STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B070004	A. BUILDING: _____ B. WING _____	10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUBLE RANCH	509 WESTERN HEIGHTS OVERBROOK, KS 66524

(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 represent the findings of a resurvey for the above named Home Plus facility conducted on 10/28/25 and 10/29/25.	S 000		
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) The facility reported a census of seven residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) for Resident (R)103 was reviewed and revised after she experienced a significant change in condition concerning her wandering. Findings included: - R103's medical record revealed she moved into the facility on 07/14/25 with a diagnosis of Alzheimer's Disease.	S5085		

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

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S5085	Continued From page 1 The most current FCS available in R103's medical records was dated 07/14/25 with no documentation to show a revised FCS was completed since this date to indicate R103 wandered. Review of the "Resident Roster" provided by the facility on 10/28/25 documented R103 wandered. Review of the "Nursing Note" dated 08/25/25 documented R103 was exit seeking, and tried to climb the fence in the backyard, and experienced increased agitation, anxiety and pacing. On 10/29/25 at 11:30 AM "Certified Nurse Aide" (CNA) B stated R103 went to the front door and tried to push it open and has tried to climb over the fence in the backyard. CNA B stated R103's exit seeking had increased since first admitting to the facility. On 10/29/25 at 11:44 AM "Certified Medication Aide" C stated R103 tried to exit seek and staff redirected her when she exhibited this behavior. On 10/29/25 at 11:49 AM Administrative Nurse A stated she expected the FCS to be revised when R103 experienced a significant change in condition when she started to exhibit exit-seeking behaviors. The operator failed to ensure designated staff revised the FCS for R103 when she started wandering and exit seeking.	S5085		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home	S5105		

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S5105	Continued From page 2 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 seven residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for Resident (R)101, R102 and R103. Findings included: - R101's medical record revealed she moved into the facility on 05/22/23 with a diagnosis dementia.	S5105		

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S5105	Continued From page 3 The 05/24/25 FCS identified R101 was unable to manage medical treatments. The 05/24/25 NSA did not address management of treatments for R101. On 10/29/25 at 01:11 PM Administrative Nurse A confirmed R101's NSA did not address management of treatments. The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS. - R102's medical record revealed she moved into the facility on 10/17/24 with a diagnosis of dementia. The 10/17/24 FCS identified R102 was unable to manage medical treatments. The 10/17/24 NSA did not address management of treatments for R102. On 10/29/25 at 12:10 PM Administrative Nurse A confirmed R102's NSA did not address management of treatments. The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS. - R103's medical record revealed she moved into the facility on 07/14/25 with a diagnosis of Alzheimer's Disease. The 07/14/25 FCS identified R103 was unable to manage medical treatments and had severely	S5105		

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S5105	Continued From page 4 impaired cognition. The 07/15/25 NSA did not address management of treatments for R103 or what services staff provided concerning her impaired cognition. On 10/29/25 at 11:49 AM Administrative Nurse A confirmed R103's NSA did not address management of treatments or cognition. The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS.	S5105		
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 seven residents.	S5116		

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S5116	Continued From page 5 The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)103 was reviewed and revised after she experienced a significant change in condition concerning her wandering and for R102 when fall interventions were added. Findings included: - R103's medical record revealed she moved into the facility on 07/14/25 with a diagnosis of Alzheimer's Disease. The most current NSA available in R103's medical records was dated 07/14/25 with no documentation to show a revised NSA was completed since this date to indicate R103 wandered and exit seeking. Review of the "Resident Roster" provided by the facility on 10/28/25 documented R103 wandered. Review of the "Nursing Note" dated 08/25/25 documented R103 was exit seeking, and tried to climb the fence in the backyard, and experienced increased agitation, anxiety and pacing. On 10/29/25 at 11:30 AM "Certified Nurse Aide" (CNA) B stated R103 went to the front door and tried to push it open and has tried to climb over the fence in the backyard. CNA B stated R103's exit seeking had increased since first admitting to the facility. On 10/29/25 at 11:44 AM "Certified Medication Aide" C stated R103 tried to exit seek and staff	S5116		

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S5116	Continued From page 6	S5116		

redirected her when she exhibited this behavior.

On 10/29/25 at 11:49 AM Administrative Nurse A stated she expected the NSA to be revised when R103 experienced a significant change in condition when she started to exhibit exit-seeking behaviors.

The operator failed to ensure designated staff revised the NSA for R103 when she started wandering and exit seeking.

- R102's medical record revealed she moved into the facility on 10/17/24 with a diagnosis of dementia.

The most current NSA available in R102's medical records was dated 10/17/24 with no documentation to show a revisions to the NSA were completed when fall interventions were added.

Review of R102's care plan revealed on 01/12/25 a fall mat was placed next to R102's bed to prevent injuries if she rolled out of bed and on 12/24/24 bolsters were applied to R102's air mattress after she rolled out of bed.

On 10/29/25 at 11:41 AM an observation of R102's room revealed a fall mat was in place on the floor next to her bed, there was an air mattress with bolsters in on her bed and there was a motion detection alarm set up near her bed.

On 10/29/25 at 12:10 PM Administrative Nurse A stated R102's NSA should have been revised to include the fall mat, motion-sensing alarm, and

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S5116	Continued From page 7 pressure-reducing air mattress with bolsters. The operator failed to ensure designated staff revised the NSA for R102 to include fall interventions.	S5116		
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: 5320 KAR 26-42-207(c) The facility reported a census of zero residents at the time of the initial certification survey. 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.	S5230		

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S5230	Continued From page 8 Findings included: - Resident (R)102 was admitted to the facility on 10/17/24 with a diagnosis of dementia. The first step of a two-step TST was administered on 09/10/24 at a sister facility. A second step of the two-step TST was not completed upon admission to the home plus. Review of R102's medical records revealed she was administered the first step of the two-step TB skin test (TST) upon admission to a sister facility on 09/10/24. R102's medical record lacked documentation of a second step of the two-step TST completed upon admission to the home plus. On 10/29/25 at 12:10 PM Administrative Nurse A stated R102 used to be a resident at the associated long-term care facility where she received the first step of the two-step TST and when she moved to the home plus the second step of the TST was not completed. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency ..." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly admitted residents.	S5230		

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S5230	Continued From page 9 - R103 was admitted to the facility on 07/15/25 with a diagnosis of Alzheimer's Disease. Review of 103's medical records revealed there was no documentation of a two-step TST administered upon admission to the facility. On 10/29/25 at 11:49 AM Administrative Nurse A stated she was unable to locate a two-step TST administered to R103 upon admission to the facility. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency ..." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S5230		
S5251 SS=D	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: 5251 KAR 26-42-105(f)(11)	S5251		

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S5251	Continued From page 10 The facility reported a census of seven residents with three residents included in the sample. Based on record review and interview the operator failed to ensure documentation for Resident (R)101 was in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action. Findings included: - Review of R101's medical record revealed she was admitted to the facility on 05/22/23 with a diagnosis of dementia. The 05/24/25 "Functional Capacity Screen" revealed R101 required physical assistance with dressing, transfers and walking/mobility. R101 was unable to manage her own treatments and had severe cognitive impairment. The 05/24/25 "Negotiated Service Agreement" (NSA) did not address who managed R101's treatments. The 10/13/25 "Nursing Note" documented an order received from the hospice nurse for Nystatin topical cream twice daily between toes. Review of R101's medical records failed to locate any nursing documentation describing R101's toes, treatment and follow-up. On 10/29/25 at 11:25 AM "Certified Nurse Aide"	S5251		

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S5251	Continued From page 11 (CNA) B stated R101 had some skin tears between her toes that appeared around a week or two ago. CNA B stated hospice was taking care of the treatments and the certified medication aides applied medicated powder to R101's toes. On 10/29/25 at 01:11 PM Administrative Nurse A stated she was aware of and looked at R101's toes but had not yet documented on the condition of R101's toes. The operator failed to ensure documentation for R101's care was in accordance with accepted professional standards and practices.	S5251		
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 the medication container. This REQUIREMENT is not met as evidenced by: 5313 KAR 26-42-205(g)(3)	S5313		

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S5313	Continued From page 12 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 name of the resident on the original package of over-the-counter medications (OTC). Findings included: - Observation on 10/28/25 at 01:35 PM of the medication cart revealed the following OTC medications that were not labelled with the resident's full name: One bottle of Robitussin Honey DM One bottle of Vitamin D3 One bottle of Rexall Hydrogen Peroxide One container of Mama Bear Oasis nerve relief lotion Two containers of Metamucil 4-in-1 Fiber One bottle of Health Star Melatonin 3 milligrams The operator failed to ensure all over-the-counter medications were labeled with the resident's full name.	S5313		