STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087062	A. BUILDING: _____ B. WING _____	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HOMESTEAD ASSISTED LIVING	1601 W MAY STREET WICHITA, KS 67213

(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 a Re-Licensure survey with complaint investigations KS00196683 for the above named Assisted Living facility conducted on 11/17/25 and 11/18/25.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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 26-41-202(a)(1) The facility reported a census of 28 residents (R). The sample included three residents and two focused record reviews.. Based on interview and record review the Executive Director failed to	S3085		

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

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S3085	Continued From page 1	S3085		

ensure the "Negotiated Service Agreements" for two (R3, R5) of three sampled residents described the services they received based on their "Functional Capacity Screen" and service needs.

Findings included:

- Review of R3's medical record (electronic and paper) revealed she moved into the facility on 06/19/24 with diagnosis of type II diabetes (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin).

R3's "Functional Capacity Screen" (FCS) dated 06/18/25 identified she needed physical assistance with dressing, administration of medications and had impaired short-term memory and recall ability. It also identified she used an electric scooter, lift recliner, and a walker as assistive devices.

Interview on 11/17/25 at 09:38 AM Administrative Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document.

R3's NSA/HCSP dated 06/18/25 identified she received services from an outside source but failed to identify what service they provided.

R3's medical record included a progress note from Hermes Healthcare for podiatry services.

Interview on 11/17/25 at 12:19 PM Administrative Nurse B looked at R3's NSA/HCSP and confirmed it did not identify R3 received podiatry services from an outside source.

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S3085	Continued From page 2 Review of the undated "Negotiated Service Agreement" policy revealed the agreement would include a written description of what services would be provided to the resident. The executive director failed to ensure designated staff completed R3s NSA to identify she received podiatry services. - Review of R5's medical record, (electronic and paper), revealed she moved into the facility on 08/30/18 with diagnosis of type II diabetes mellitus (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin). R5's "Functional Capacity Screen" dated 07/30/25 identified she needed physical assistance with bathing, dressing, management of medications and treatments, and had risk for falls. Interview on 11/17/25 at 09:38 AM Administrative Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document. R5's NSA/HCSP dated 07/30/25 identified she received services from an outside source, but failed to identify what service they provided. Interview on 11/18/25 at approximately 12:11 PM Administrative Nurse B confirmed R5's NSA/HCSP did not identify she received podiatry services. Review of the undated "Negotiated Service	S3085		

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S3085	Continued From page 3 Agreement" policy revealed it would include a written description of what services would be provided to the resident. The executive director failed to ensure designated staff completed R5s NSA to identify she received podiatry services.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement 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, facility 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 26-41-202 (d)(2) The facility reported a census of 28 residents(R). The sample included three resident and two focused record reviews. Based on interview, and record review the executive director failed to ensure designated staff reviewed and revised the "Negotiated Service Agreement" for three (R3,	S3092		

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S3092	Continued From page 4 R4, R5) of three sampled residents when the resident had a significant change in service needs related to skilled nursing, physical therapy, occupational therapy, and speech therapy services. Findings included: - Review of R3's medical record (electronic and paper) revealed she moved into the facility on 06/19/24 with diagnosis of type II diabetes (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin). R3's "Functional Capacity Screen" (FCS) dated 06/18/25 identified she needed physical assistance with dressing, administration of medications and had impaired short-term memory and recall ability. It also identified she used an electric scooter, lift recliner, and a walker as assistive devices. Interview on 11/17/25 at 09:38 AM Administrative Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document. R3's NSA/HCSP dated 06/18/25 did not identify R3 had received any skilled therapy services. R3's nursing progress notes included the following documentation: 12/04/24 - Home Health Nurse contacted physician office regarding finger on Left hand. 12/08/24 - Physical Therapy cane today to assess R3's finger. 12/31/25 - Home Health nurse to cleanse area with wound cleanser twice a week.	S3092		

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S3092	Continued From page 5 01/01/25 - Home health nurse continues to complete dressing changes to R3's finger. 01/14/25 - Home Health nurse to visit resident. R3's record lacked evidence of the nurse reviewed and revised R3's NSA/HCSP to show R3 received Home Health services for a skilled nurse and for physical therapy. Interview on 11/17/25 at 01:07 PM Administrative Nurse B confirmed she had not reviewed and revised R3's NSA/HCSP to include the initiation and discontinuation of Home Health services for R3. Review of the undated "Negotiated Service Agreement" policy revealed the agreement would be reviewed and updated annually or as needed. The executive director failed to ensure designated staff reviewed and revised R3's NSA/HCSP when she had a significant change in service needs related to skilled nursing and therapy. - Review of R4's medical record, electronic and paper, revealed she moved into the facility on 05/14/25 with diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion) and generalized anxiety disorder. R4's "Functional Capacity Screen" dated 05/05/25 identified she needed physical assistance with dressing and supervision with bathing and medication management. It also identified she used a cane and walker for mobility.	S3092		

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S3092	Continued From page 6 Interview on 11/17/25 at 09:38 AM Administrative Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document. R4's NSA/HCSP dated 05/14/25 did not identify R4 received skilled therapy services, and the record did not include revision to identify the start of skilled therapy services. Review of R4's therapy notes revealed speech therapy initiated services on 10/28/25 and physical therapy initiated services on 10/30/25. The notes identified speech therapy would discontinue services on 11/15/25 but physical therapy would continue. Interview on 11/18/25 at 11:30 AM Administrative Nurse B confirmed she had not reviewed and revised R4's NSA/HCSP to identify she had a change in service needs. Review of the undated "Negotiated Service Agreement" policy revealed the agreement would be reviewed and updated annually or as needed. The executive director failed to ensure designated staff reviewed and revised R4's NSA/HCSP when she had a significant change in service needs related to skilled therapy. - Review of R5's medical record, electronic and paper, revealed she moved into the facility on 08/30/18 with diagnosis of type II diabetes mellitus (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin).	S3092		

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S3092	Continued From page 7 R5's "Functional Capacity Screen" dated 07/30/25 identified she needed physical assistance with bathing, dressing, management of medications and treatments, and had risk for falls. Interview on 11/17/25 at 09:38 AM Administrative Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document. R5's NSA/HCSP dated 07/30/25 did not identify she received any skilled therapy services. Review of R5's therapy notes revealed occupational therapy initiated services on 10/21/25 and physical therapy initiated services on 10/23/25 with both therapies continue to provide services. Interview on 11/18/25 at approximately 12:10 PM Administrative Nurse B confirmed she had not reviewed and revised R5's NSA/HCSP to indicate she had a change in service needs. Review of the undated "Negotiated Service Agreement" policy revealed the agreement would be reviewed and updated annually or as needed. The executive director failed to ensure designated staff reviewed and revised R5's NSA/HCSP when she had a significant change in service needs related to skilled therapy	S3092		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication	S3175		

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S3175	Continued From page 8 (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 28 residents (R). The sample included three residents and two focused record reviews. Based on observation, interview and record review the executive director failed to ensure a licensed nurse completed an assessment for self-administration of medications for three (R3, R4, R5) of three sampled residents who had medications in their rooms they self administered. Findings included - Review of R3's medical record (electronic and	S3175		

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S3175	Continued From page 9	S3175		

paper) revealed she moved into the facility on 06/19/24 with diagnosis of type II diabetes (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin).

R3's "Functional Capacity Screen" (FCS) dated 06/18/25 identified she needed physical assistance with management of medications and medical treatments.

Interview on 11/17/25 at 09:38 AM Administrative Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document.

R3's NSA/HCSP dated 6/18/25 identified Certified Medication Aide and Licensed Nurse to administer medications and qualified staff to oversee resident's self administers insulin correctly. It also identified the resident was independent with monitoring blood sugars using a continuous monitoring device.

R3's medical record included "Self-Administration of Medication Assessment" for insulin and an "Assessment for self-monitoring accu-checks". R3's record did not include assessment for any additional medications that were in her room she self administered.

Observation/interview on 11/17/25 at 01:31 PM resident sat in recliner in her room watching TV. She had a bottle of fiber gummies beside her chair. In her bathroom, she had a bottle of Tylenol Extra strength, Advil liquid gels, Hydroxyzine, and a tube of Triple Antibiotic Ointment. During our conversation R3 confirmed

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S3175	Continued From page 10 she took the fiber gummies to help with her bowels. Interview on 11/18/25 at 11:34 AM Administrative Nurse B confirmed she had not completed an assessment for R3 to be able to self-administer the medications she had in her room. Review of the undated "Self Administration of Medications" policy revealed a licensed nurse will assess the resident's physical, cognitive and functional ability to self-administer medications if a resident requested to do so. The executive director failed to ensure a licensed nurse assessed R3 to ensure she was able to safely and accurately administer medications she kept and took in her room. - Review of R4's medical record, electronic and paper, revealed she moved into the facility on 05/14/25 with diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion) and generalized anxiety disorder. R4's "Functional Capacity Screen" dated 05/05/25 identified she needed physical assistance with medication management. Interview on 11/17/25 at 09:38 AM Administrative Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document. R4's NSA/HCSP dated 05/14/25 identified certified and licensed staff to administer medications.	S3175		

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S3175	Continued From page 11 Review of R4's medical record included an assessment for self-administration of her Albuterol inhaler but did not have an assessment for the other medications the resident self-administered in her room. Observation/interview on 11/17/25 at 01:28 PM R4 reported she had medications in the safe that staff brought to her. She said it was locked, and she could not get into it. She had medications in her bathroom cabinet, Rolaids, generic antacid, aspirin 81 milligrams, eye drops and an antibiotic cream with pain reliever. R4 stated she took those medication in the cabinet when she needed them but not all the time. Interview on 11/18/25 at 11:28 AM Administrative Nurse B confirmed if R4 self-administered any medications a self- administration assessment she should have completed an assessment for self-administration. Review of the undated "Self Administration of Medications" policy revealed a licensed nurse will assess the resident's physical, cognitive and functional ability to self-administer medications if a resident requested to do so. The executive director failed to ensure a licensed nurse completed an assessment to ensure R4 was able to safely and accurately self-administer medications she kept and took in her room. - Review of R5's medical record, electronic and paper, revealed she moved into the facility on 08/30/18 with diagnosis of type II diabetes mellitus (when the body cannot use glucose, not	S3175		

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S3175	Continued From page 12 enough insulin made, or the body cannot respond to the insulin). R5's "Functional Capacity Screen" dated 07/30/25 identified she needed physical assistance with management of medications and treatments. Interview on 11/17/25 at 09:38 AM Administrative Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document. R5's NSA/HCSP dated 07/30/25 identified licensed/qualified staff administered medications and R5 self-administered Tylenol and nasal spray. Review of R5's nursing progress notes revealed on 04/09/25 staff awaited preparation H to be brought in by family and resident planned to self administer. Observation/interview on 11/17/25 at 01:55 PM R5 sat in her chair trying to open a packet with ACT dry mouth tablets in it. She stated she may have to call staff to come and help her. She had a bottle of Refresh eye drops in the basket on her table and stated the staff bring some three times a day but if her eyes start to bother her between time she will put some drops in. She also had Tylenol 500 mg, generic sleep aid, cough syrup, and hemorrhoid cream on her bathroom counter and in the medicine cabinet in the bathroom. R5 stated she takes the pain medication when she needs it between times but never takes too much.	S3175		

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S3175	Continued From page 13 Interview on 11/18/25 at approximately 12:12 PM Administrative Nurse B reported she had completed an assessment for the Tylenol and nasal spray but had not for other medications in her room. Administrative Nurse B confirmed if she was self-administering medications an assessment should have been completed. Review of the undated "Self Administration of Medications" policy revealed a licensed nurse will assess the resident's physical, cognitive and functional ability to self-administer medications if a resident requested to do so. The executive director failed to ensure a licensed nurse completed an assessment to ensure R4 was able to safely and accurately self-administer medications she kept and took in her room.	S3175		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by:	S3186		

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S3186	Continued From page 14 KAR 26-41-205 (b) The facility reported a census of 28 residents(R). The sample included three residents andd two focused record reviews. Based on observation, interview, and record review the executive director failed to ensure one (R4) of three sampled residents "Negotiated Service Agreement" included the selected medications the resident chose to administer. Findings included: Review of R4's medical record, electronic and paper, revealed she moved into the facility on 05/14/25 with diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion) and generalized anxiety disorder. R4's "Functional Capacity Screen" dated 05/05/25 identified she needed physical assistance with medication management. Interview on 11/17/25 at 09:38 AM Administrative Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document. R4's NSA/HCSP dated 05/14/25 identified certified and licensed staff to administer medications. It did not identify any medications the resident self administered. Review of R4's medical record included an assessment for self-administration of her Albuterol inhaler which identified she could self-administer.	S3186		

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	N087062	A. BUILDING: _____ B. WING _____	11/18/2025

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PRAIRIE HOMESTEAD ASSISTED LIVING	1601 W MAY STREET WICHITA, KS 67213

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S3186	Continued From page 15 Observation on 11/17/25 at 01:18 PM R4 had multiple medications in her room that she said she took when she needed them. Interview on 11/18/25 at 11:31 AM Administrative Nurse B confirmed since R4 had been assessed and could self administer her inhaler, the NSA/HCSP should have included that she self administered her inhaler, and qualified staff administered the rest. The executive director failed to ensure designated staff identified what select medications R4 chose to self-administer on her NSA.	S3186		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route.	S3200		

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S3200	Continued From page 16 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d)(1) The facility reported a census of 28 residents (R). The sample included three residents and two focused record reviews. Based on interview and record review, the executive director failed to ensure only Licensed Nurses or Certified Medication Aides (CMA) administered and managed medications for two (R6 and R7) residents, when CMA E administered medications under a lapsed certification on 07/25/25. Findings included: - Interview on 11/18/24 at 07:47 AM Executive Director A confirmed Certified Medication Aide (CMA) E's certification to pass medications had lapsed on 07/26/25 and she passed medications on 07/27/25. Review of CMA E's Kansas registry verification revealed her CMA certification expired on 07/26/25 and was reactivated on 08/05/25. Review of all resident Medication Administration Records (MAR) from July 26 to August 4, 2025 revealed on 07/27/25 CMA E administered medications to R6 and R7 even though her	S3200		

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S3200	Continued From page 17 certification had expired. Interview on 11/18/25 at 01:47 PM Administrative Nurse B confirmed CMA E did pass some medications on 07/27/25 after her certification had expired. The executive director failed to ensure medications the facility was responsible for administering were only administered by a Licensed Nurse or a Certified Medication Aide.	S3200		
S3215 SS=E	26-41-205 (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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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	S3215		

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S3215	Continued From page 18 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 facility. (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: KAR26-41-205(h)(2) The facility reported a census of 28 residents. The sample included three residents and 2 focused record reviews. Based on observation, record review, and interview the executive director failed to ensure medications a resident self-administered were stored in a place accessible only to the resident, licensed nurse, and/or medication aides. Findings included: - Review of R3's medical record (electronic and paper) revealed she moved into the facility on 06/19/24 with diagnosis of type II diabetes (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin). R3's "Functional Capacity Screen" (FCS) dated 06/18/25 identified she needed physical assistance with management of medications and medical treatments.	S3215		

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S3215	Continued From page 19 Interview on 11/17/25 at 09:38 AM Administrative Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document. R3's NSA/HCSP dated 06/18/25 identified Certified Medication Aide and Licensed Nurse administered medications and qualified staff to oversee resident's self administers insulin correctly. It also identified the resident was independent with monitoring blood sugars using a continuous monitoring device. Observation/interview on 11/17/25 at 01:31 PM resident sat in recliner in her room watching TV. She had a bottle of fiber gummies beside her chair. In her bathroom, she had a bottle of Tylenol Extra strength, Advil liquid gels, Hydroxyzine, and a tube of Triple Antibiotic Ointment. During our conversation R3 confirmed she took the fiber gummies to help with her bowels. Interview on 11/18/25 at 11:34 AM Administrative Nurse B confirmed if the resident was out of her room, the medications could be accessible to housekeeping or any other staff that went into R3's room. The executive director failed to ensure a medications R3 self-administered were stored in a place only accessible to the resident, licensed nurse and/or medication aides. - Review of R4's medical record, electronic and paper, revealed she moved into the facility on 05/14/25 with diagnoses of dementia	S3215		

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S3215	Continued From page 20 (progressive mental disorder characterized by failing memory, confusion) and generalized anxiety disorder. R4's "Functional Capacity Screen" dated 05/05/25 identified she needed physical assistance with medication management. Interview on 11/17/25 at 09:38 AM Administrative Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document. R4's NSA/HCSP dated 05/14/25 identified certified and licensed staff to administer medications. Observation/interview on 11/17/25 at 01:28 PM R4 reported she had medications in her bathroom cabinet, Rolaids, generic antacid, aspirin 81 milligrams, eye drops and an antibiotic cream with pain reliever, that she took when she needed them but not all the time. Interview on 11/18/25 at 11:28 AM Administrative Nurse B confirmed if R4 confirmed if the resident was out of her room, the medications could be accessible to housekeeping or any other staff that went into R3's room. The executive director failed to ensure medications R4 self-administered were stored in a place only accessible to the resident, licensed nurse and/or medication aides. - Review of R5's medical record, electronic and paper, revealed she moved into the facility on 08/30/18 with diagnosis of type II diabetes	S3215		

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S3215	Continued From page 21 mellitus (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin). R5's "Functional Capacity Screen" dated 07/30/25 identified she needed physical assistance with management of medications and treatments. Interview on 11/17/25 at 09:38 AM Administrative Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document. R5's NSA/HCSP dated 07/30/25 identified licensed/qualified staff administered medications and R5 self-administered Tylenol and nasal spray. Observation/interview on 11/17/25 at 01:55 PM R5 sat in her chair trying to open a packet with ACT dry mouth tablets in it. She had a bottle of Refresh eye drops in the basket on her table and stated she used it between the times staff put other drops in if needed. She also had Tylenol 500 mg, generic sleep aid, cough syrup, and hemorrhoid cream on her bathroom counter and in the medicine cabinet in the bathroom. R5 stated she takes the pain medication when she needs it between times but never takes too much. Interview on 11/18/25 at approximately 12:12 PM Administrative Nurse B confirmed if R5 was out of her room, the medications could be accessible to housekeeping or any other staff that went into R3's room.	S3215		

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S3215	Continued From page 22 The executive director failed to ensure medications R5 self-administered were stored in a place only accessible to the resident, licensed nurse, and/or medication aides.	S3215		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by:	S3248		

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S3248	Continued From page 23 KAR 26-41-102(d)(1) The facility reported a census of 28 residents. Based on record review of five newly hired employees, the operator failed to have evidence of licensure one of five newly hired staff who required specialized education and training verified upon hire. The findings included: - On 11/18/25 at approximately 08:00 AM executive Director A provide employment information for Licensed Nurse (LN) C who required specialized education and training verification upon hire. Review of LN C's employment record identified she was hired on 10/28/25. LN C's record included a licensure check through the state of Kansas conducted on 11/17/25 and a Registry check through the state of Kansas for Certified Medication Assistant also conducted on 11/17/25. Interview on 11/18/25 at 08:09 AM Administrative Nurse B reported LN C started working on the floor on 10/29/25. Interview on 11/18/25 at 01:47 PM Executive Director A reported they were unable to find evidence of checking Licensure when LN C initially started working. The Executive Director failed to ensure designated staff conducted registry check for verification of licensure for licensed staff prior to working at the facility.	S3248		

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