since preparation or opening the containers and some food items were past the manufacturer's stamped expiration date. The undated facility's "Safe Food Handling and Storage" policy documented food items must be labeled with the name and preparation date and must be thrown away if refrigerated more than three days from the preparation date. Dietary guidelines for Americans 2005 recommends the following: refrigerated leftovers may become unsafe within 3 to 4 days. Despite the appearance of a food, it may not be safe to eat.	S5195		

Kansas Department on Aging

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S5195	Continued From page 9 The operator failed to ensure designated staff stored food items 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 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 the residents. Findings included:	S5215		

Kansas Department on Aging

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S5215	Continued From page 10 - Review of the facility's emergency management plan revealed lack of evidence of documentation the residents received reviews of the plan each quarter since the previous survey. On 08/05/25 at 10:48 PM Administrative Staff A confirmed the emergency management plan lacked evidence of documentation the residents received quarterly reviews of the plan. The undated facility's "Environmental Emergencies" policy documented "policies will be reviewed quarterly and annually." The operator failed to provide quarterly reviews of the facility's emergency management plan with the residents.	S5215		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of eight residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure designated staff documented open skin wounds for Resident	S5251		

Kansas Department on Aging

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S5251	Continued From page 11 (R) 1, a pressure ulcer and behaviors requiring as needed medication for R2, and any nursing notes except one for R3 for 365 days including when she suffered cough symptoms and required an antibiotic. Findings included: - Record review for R1 revealed an admission date of 02/09/22 with diagnoses of diabetes and pain. The 12/16/24 "Functional Capacity Screen" (FCS) identified R1 was unable to perform management of treatments. The 12/16/24 "Negotiated Service Agreement" (NSA) identified R1 received assistance with management of treatments by facility staff. Review of "Charting Notes" from 10/22/24 to 08/05/25 (start of the survey) revealed the following: The 10/22/24 at 07:30 AM "Nurse Note" by Administrative Staff A documented overnight staff reported they observed blood on R1's socks when assisted him out of bed. Nurse assessment revealed an open area to R1's right heel that measured 2.5 (centimeters) cm x 2.0 cm x 0.25 cm with "undermining cut in the middle." R1 stated he slipped from stepping wrongly on the mechanical lift but did not notice an injury at the time or report it to staff. R1's Primary Care Provider (PCP) notified for orders. The 10/26/24 at 10:36 PM (four days later)	S5251		

Kansas Department on Aging

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S5251	Continued From page 12 "Nurse Note" by Administrative Staff A documented R1's PCP called with orders to cleanse the area with wound cleanser, pat dry, apply calcium alginate to the open area, cover with a 4x4 inch dressing for cushioning, and change every three days and as needed. The 10/28/24 at 03:48 PM (six days after wound first observed) "Nurse Note" by Administrative Staff A documented the PCP was at the facility to see R1. Orders received to consult with a wound clinic for right heel wound. The 11/05/24 at 04:00 PM by "Nurse Note" by Administrative Staff A documented he received orders for R1 to begin Keflex (antibiotic) 250 mg by mouth for 10 days for right heel wound. The 11/26/24 at 02:35 PM "Nurse Note" by Administrative Staff A documented R1's right heel wound appeared darker in color with no drainage noted on dressing and had not improved. R1's PCP notified with orders received to transport R1 to the hospital. The 11/29/24 at 06:19 PM "Nurse Note" by Administrative Staff A documented R1 arrived back to the facility. The 12/02/24 at 11:17 AM and 08:54 PM "Nurses Notes" by Administrative Staff A documented he changed the wound dressing with no drainage or signs of infection noted. R1 transferred to an in-stay rehabilitation unit for approximately 10 days. The 12/16/24 at 01:02 PM "Nurse Note" by Administrative Staff A documented R1 returned	S5251		

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S5251	Continued From page 13 from a stay at a rehabilitation unit with wound care instructions for his right heel. Review of R1's record from 12/16/24 to 02/24/25 (70 days) lacked evidence of documentation by a facility licensed nurse of R1's right heel wound size (length, width, and depth), odor, tissue characteristics (including drainage, granulation), and any signs of infection. The 02/24/25 at 07:02 PM "Nurse Note" by Administrative Staff A documented new orders for right heel wound for R1. Review of R1's record from 02/24/25 to 08/05/25 (162 days) lacked evidence of documentation by a facility licensed nurse of R1's right heel wound size (length, width, and depth), odor, tissue characteristics (including drainage, granulation), and any signs of infection. On 08/06/25 at approximately 11:00 AM Administrative Nurse B stated R1 home health provided catheter changes and wound care. R1 told her his wound had healed. On 08/06/25 at 11:02 AM Administrative Staff A stated he looked at R1's feet two days before. He did not look at R1's wound because a dressing covered it. On 08/06/25 at approximately 12:25 PM stated he currently had two wounds, one on each foot. A home health nurse checked his wounds two times a week. R1 did not name the locations of wounds on his feet. The operator failed to ensure designated staff	S5251		

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S5251	Continued From page 14 documented skin monitoring and interventions by licensed facility staff of wounds after they developed, including wound sizes (length, width, and depth), odor, tissue characteristics (including drainage, granulation), any signs of infection including the date, time of occurrence, action taken and results of the action. - Record review for R2 revealed an admission date of 12/18/24 with diagnoses of dementia with behaviors, insomnia, and psychosis. The 02/20/25 "FCS" identified R2 was unable to perform management of treatments. The "FCS" failed to accurately reflect R2 was at risk for behaviors. The 12/16/24 "NSA" identified R2 received assistance with management of treatments by facility staff. The "NSA" failed to describe services R2 received for behaviors. Review of "Charting Notes" from 12/20/24 (admission) to 08/05/25 (start of the survey) revealed the following: The 12/20/24 at 12:00 PM and 07:00 PM "Nurse Note" by Administrative Nurse B documented R2 admitted to the facility. No skin issues were noted. The 03/23/25 at 04:59 PM "Nurse Note" by Administrative Staff A documented R2 continued to have episodes of crying, asked for husband and daughter, and resisted cares. The 07/15/25 at 08:36 PM "Nurse Note" by Licensed Nurse F documented R2 continued on	S5251		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER SPARKLING FOUNTAIN HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 8525 SWITZER RD OVERLAND PARK, KS 66214		
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S5251	Continued From page 15 antibiotics for a wound to her left back hip. The wound bed had 1-25% red granulation and 50-75% yellow slough with a moderate amount of serosanguineous drainage with no odor noted. Wound edges were well defined, and surrounding skin was pink and blanchable. The 07/20/25 at 02:58 PM "Nurse Note" by Licensed Nurse F documented R2 "continued" on antibiotics for a left hip wound infection. The July 2025 "Electronic Medication Administration Record" (EMAR) for R2 documented an order written on 05/08/25 for lorazepam (antianxiety) 0.5 milligrams (mg) every four hours as needed for agitation. The EMAR documented R2 received lorazepam as needed daily from 07/01/25 to 07/05/25, 07/07/25 to 07/15/25, and on 07/22/25 and 07/24/25. Review of R2's record from 07/01/25 to 07/31/25 lacked evidence of documentation of all incidents and symptoms when she exhibited agitation including date, time of occurrence, action taken, and results of the action that required administration of lorazepam as needed 16 times during the month of July. Review of R2's record from 12/20/24 to 07/15/25 (earliest wound note) which was 207 days, lacked evidence of documentation of skin monitoring and interventions to prevent pressure wounds by licensed facility staff prior to pressure wound and lacked evidence of documentation of the left hip pressure wound after it developed, including time of origin, wound sizes (length, width, and depth), odor, tissue characteristics	S5251		

Kansas Department on Aging

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S5251	Continued From page 16 (including drainage, granulation), any signs of infection, including the date, time of occurrence, action taken and results of the action. Review of R2's from 07/20/25 (most recent wound note) to 08/05/25 (start of survey) lacked evidence of documentation by licensed facility staff of the left hip pressure wound including time of origin, wound sizes (length, width, and depth), odor, tissue characteristics (including drainage, granulation), any signs of infection, including the date, time of occurrence, action taken and results of the action. Observation on 08/05/25 at 01:25 PM revealed Administrative Staff A by R2's bed changing her left hip dressing with two staff at her bedside to assist. R2's left hip had an open area that was approximately 0.2 x 0.2 cm. The surrounding skin was red approximately 1.0 x 1.0 cm. R2 cooperated with care but stated, "Please don't do that." On 08/06/25 at 11:20 AM Administrative Staff A stated he was not sure when R2 first developed the wound on her left hip. On 08/06/25 at 11:36 AM Administrative Nurse B confirmed R2's record lacked evidence of documentation when a wound developed on her left hip. The operator failed to ensure designated staff documented skin monitoring and interventions to prevent pressure wounds prior to one developing on R2's left hip and lacked evidence of documentation of the left hip pressure wound after it developed, including time of origin, wound	S5251		

Kansas Department on Aging

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S5251	Continued From page 17 sizes (length, width, and depth), odor, tissue characteristics (including drainage, granulation), any signs of infection, including the date, time of occurrence, action taken and results of the action. - Record review for R3 revealed an admission date of 06/06/23 with diagnoses of dementia with behaviors and traumatic brain injury. The 02/03/25 "FCS" identified R3 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, and management of medications and treatments. She required physical assistance with eating and was incontinent of bladder. She had short-term memory, memory/recall, and decision-making cognitive difficulties and was marked at risk for falls, impaired vision, and impaired decision-making. The 02/03/25 "NSA" identified R3 received total assistance from staff for bathing twice a week and dressing. She received staff assistance with toileting and assistance of two staff and used a mechanical lift for transfers. R3 received moderate assistance with her wheelchair for walking/mobility and staff cut up food items and fed her for eating. Facility staff managed medications and treatments, assisted to change soiled incontinence products and with pericare. R3 received frequent re-orientation on the situation and activity for cognitive difficulties and had a motion on while she was in her room to prevent falls. R3 was legally blind and staff provided explanations what they were about to do. She had a Durable Power of Attorney (DPOA) for impaired decision-making.	S5251		

Kansas Department on Aging

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S5251	Continued From page 18 Review of "Nurses Notes" from 03/11/24 to 07/10/24 (150 days) for R3 lacked evidence of documentation by a licensed nurse of all incidents, symptoms, and other indication of illness or injury including the date, time of occurrence, action taken, and results of the action. Review of "Nurses Notes" from 08/05/24 to 08/05/25 (365 days) for R3 revealed only one "Nurse Note" on 04/29/25 by Administrative Nurse B which documented R3 had increase in phlegm and started to choke during dinner but was able to cough. Facility staff elevated her arms and applied a cold face rub. The coughing decreased. Hospice was notified. On 08/06/25 at approximately 12:53 PM Administrative Staff A confirmed R3's record lacked evidence of documentation by a licensed nurse of all incidents, symptoms, and other indication of illness or injury including the date, time of occurrence, action taken, and results of the action, including when she recently developed a cough, her PCP was notified, and she took an antibiotic for the infection. The operator failed to ensure licensed facility staff documented all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action for R3. The facility's undated "Policies and Procedures" did not address documentation by licensed staff for all incidents, symptoms, and other indications of illness or injury including the date, time of	S5251		

Kansas Department on Aging

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S5251	Continued From page 19 occurrence, action taken, and results of the action. The operator failed to ensure designated staff documented open skin wounds for R1, a pressure ulcer and behaviors requiring as needed medication for R2, and any nursing notes except one for R3 for 365 days including when she suffered cough symptoms and required an antibiotic.	S5251		
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; (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: KAR 26-42-205(d)(3)(A)	S5301		

Kansas Department on Aging

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S5301	Continued From page 20 The facility reported a census of seven residents. Based on observation and interview the operator failed to ensure licensed nurses and/or medication aides only administered medications they had personally prepared. Findings included: - Observation 08/05/25 at 10:58 AM Administrative Staff A unlocked and opened the medication cart. In the first drawer of the cart was a pill organizer labeled with a resident's name that contained several loose medications. In the second drawer of the cart were six pill organizers labeled with residents' names that contained loose medications. On 08/05/25 at approximately 10:58 AM Administrative Staff A was unable to tell how long the medications had been prepared in the pill organizers and was unable to identify the medications. On 08/05/25 at approximately 10:58 AM Administrative Nurse B confirmed the pill organizers contained medications for the residents that had been pre-prepared. The undated facility's "Medication Administration Policy" documented a licensed nurse or medication aide would only administer medications they had personally prepared and adhere to the "five rights" of medication administration which included administering the right medication. The operator failed to ensure licensed nurses	S5301		

Kansas Department on Aging

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S5301	Continued From page 21 and/or medication aides only administered medications they had personally prepared.	S5301		
S5313 SS=F	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 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 and removable containers from the original packages of all over-the-counter (OTC) medications. Findings included: - Observation on 08/05/25 at 10:58 AM revealed Administrative Staff A unlocked and opened the	S5313		

Kansas Department on Aging

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S5313	Continued From page 22 medication cart. The following original packages and removable containers from the original packages of OTC medications were not labeled with residents' full names: One bottle of acetaminophen 500 mg (milligrams), 500 caplets One tube of hemorrhoidal ointment inside a box One tube of Voltaren topical gel inside a box Three opened 8-ounce (oz) bottles of personal lubricant jelly On 08/05/25 at approximately 10:58 AM Administrative Staff A confirmed the OTC medications were not labeled with residents' full names. failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages and removable containers from the original packages of all OTC medications.	S5313		
S5315 SS=D	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	S5315		

Kansas Department on Aging

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S5315	Continued From page 23 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: KAR 26-42-205(h)(4) The facility reported a census of seven residents. Based on observation and interview, the operator failed to ensure designated staff stored four insulin pens accordance with the manufacturer's recommendations. Findings included: - Observation on 08/05/25 at 11:29 AM revealed Administrative Nurse B unlocked and opened the facility's medication refrigerator. Inside the	S5315		

Kansas Department on Aging

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S5315	Continued From page 24 refrigerator was an opened box that contained four insulin glargine pens with stamped expiration dates of 07/2025 which was five days before the start of the survey. On 08/05/25 at approximately 11:29 AM Administrative Nurse B confirmed the insulin pens had expired. The undated facility's "Medication Administration Policy" documented designated staff would not administer medications beyond the manufacturer's or pharmacy provider's recommended date of expiration. The operator failed to ensure designated staff stored four insulin pens accordance with the manufacturer's recommendations.	S5315		
S5316 SS=E	26-42-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations:	S5316		

Kansas Department on Aging

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S5316	Continued From page 25 (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(i) The facility reported a census of seven residents. Based on interview and record review the operator failed to ensure designated staff maintained medication records for an accurate reconciliation when two controlled medications had less than the amount and one controlled medication had more than the amount that was documented. Findings included: - Observations and record review of facility's controlled medications electronic count reconciliation on 08/05/25 at 11:27 AM revealed the following: 1) The electronic count provided by Administrative Nurse B had no signatures. 2) One medication punch card of lorazepam 0.5 milligrams (mg) had 42 tablets left. The electronic count reconciliation documented 44	S5316		

Kansas Department on Aging

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S5316	Continued From page 26 tablets. 3) One medication punch card of oxycodone 5 mg had 11 tablets left. The electronic count reconciliation documented 12 tablets. 4) One medication punch card of pregabalin 75 mg had 19 tablets left. The electronic count reconciliation documented 17 tablets. On 08/05/25 at approximately 11:27 AM Administrative Staff A and Administrative Nurse B confirmed two controlled medications had less than the amount and one controlled medication had more than the amount that was documented. Administrative Nurse B stated the facility's electronic count reconciliation system took a long time to update. On 08/06/25 at 09:50 AM Pharmacist E stated during a phone interview that when she provided on-site review of medications, she checked the medication punch cards and against the inventory listed in the facility's electronic system. The system did not show if two staff signed verification controlled medication counts were correct. She had not heard the electronic system took a long time to update. The undated facility's "Medication Administration Policy" documented two designated staff counted controlled medications at every shift change and signed acknowledgement the count was correct. If the count was not correct, staff notified the nurse immediately. The operator failed to ensure designated staff maintained medication records for an accurate reconciliation when two controlled medications had less than the amount and one controlled	S5316		

Kansas Department on Aging

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S5316	Continued From page 27 medication had more than the amount that was documented.	S5316		