STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087281	A. BUILDING: _____ B. WING _____	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FUSION SENIOR CARE HOMES 3	512 S HORSESHOE BEND MAIZE, KS 67101

(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 an Initial Licensure Resurvey with complaint investigation 196905 for the above named Home Plus Facility conducted on 09/10/25 and 09/11/25.	S 000		
S 160 SS=D	26-39-103 (m) Resident Right Access and Visitation (m) Access and visitation rights. (1) The administrator or operator shall ensure the provision of immediate access to any resident by the following: (A) Any representative of the secretary of the Kansas department on aging; (B) the resident's attending medical care provider; (C) the state long-term care ombudsman; (D) any representative of the secretary of the Kansas department of social and rehabilitation services; (E) immediate family or other relatives of the resident; and (F) others who are visiting with the consent of the resident subject to reasonable restrictions. (2) The administrator or operator shall ensure that each resident is afforded the right to deny or withdraw visitation consent for any person at any time. This REQUIREMENT is not met as evidenced by: KAR 26-39-103 (m)(1)(E)(F)	S 160		

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

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S 160	Continued From page 1 The facility reported a census of five residents. The sample included three residents. Based on interview, and correspondence review, the operator failed to ensure one (R3) of three sampled residents was allowed to have immediate family and other visitors when she moved into the facility. Findings included: - R3's record revealed she moved into the facility on 03/25/25 with a diagnosis of senile dementia. R3's "Functional Capacity Screen" dated 03/25/25 identified she had impaired cognition with impaired decision-making ability. R3's "Negotiated Service Agreement" dated 03/25/25 directed staff to speak slowly and clearly, allow resident to repeat herself, provide cueing and give options to help make day to day decisions. Review of correspondence between R3's legal representative and facility operator revealed the following: On 05/23/25 R3's legal representative emailed Operator A explaining that no one can take R3 out of the facility or given any of her medical information. On 08/09/25 legal representative emailed Operator A explaining which included the names of two people who were able to visit R3. On 08/27/25 R3's legal representative emailed Operator A again explaining that she had prior explained that R3 could have visitors, but no one	S 160		

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S 160	Continued From page 2	S 160		

could take her out of the facility.
On 09/03/25 R3's legal representative sent another email to Operator A explaining she had sent several emails with no response and tried calling the facility and only got the answering machine. "R3 is allowed visitors. Please let your staff know. Visitors are welcome. No one is to take her out nor information given. But visitors are welcome."
On 09/04/25 R3's legal representative sent another email to Operator A to allow visitors/visitation by family and friends for R3.
On 09/06/25 R3's legal representative sent another email to Operator A explaining R3's pastor has tried to come visit and the facility staff is not allowing anyone to see her can you please let them know she is allowed visitors. They would like to come today. Also, she has family that would like to see her. "I have sent several messages that she is allowed visitors. Why is this still continuing?"
On 09/06/25 Operator A responded to the email saying she would post again that R3 could have visitors.

Interview on 09/09/25 at 05:56 PM R3's family member reported other family members were trying to visit her as well as Elders in her church, but staff would not let them visit. On 09/06/25 the facility finally let people from the church visit after phone calls were made.

Interview on 09/10/25 R3's legal representative reported R3 could always have visitors she just couldn't have anyone take her out of the facility. She reported she had sent several emails to Operator A and on 09/06/25 the pastor called and wanted to visit. The legal representative

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S 160	Continued From page 3 reported she called and texted Operator A with no response and called the facility and explained it was OK for R3 to have visitors. Interview on 09/10/25 at 03:30 PM Administrative Staff B confirmed there was a time R3 was not allowed to have visitors but that has now been corrected. The operator failed to protect R3's resident rights related to her ability of immediate family and others to visit her in the facility.	S 160		
S 230 SS=F	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement.	S 230		

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S 230	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-39-102 (b) The facility reported a census of five residents (R). The sample included 3 residents. Based on record review for three (R3, R4, R5) of three sampled residents, and interview for all residents, the operator failed to ensure at the time of admission designated staff informed the resident/legal representative, in writing, the state statutes related to advanced medical directives. Findings Included: - R3's record revealed she moved into the facility on 03/25/25 with diagnosis Alzheimer's disease. R3's record included an "Admission Agreement" dated 03/25/25 and a "Code of Conduct" form dated 03/25/25 but failed to include written information related to the resident's rights to formulate advanced directives. - R4's record revealed she moved into the facility on 12/04/24 with diagnosis of dementia. R4's record included an "Admission Agreement" dated 12/04/24 and a "Code of Conduct form but failed to include written information related to the resident's rights to formulate advanced directives. - R5's record revealed she moved into the facility on 08/01/25 with a diagnosis of post traumatic stress disorder.	S 230		

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S 230	Continued From page 5 R5's record included an "Admission Agreement" and a "Code of Conduct" form dated 08/01/25 but failed to include written information related to the residents' rights to formulate advanced directives. Interview on 09/11/25 at 09:53 AM Administrative Staff B reported upon admission they do the Admission Agreement and a Code of Conduct. Administrative staff B reviewed the Admission Agreement and confirmed it did not include any written documentation related to the state statute and resident's right to formulate advanced medical directives. The operator failed to ensure designated staff provided all residents an/or their legal representative with information regarding advanced directives.	S 230		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c)(2)	S5085		

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S5085	Continued From page 6 The facility reported a census of five residents (R). The sample included three residents. Based on observation, record review, and interview the operator failed to ensure designated staff completed one (R4) of three sampled resident's "Functional Capacity Screen" when the resident had a significant change in condition. Findings included: - R4's medical record revealed she moved into the facility on 12/04/24 with a diagnosis of dementia. R4's "Functional Capacity Screen" dated 12/03/24 identified R4 needed physical assistance with dressing, toileting, transfers, eating, and was unable to manage her medications and medical treatments. Observation on 09/11/25 at 08:50 AM Certified Medication Aide (CMA) E prepared R4's Lantus and Humalog insulin, dialed each pen to appropriate dose and then attached the needles to the pen. CMA E then took the pens to R4 and handed her one pen at a time and she self-injected each pen without difficulty. Observation on 09/11/25 at 11:04 AM R4 walked out of her room using her front wheeled walker and went into the restroom without any assistance and returned to her room a couple minutes later without staff assistance. Observation on 09/11/25 at 11:54 AM R4 came out of her room independently and walked over to the dining room table and sat in one of the	S5085		

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S5085	Continued From page 7	S5085		

chairs waiting for lunch. R4 ate lunch independently without assistance of staff.

Observation on 09/11/25 at 12:38 PM R4 got up out of the dining room chair independently and walked to her room stating she wanted to take a shower. CMA E helped resident with set up for the shower, she called for him when she was ready to get into the shower and then he stepped out and R4 completed her shower independently.

Interview on 09/11/25 at 08:55 AM R4 reported she makes her own bed, gets in and out of bed or her chair by herself and dresses herself without any assistance of staff. She Stated she takes herself to the bathroom and manages without staff helping her. She also had arthritis pain ointment and BioFreeze cream on the table by her chair. R4 said she had hurt her wrist awhile back and she puts the cream on when it starts to bother her.

Interview on 09/11/25 at 10:20 AM CMA E reported we make sure she is in and out of the shower safely, remind her to check her blood sugars and she will tell us what it is and we document it. She does everything else herself.

Interview on 09/11/25 at 02:45 PM Certified Nurse Aide (CNA) F reported R4 only needed help when she is getting in and out of the shower to make sure she is safe otherwise she does everything else herself.

Interview on 09/11/25 at 05:45 PM Administrative Licensed Nurse C reported she had always been told the residents who live her all need some type of assistance. Administrative Licensed

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S5085	Continued From page 8 Nurse C reported at one-point R4 had hurt her wrist and needed more assistance than she does now but confirmed R4 does almost everything herself, but staff are supposed to be with her just incase. The operator failed to ensure designated staff completed R4's functional capacity screen when she went from needing physical assistance with activities of daily living to being independent or needing supervision.	S5085		
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) The facility reported a census of five residents	S5105		

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S5105	Continued From page 9 (R). The sample included three residents. Based on interview, and record review for one (R4) of three sampled residents, the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and service needs that included a description of services to be provided. Findings included: - Review of R4's record revealed she moved into the facility on 12/04/24 with a diagnosis of dementia. R4's "Functional Capacity Screen" dated 12/03/24 identified she had cognitive impairment including short- and long-term memory, memory/recall ability and impaired decision-making. R4's "Negotiated Service Agreement" (NSA) dated 12/03/24 failed to include description of services related to cognitive impairment and noted she had impaired decision-making "at times". Interview on 09/11/25 at 06:34 PM Administrative Licensed Nurse C reviewed R4's NSA and confirmed it did not include a description of services related to cognition. The operator failed to ensure designated staff completed R4's NSA to include a description of services related her impaired cognition as identified on her FCS.	S5105		

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S5116	Continued From page 10	S5116		
S5116 SS=E	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 five residents (R). The sample included three residents. Based on observation, interview and record review the operator failed to ensure staff reviewed and revised two (R3and R4) of three sampled resident's "Negotiated Service Agreement" when the resident had a significant change . Findings Included: - R3 moved into the facility on 03/25/25 with diagnosis of Alzheimer's disease. R3's "Functional Capacity Screen dated 03/25/25	S5116		

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S5116	Continued From page 11 identified she needed physical assistance with all activities of daily living, could not manage her medications or medical treatments, had impaired cognition and had inappropriate behaviors. R3's "Negotiated Service Agreement" (NSA) dated 03/25/25 included services to providing assistance with activities of daily living, and that Certified Medication Aide and Licensed Nurses would administer medications and medical treatments. However, it lacked review/revision of health care service needs when R3 developed a Deep Tissue Injury (pressure induced injury resulting in damage to underlying tissue) to her left heel. Observation on 09/10/25 at 12:29 PM Certified Medication Aide (CMA) D assisted R3 to pivot transfer back into her bed after lunch. Observation revealed R3 did not have a dressing on her left heel, so CMA C removed sock to observe wound. CMA D raised R3's left leg revealing a dark purplish/black open area approximately 2.5 inches in diameter. CMA D reported it was initially a blister that had popped. Interview on 09/11/25 at 09:08 AM Hospice staff reported the area started as a blister which we protected with foam booties and then it popped. Hospice staff reported R3 is supposed to wear the booties all the time and have educated facility staff about the need for her to wear them. Interview on 09/11/25 at 01:56 PM Administrative Licensed Nurse C confirmed she should have updated R3's NSA when she developed the deep tissue injury to her left heel.	S5116		

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The operator failed to ensure designated staff reviewed and revised R3's NSA when R3 developed a deep tissue injury and required additional services to promote healing.

- R4's medical record revealed she moved into the facility on 12/4/24 with a diagnosis of dementia.

R4's "Functional Capacity Screen" dated 12/3/24 identified R4 needed physical assistance with dressing, toileting, transfers, eating, and was unable to manage her medications and medical treatments.

R4's "Negotiated Service Agreement" (NSA) dated 12/03/24 directed staff to provide assistance of 1 with bathing daily, physical assistance with dressing daily, assist with toileting, supervision with transfers and may need assistance with wheelchair instead of using walker. It identified R4 and Certified Medication Aides and Licensed Nurses provided medication management.

Observation on 09/11/25 at 08:50 AM Certified Medication Aide (CMA) E prepared R4's Lantus and Humalog insulin, dialed each pen to appropriate dose and then attached the needles to the pen. CMA E then took the pens to R4 and handed her one pen at a time and she self-injected each pen without difficulty.

Observation on 09/11/25 at 11:04 AM R4 walked out of her room using her front wheeled walker and went into the restroom without any assistance and returned to her room a couple minutes later without staff assistance. R4 had no

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supervision or physical assistance with transfers or toileting.

Observation on 09/11/25 at 11:54 AM R4 came out of her room independently and walked over to the dining room table and sat in one of the chairs waiting for lunch. R4 ate lunch independently without assistance of staff. R4 had no supervision or physical assistance with transfers or walking using her walker.

Observation on 09/11/25 at 12:38 PM R4 got up out of the dining room chair independently and walked to her room stating she wanted to take a shower. CMA E helped resident with set up for the shower, she called for him when she was ready to get into the shower and then he stepped out and R4 completed her shower independently.

Interview on 09/11/25 at 08:55 AM R4 reported she makes her own bed, gets in and out of bed or her chair by herself and dresses herself without any assistance of staff. She Stated she takes herself to the bathroom and manages without staff helping her. She also had arthritis pain ointment and BioFreeze cream on the table by her chair. R4 said she had hurt her wrist awhile back and she puts the cream on when it starts to bother her.

Interview on 09/11/25 at 10:20 AM CMA E reported we make sure she is in and out of the shower safely, remind her to check her blood sugars and she will tell us what it is and we document it. She does everything else herself.

Interview on 09/11/25 at 05:45 PM Administrative Licensed Nurse C reported she had always been

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S5116	Continued From page 14 told the residents who live here all need some type of assistance. Administrative Licensed Nurse C acknowledged at one-point R4 had hurt her wrist and needed more assistance and that had pretty much resolved. Administrative Licensed Nurse B confirmed the NSA does not match the services that staff are providing at this time. The operator failed to ensure designated staff reviewed and revised R4's NSA to identify an improvement in services as R4 is no longer needing physical assistance with bathing, dressing, toileting and transfers.	S5116		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (h) The facility reported a census of five residents (R). The sample included three residents. Based on interview and record review for two (R3, R5) of three sampled residents the operator failed to ensure that everyone involved in the development of the "Negotiated Service Agreement" signed the agreement.	S5126		

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S5126	Continued From page 15 Findings included: - R3's medical record revealed she moved into the facility on 09/18/24 with diagnosis of Alzheimer's disease. R3's "Functional Capacity Screen" (FCS) dated 03/25/25 identified R3 needed physical assistance with all activities of daily living, could not participate in management of her medications or medical treatments, had impaired cognition and was at risk for falls. R3's "Negotiated Service Agreement" (NSA) dated 03/25/25 included services to be provided to meet R3's needs but only included a signature of Administrative Licensed Nurse C and not R3's legal representative. - R5's medical record revealed she moved into the facility on 08/01/25 with a diagnosis of post traumatic stress disorder. R5's "Functional Capacity Screen" dated 08/01/25 identified she needed physical assistance with bathing, dressing, toileting, and was unable to manage her medications or medical treatments. R5's "Negotiated Service Agreement" (NSA) dated 08/01/25 included services to meet R5's needs, included an Administrative Licensed Nurse C's signature but failed to include signature of R5's legal representative. Interview on 09/11/25 at 01:56 PM Administrative Licensed Nurse C reported, the Nurse, resident, and legal representative, if available, all	S5126		

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S5126	Continued From page 16 participate in the development of the NSA. Licensed Nurse C confirmed the Nurse, and the resident or legal representative is to sign the NSA. She confirmed R3 and R5's NSA did not have their legal representative's signature on the agreement. The operator failed to ensure that everyone involved in the development of R3 and R5's NSA signed it.	S5126		
S5211 SS=F	26-42-104 (c) Disaster& Emergency Preparedness c) Each administrator or operator shall ensure the establishment of written agreements that will provide for the following if an emergency or disaster occurs: (1) Fresh water; (2) evacuation site; and (3) transportation of residents to an evacuation site. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(c)(1)(2)(3) The facility reported a census of five residents. Based on interview for all residents, the operator failed to ensure written agreements with appropriate sources to provide fresh water, evacuation site, and transportation of residents to the evacuation site. Findings included: - Interview on 09/11/25 at 06:05 PM Administrative Staff B stated she had not gotten	S5211		

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S5211	Continued From page 17 written agreements from a provider for fresh water should the facility water go bad to drink, had not obtained a written agreement with a provider for an evacuation site or transportation to the evacuation site. The operator failed to obtain written agreements for the services of fresh water, evacuation site, and transportation to the site should there be an emergency or disaster.	S5211		
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)(1)(2)(3) The facility reported a census of five residents. Based on record review and interview for all	S5215		

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S5215	Continued From page 18 resident's and staff, the operator failed to ensure disaster and emergency preparedness by the failure to provide disaster preparedness orientation for all new employees at the time of employment. The operator also failed to conduct quarterly conduct quarterly reviews of the home's emergency management plan with all employees. The operator also failed to ensure disaster preparedness by the failure to educate each resident upon admission on the homes emergency management plan. Findings included: - Surveyor entered the facility on 09/10/25 and at 12:50 PM emailed request for evidence of the quarterly reviews of the emergency management plan with employees and residents since opening the facility. On 09/10/25 Administrative Staff B provided in-service training for facility staff and residents for review of the emergency management plan. The records for March 2025 only included resident names and for June 2025 only included two staff signatures. Interview on 09/10/25 at 02:20 PM Administrative Staff B reviewed the disaster preparedness training and confirmed it did not include staff signatures for reviewing the emergency management plan. The operator failed ensure the emergency management plan was reviewed on a quarterly basis with facility staff.	S5215		

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S5215	Continued From page 19 - R3's record revealed she moved into the facility on 03/25/25 with diagnosis Alzheimer's disease. R3's record failed to include information staff educated her on the facilities emergency management plan upon admission to the facility. - R4's record revealed she moved into the facility on 12/04/24 with diagnosis of dementia. R4's record failed to include information staff educated her on the facilities emergency management plan upon admission to the facility. - R5's record revealed she moved into the facility on 08/01/25 with a diagnosis of post traumatic stress disorder. R5's record failed to include information staff educated her on the facilities emergency management plan upon admission to the facility. Interview on 09/11/25 at 09:53 AM Administrative staff B reviewed admission information provided to residents/legal representatives and confirmed she did not see any information related to disaster preparedness education upon admission. The operator failed to ensure all residents were educated upon admission to the facilities emergency management plan.	S5215		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and	S5315		

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S5315	Continued From page 20 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 expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1)(4) The facility reported a census of five residents.	S5315		

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S5315	Continued From page 21 Based on observation and interview, the operator failed to ensure staff stored medications securely to ensure only "Licensed Nurses" and "Medication Aides" had access to the stored medications and insulin pens were dated and not administered beyond the manufacturer's recommended date of expiration. Findings included: - Observation during initial tour on 09/10/25 at 12:23 PM the silver refrigerator/freezer had a small unlocked drawer that contained insulin pens and a locked medication box containing liquid Ativan (Antianxiety). On 09/10/25 at 01:24PM Certified Medication Aide (CMA) D unlocked the medication cart for inspection, no concerns identified. She then went to the refrigerator and opened the drawer with insulin and a black lock box. The unlocked drawer with medications was accessible to anyone who used the refrigerator, including residents and unqualified staff to manage medications. The drawer contained a Lispro insulin with approximately 200 units remaining in the pen and a Lantus insulin pen with 160 units remaining. The pens did not include the date when staff initiated us of the pen or a date it expired. Review of the Lantus manufacturer recommendations revealed the Lantus insulin pen expired in 28 days once it had been opened. Review of the Lispro manufacturer	S5315		

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S5315	Continued From page 22 recommendations revealed Lispro insulin pen expired 28 days after it was opened. Interview on 09/10/25 at 01:29 PM Administrative Licensed Nurse C confirmed the insulin pens should have the date on the pen for when staff opened them and should have been stored in the medication cart. Administrative Licensed Nurse C confirmed the medications in the refrigerator were not secured and only accessible to Nurses and Certified Medication Aides. The operator failed to ensure staff stored all medications securely in locked medication room, cabinet or medication cart. The operator also failed to ensure all insulin pens were dated when opened and the expiration date to ensure they were not used beyond manufacturer's recommended date of expiration.	S5315		
S5325 SS=E	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (l)	S5325		

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S5325	Continued From page 23 The facility reported a census of five residents(R). The sample included three residents. Based on interview and record review for two (R3, R4) of three sampled residents, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regiment review at least quarterly for each resident whose medication the facility managed. The Resident Roster provided by Administrative Staff B identified no residents administer their own medications. This also affected residents who moved into the facility before May 2025. Findings included: - R3's record revealed she moved into the facility on 03/25/25 with diagnosis Alzheimer's disease. R3's record included a Medication Regimen Review (MRR) conducted by a licensed pharmacist dated 07/07/25. The recommendation included a physician's recommendation. The record lacked evidence a prior MRR had been conducted. - R4's record revealed she moved into the facility on 12/04/24 with diagnosis of dementia. R4's record included a Medication Regimen Review (MRR) conducted by a licensed pharmacist dated 07/07/25. The recommendation included physician and nurse recommendations. The record lacked evidence of a prior MRR had been conducted. Interview on 09/11/25 at 03:03 PM Administrative Licensed Nurse C reported whatever the dates	S5325		

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S5325	Continued From page 24 on the yellow sheets (pharmacy review log) in the charts is the only date we have had a pharmacist visit since we opened. Interview on 09/11/25 at 03:07 PM consulting pharmacist reported the first pharmacy visit was conducted in July 2025. The operator failed to ensure R3, R4 and any other resident admitted in the facility prior to May 2025 had a MRR conducted at least quarterly by a pharmacist or a Licensed Nurse.	S5325		
S5327 SS=E	26-42-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (l)(2) The facility reported a census of five residents.	S5327		

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S5327	Continued From page 25 The sample included three residents. Based on interview and record review the operator failed to ensure the licensed nurse notified the medical provider and attempted to get a response from the medical provider for pharmacy recommendations for two (R3 and R4) of three sampled residents within five days. Findings included: Review of the resident roster provided on 09/10/25 by Administrative Staff B revealed no residents self administered their medications. - R3's record revealed she moved into the facility on 03/25/25 with diagnosis Alzheimer's disease. R3's record included a Medication Regimen Review (MRR) conducted by a licensed pharmacist dated 07/07/25. The recommendation included a physician's recommendation. The record lacked evidence the recommendation had been sent to the physician for consideration. . - R4's record revealed she moved into the facility on 12/04/24 with diagnosis of dementia. R4's record included a Medication Regimen Review (MRR) conducted by a licensed pharmacist dated 07/07/25. The recommendation included physician and nurse recommendations. The record lacked evidence the recommendation had been sent to the physician for consideration. Interview on 09/11/25 at 01:15 PM Administrative Staff B reported the pharmacy reviews are emailed to Operator A and we do not see them	S5327		

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S5327	Continued From page 26 here at the facility. The operator failed to ensure a licensed nurse notified the physician and attempted to seek a response from the medical provider within five working days of notification of pharmacy recommendations for R3 and R4.	S5327		
S5328 SS=E	26-42-205 (l) (3) Medication Regimen Review Documentation (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (l)(3) The facility reported a census of five residents. The sample included three residents. Based on record review and interview the operator failed to ensure designated staff kept two (R3 and R4) of three sampled residents and each resident's medication regimen review in their clinical record. Findings included: Review of the resident roster provided on 09/10/25 by Administrative Staff B revealed no residents self administered their medications. - R3's record revealed she moved into the facility on 03/25/25 with diagnosis Alzheimer's disease.	S5328		

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S5328	Continued From page 27 R3's record included a Medication Regimen Review (MRR) conducted by a licensed pharmacist dated 07/07/25. The recommendation included a physician's recommendation which was not in R3's record or any type of notebook in the office area. - R4's record revealed she moved into the facility on 12/04/24 with diagnosis of dementia. R4's record included a Medication Regimen Review (MRR) conducted by a licensed pharmacist dated 07/07/25. The recommendation included physician and nurse recommendations which were not in R4's record or any type of notebook in the office area. Interview on 09/11/25 at 01:15 PM Administrative Staff B reported the pharmacy reviews are emailed to Operator A and we do not see them here at the facility and did not have any type of notebook or other pharmacy report. The operator failed to ensure designated staff kept the pharmacy recommendations in each residents record.	S5328		