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S 000	INITIAL COMMENTS The following citations represent the findings of an Initial Licensure Survey with complaint investigation KS00197028 for the above named Home Plus conducted on 11/24/25 and 11/25/25.	S 000		
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. This REQUIREMENT is not met as evidenced by: KAR 26-39-102 (b) The facility reported a census of three residents (R). The sample included three residents and one closed record review. Based on record	S 230		

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

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S 230	Continued From page 1	S 230		

review and interview for three (R4, R5, R6) of three sampled residents and one (R3) closed record review, 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 he moved into the facility on 08/29/25 with diagnosis type II diabetes.

R3's record included an "Residency Agreement" 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 "Residency Agreement" 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 08/28/25 with a diagnosis of malignant neoplasm of left breast.

R5's record included an "Residency Agreement" but failed to include written information related to the residents' rights to formulate advanced directives.

- R6's record revealed she moved into the facility on 11/7/25 with a diagnoses of neuropathy and osteoporosis.

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S 230	Continued From page 2 R6's record included an "Residency Agreement" but failed to include written information related to the residents' rights to formulate advanced directives. Interview on 11/24/25 at 02:39 PM Administrative Certified Nurse Aide (CNA) B reviewed the facilities admission pack information and confirmed they did not have anything in writing they gave to the resident, or their legal representative related to Advanced Directives. During this same interview, Operator/Nurse A confirmed she just asked for copies of the resident's information and did not provide anything in written form to the resident/legal representative. The operator failed to ensure designated staff provided all residents and/or their legal representative with information regarding their right to formulate advanced directives.	S 230		
S5040 SS=F	26-42-101 (j) Emergency Telephone (j) Emergency telephone. Each administrator or operator shall ensure that the residents and employees have access to a telephone for emergency use at no cost. Each administrator or operator shall ensure that the names and telephone numbers of persons or places commonly required in emergencies are posted adjacent to this telephone. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(j)	S5040		

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S5040	Continued From page 3 The facility reported a census of three residents. Based on observation and interview the operator failed to ensure the telephone for resident use included the names and telephone numbers of persons or places commonly contacted in emergencies beside the phone. Findings included: - Observation on 11/24/25 at 09:45 AM the counter by the back exit door had a portable phone along with other office supplies and activity supplies. The area adjacent to the phone did not have a listing of phone numbers to call in case of an emergency. Interview on 11/24/25 at 09:46 AM Operator/Nurse A reported the portable phone was for residents to use. She confirmed it did not have contact numbers listed by it for residents and employees to call incase of an emergency. The operator failed to ensure frequently called emergency numbers were adjacent to the portable phone.	S5040		
S5095 SS=F	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form.	S5095		

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S5095	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of three residents(R). The sample include three residents and one closed record review. Based on observation, interview, and record review the operator failed to ensure designated staff completed three (R4, R5, R6) of three sampled resident's "Functional Capacity Screen" accurately and completely to reflect the resident's functional ability. Findings Included: - Review of R4's medical record revealed he moved into the facility on 10/19/25 with a diagnoses of dementia and obsessive-compulsive personality disorder. R4's "Functional Capacity Screen" (FCS) dated 10/19/25 coded bathing, dressing, toileting, and management of medications and medical treatments a "3" indicating he was unable to participate in the task. . It also indicated he had bladder incontinence, impaired cognition and communication and had a risk or current problem with falls and wandering. R4's FCS did not identify he had impaired decision making or had inappropriate behaviors. It also failed to include his current medications and failed to identify he received Hospice services. Observation on 11/25/25 at 09:12 AM Certified Nurse Aide (CNA) E assisted R4 to get up for the day. She allowed him time to wake, put on clean socks, and assisted him to sit up on the side of	S5095		

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S5095	Continued From page 5	S5095		

the bed. The resident helped by pushing up on the mattress and moving his legs off to the side. He sat on the side of the bed for a minute and then stood up independently and walked to the bathroom. CNA E cued him on how to sit on the toilet but and helped to pull down his pants. CNA E proceeded to dress him while he sat on the toilet, and he raised his feet when needed to remove overnight clothes and put on clean pullup and pants. CNA E then explained she was going to take off his shirt and once she got it started, he helped her finish the process. He also helped with putting on his clean shirt. When he finished CNA E provided peri-care and then cued him to brush his teeth and wash his face.

Interview on 11/25/25 at 09:55 AM CNA E reported if staff do not try and hurry R4, he will help do everything. She stated it is how you talk to him that makes a difference in how he responds to you. CNA E also reported as long as you are patient with him and talk to him he does not have any behaviors. She stated he does wander around and go to the doors wanting to go outside so we take him for walks sometimes and he will also get up and walk around and go into the bathroom and we are able to cue him to try and use it when he goes in on his own.

Interview on 11/25/25 at 09:40 AM Operator/Nurse A reported staff had to do most everything for him and coded him a "3" because he needed staff assistance. She reported staff have to put his hands in his sleeves and once you get it started, he helps out to finish. Operator/Nurse A reported as far as toileting he uses the toilet, but staff have to take him and sometimes he refuses to sit down. Operator A

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also confirmed impaired decision making and behaviors should have been marked on the FCS because he does not make appropriate daily decisions and will get angry at times.

The operator failed to ensure designated staff completed R4's FCS accurately related to dressing, decision making ability, behaviors, current medications and Hospice services.

- Review of R5's medical record revealed she moved into the facility on 08/28/25 with a diagnoses of malignant neoplasm and depression.

R5's "Functional Capacity Screen" (FCS) dated 08/28/25 identified R5 was unable to participate in bathing and management of medications. It failed to include current medications or that she received services from Hospice.

Interview on 11/25/25 at 09:57 AM Certified Nurse Aide E reported R5 is pretty independent, but will ask for help if she needs it. Hospices comes in and helps her with her showers.

Interview on 11/25/25 at 12:20 PM R5 reported Hospice comes in and helps with her showers but she washes what she can reach, and Hospice does the rest.

Interview on 11/25/25 at 02:40 PM Operator/Nurse A reported she coded R5 a "3' in bathing because she needed help with it. She also confirmed she did not include her current medications or that she was on Hospice services on her FCS.

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S5095	Continued From page 7 The operator failed to ensure designated staff completed R5's FCS accurately and completely to identify R5's functional ability related to bathing, current medications, and Hospice services. - Review of R6's medical record revealed she moved into the facility on 11/07/25 with diagnoses of neuropathy and osteoporosis. R6's "Functional Capacity Screen" dated 11/07/25 staff coded bathing, dressing, toileting, transfers, and walking/mobility a "3", indicating they could not participate in the task. It also did not include current medications the resident took. Observation on 11/25/25 at 11:04 AM Certified Nurse Aide (CNA) E took resident to the restroom via wheelchair. Staff positioned the wheelchair up to the grab bar, put a gait belt on R6. R6 held onto the bar with both hands, help pull herself up to a standing position and then moved her feet to position onto the toilet. Interview on 11/25/25 at 09:58 AM Certified Nurse Aide E reported the times she has helped R6 she needs a lot of assistance, but she can follow simple directions and cues with getting dressed and everything. Interview on 11/25/25 at 10:52 AM Operator/Nurse A confirmed coding R6's activities of daily living "3" was incorrect and should have been a "2". She also reported she now know she should have included the medications the resident took at the time she did the FCS.	S5095		

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S5095	Continued From page 8 The operator failed to ensure designated staff completed R6's FCS accurately and completely to identify R6's functional ability related to activities of daily living and current medications.	S5095		
S5105 SS=F	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)(3) The facility reported a census of three residents(R). The sample included three residents and one closed record review. Based on interview, and record review for three (R4, R5, R6) of three sampled residents and one (R3) of one closed record review the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's	S5105		

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"Functional Capacity Screen" and service needs, which included a description of services, who provided the service, and payment source if the service is from an outside source.

Findings included:

- Review of R3's medical record revealed he moved into the facility on 08/29/25 with diagnosis of type II diabetes.

R3's "Functional Capacity Screen" dated 08/29/25 identified R3 was unable to manage his medical treatments, needed physical assistance with eating, had current problem/risk of falls and had impaired hearing.

R3's "Negotiated Service Agreement" (NSA) dated 08/29/25 failed to include a description of services or who provided services for management of medical treatments, assistance with eating, falls and impaired hearing.

Interview on 11/25/25 at 02:36 PM Operator/Nurse A reviewed R3's NSA and confirmed it did not address service or who provided management of medical treatments, assistance with eating, falls and impaired hearing.

Review of the undated "Service Plans/Agreement" policy a residents "Negotiated Service Plan" will include a description of the service provided and the provider of the service.

The operator failed to ensure designated staff completed R3's NSA based on the FCS and service needs identified.

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S5105	Continued From page 10 - Review of R4's medical record revealed he moved into the facility on 10/19/25 with a diagnoses of dementia and obsessive-compulsive personality disorder. R4's "Functional Capacity Screen" (FCS) dated 10/19/25 identified he was unable to perform bathing, dressing, toileting and unable to manage his medical treatments. He had frequent bladder incontinence, had a problem with fall risk and wandering. R4's "Negotiated Service Agreement" (NSA) dated 10/19/25 failed to include a description of services and who provided services related to bathing, dressing, toileting, management of medical treatments, bladder incontinence, falls risk and wandering. It also failed to identify he received Hospice services, who provided those services, and payment source for the services. Interview on 11/25/25 at 09:52 AM Operator/Nurse A reviewed R4's FCS and NSA and confirmed it did not address bathing, dressing, toileting, treatments, bladder incontinence, falls and wandering. She confirmed it also did not address his need for Hospice services, who provided the services and payment source for the service. Review of the undated "Service Plans/Agreement" policy a residents "Negotiated Service Plan" will include a description of the service provided, who the provider of the service is, and identification of the party responsible for payment for outside resources.	S5105		

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S5105	Continued From page 11 The operator failed to ensure designated staff completed R4's NSA according to the FCS and service needs identified. - Review of R5's medical record revealed she moved into the facility on 08/28/25 with a diagnoses of malignant neoplasm to left breast and depression. R5's "Functional Capacity Screen" (FCS) dated 08/28/25 identified R5 was unable to manage medical treatments, had a risk for falls and had impaired decision-making ability. R5's "Negotiated Service Agreement" dated 08/28/25 failed to include a description of services and who provided services for management of medical treatments, risk for falls and impaired decision-making. It identified a Hospice company to assist with her showers but failed to identify she received "Hospice" services and payment source for those services. Interview on 11/25/25 at 02:40 PM Operator/Nurse A confirmed R5's NSA did not include a description of services, who provided the services related to medical treatments, falls and impaired decision-making ability. She confirmed it did not specify that R5 received Hospice services and payment source for their service. Review of the undated "Service Plans/Agreement" policy a residents "Negotiated Service Plan" will include a description of the service provided, who the provider of the service is, and identification of the party responsible for payment for outside resources.	S5105		

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S5105	Continued From page 12 The operator failed to ensure designated staff completed R5's NSA based on the FCS and her service needs. - Review of R6's medical record revealed she moved into the facility on 11/07/25 with diagnoses of neuropathy and osteoporosis. R6's "Functional Capacity Screen" (FCS) dated 11/07/25 revealed R6 was unable to perform any part of the task for bathing, dressing, toileting, transfers, mobility and management of medical treatments. She also had current problem/risk for falls, had impaired vision, impaired hearing, and impaired decision-making ability. R6's "Negotiated Service Agreement" (NSA) dated 11/07/25 failed to include a description of services and who provided the service related to bathing, dressing, toileting, transfers, mobility, and management of medical treatments. The NSA also failed to address falls, impaired vision, impaired hearing, and impaired decision-making. Interview on 11/25/25 at 10:54 AM Operator/Nurse A reviewed R6's FCS and NSA and confirmed the NSA did not include a description of services or who provided the service for R6's regarding bathing, dressing, toileting, transfers, mobility, falls, impaired vision and hearing and decision-making ability. Review of the undated "Service Plans/Agreement" policy a residents "Negotiated Service Plan" will include a description of the service provided and who provided the service.	S5105		

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S5105	Continued From page 13 The operator failed to ensure designated staff completed R6's NSA based on the FCS and service needs.	S5105		
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 three residents(R). The sample included three residents and one closed record review. Based on interview, and record review the operator failed to ensure designated staff reviewed and revised, if necessary, the "Negotiated Service Agreement" for one (R6) of three sampled residents following a significant change in condition as defined in KAR 26-39-100. Findings Included:	S5116		

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S5116	Continued From page 14 - Review of R6's medical record revealed she moved into the facility on 11/07/25 with diagnoses of neuropathy and osteoporosis. R6's "Functional Capacity Screen" (FCS) dated 11/07/25 revealed R6 was unable to perform any part bathing, dressing, toileting, transfers or walking/mobility. R6's "Negotiated Service Agreement" (NSA) dated 11/07/25 failed to include a description of services and who provided the service related to bathing, dressing, toileting, transfers, mobility, and management of medical treatments. R6's medical record included a physician's order 11/12/25 for physical therapy. Interview on 11/25/25 at 11:20 AM Operator/Nurse A confirmed R6 had her initial evaluation for physical therapy on 11/12/25 and has had a couple more visits since. Operator/Nurse A reported she did not realize she needed to revise the NSA just because R6 started services with physical therapy, which is from an outside resource. The operator failed to ensure designated staff reviewed and revised the NSA for R6's when she started services for skilled physical therapy.	S5116		
S5126 SS=D	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	S5126		

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S5126	Continued From page 15	S5126		

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 three residents (R). The sample included three residents and one closed record review. Based on interview and record review for one (R3) of one closed record, the operator failed to ensure that everyone involved in the development of the "Negotiated Service Agreement" signed the agreement.

Findings included:

- R3's medical record revealed he moved into the facility on 08/29/25 with a diagnosis of type II diabetes.

R3's "Functional Capacity Screen" (FCS) dated 08/29/25 identified he was unable to participate in any activities of daily living and needed physical assistance with eating.

R3's "Negotiated Service Agreement" (NSA) dated 08/29/25 failed to have any signatures of those who participate in the development of the agreement.

Interview on 11/25/25 at 02:36 PM
Operator/Nurse A reported the resident arrived at the facility via transportation company and his legal representative never did come in to sign

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S5126	Continued From page 16 the NSA. The operator failed to ensure that everyone involved in the development of R3's NSA signed it.	S5126		
S5190 SS=F	26-42-206 (d) Dietary Services (d)(1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (d)(1) The facility reported a census of three residents. Based on observation, interview and record review the operator failed to ensure the facility menu was available to each resident on at least a weekly basis. Findings included: - During initial tour on 11/24/25 at 09:05 AM observation revealed a communication board with the activity calendar, lunch meal for today but did not include a menu for the week. On 11/24/25 at 09:06 AM Administrative Certified Nurse Aide (CNA) B asked R 4 what sounded good for dinner. R4 did not respond. On 11/24/25 at 10:31 AM Administrative CNA B said they did have a premade menu, but the residents can choose whatever they want.	S5190		

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S5190	Continued From page 17 Administrative CNA B reported the menu used to be posted on the board but since there were only three people here, they took it down and plan daily according to what the residents want. The operator failed to ensure the facility menus were available to each resident on a weekly basis.	S5190		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility reported a census of three residents. Based on record review and interview, the operator failed to ensure staff prepared food using safe methods and ensured staff served	S5192		

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S5192	Continued From page 18 foods at the proper temperature for all residents in the facility. - During initial tour on 11/24/25 at 10:13 AM review of the food temperature logs revealed the following: The first evidence of monitoring food temperatures was on 09/23/25. The September log lacked any food temperatures for breakfast on the 26th and 28th. The October log lacked any temperatures for 20th, 21st, and 22nd. The November Log did not have any food temperatures for dinner on 4th, 5th,6th, and 7th. It had no record of food temps for all meals on the 13th, 14th, 17th, 20th, and 21st. Interview on 11/24/25 at 10:15 AM Operator/Nurse A reported the first resident moved into the facility on 08/28/25. Operator/Nurse A stated she did not know they needed to temp foods so when they found out they were supposed to, they started temping foods. Operator/Nurse A reported staff were supposed to temp all foods to ensure the foods were cooked thoroughly and served at the right temperature. According to the " Dietary Guidelines for Americans 2005" recommends: Bacteria grow most rapidly in the range of 40°F and 140°F. To keep food out of this danger zone, keep cold food cold (below 40°F) and hot food hot (above 140°F). F The refrigerator should be set at no higher than 40°F and the freezer at 0°F, and these temperatures should be checked with an appliance thermometer.	S5192		

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S5192	Continued From page 19 The operator failed to ensure staff checked the temperature of foods to ensure staff cooked it to the proper temperature as well as served at a proper temperature.	S5192		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a 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 three residents. Based on observations and interview the operator failed to ensure staff stored all foods under safe and sanitary conditions. Findings included: - Observations during initial tour of the overflow freezer on 11/24/25 at 09:24 AM contained six unlabeled/undated baggies of hamburger chub portions that staff cut into smaller portions. It also contained three baggies labeled pork but did not include a date staff took it out of the original package and the date it needed to be used. The main refrigerator/freezer contained the following:	S5195		

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S5195	Continued From page 20 Baggie labeled ham dated 08/29, undated baggie with sliced tomato that had whitish juice in baggie, grocers bag with cucumbers that were moldy. Interview on 11/24/25 at 10:11 AM Operator/Nurse A confirmed food items should be dated and labeled and threw away the food from the refrigerator that was not labeled and rotten. She also confirmed the hamburger, and pork also should have included a date to use since they had been taken out of According to the 2005 Dietary Guidelines Food Code all foods not easily identified and not in their original container shall be labeled with their common name. Foods prepared and held for more than 24 hours shall be clearly marked to indicate the date by which the food shall be consumed. The operator failed to ensure staff stored prepared foods to include label and date of when food is to be consumed or discarded.	S5195		
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	S5211		

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S5211	Continued From page 21 by: KAR 26-42-104(c)(1)(2)(3) The facility reported a census of three residents. Based on interview for all residents, the operator failed to ensure written agreements with appropriate sources to provide fresh water in case of an emergency and transportation of residents to the evacuation site if needed. Findings included: - Surveyor requested copies of written agreements for provision of fresh water incase of an emergency, evacuation site incase of an emergency, and transportation to the evacuation site incase of an emergency. Review of the agreement provided on 11/24/25 at 06:44 PM was an agreement with another local facility as and evacuation site in case of an emergency. It did not include an agreement for fresh water or transportation to the evacuation site in case of an emergency. Interview on 11/25/25 at 11:52 AM Operator/Nurse A reported she thought the agreement she had with the facility for evacuation site covered everything. She reviewed the agreement and confirmed she had not gotten a written agreements from a provider for fresh water should the facility water go bad to drink, and did not have an agreement for transportation to the evacuation site. The operator failed to obtain written agreements for the services of fresh water and transportation to the evacuation site should there be an	S5211		

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S5211	Continued From page 22 emergency or disaster.	S5211		
S5251 SS=F	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(R). The sample included three residents and one closed record review. Based on interview and record review the operator failed to ensure the medical records contained documentation of all incidents, symptoms, and other indications of illness or injury including the date and time, action taken, and results of the action for two (R4, R6) of three sampled residents. Findings included: - Review of R4's medical record revealed he moved into the facility on 10/19/25 with a diagnoses of dementia and obsessive-compulsive personality disorder. R4's "Functional Capacity Screen" (FCS) dated 10/19/25 identified he was unable to perform bathing, dressing, toileting and unable to	S5251		

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manage his medical treatments. He had frequent bladder incontinence, had a problem with fall risk and wandering.

R4's "Negotiated Service Agreement" (NSA) dated 10/19/25 identified qualified staff administered medications, was sometimes able to understand others, and had impaired cognition.

R4's November pharmacy printed medication included the following medications and start dates:
Lorazepam 0.5mg (milligram) every 4 hours as needed started 10/22/25.
Bumetanide 1 mg every morning and 0.5 tablet in afternoon for edema started 10/27/25.
Cholestyramine 4gm (gram) pack daily and every 8 hours as needed for chronic diarrhea started on 10/27/25.
Quetiapine Fumarate 50 mg three times a day started on 10/22/25.
Quetiapine 25mg/0.2ml (mililiters) topical every two hours as needed for psychosis started on 10/27/25.

R4's "Nurse Notes' included two entries, one on the day of admission and another the day after admission noting he was settling in well to the facility. The notes lacked documentation as to any signs or symptoms of diarrhea, edema, or psychosis to warrant the need to initiate above medications or results after the medications were initiated.

Interview on 11/25/25 AT 09:55 AM
Operator/Nurse A reported she documented in nurses notes every 2-3 months after they move

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S5251	Continued From page 24	S5251		

in or when something happens, or they change. Operator/Nurse A reported she did not realize she needed to document behaviors or when new orders for medications were received and follow up on the results of the medications.

Review of the undated "Narrative Charting Entries" policy included specific format for documentation to include all essential facts related to resident status, state the actions/interventions made in response to the date, and follow up documentation of the resident's response to the action taken.

The operator failed to ensure R4's record included documentation of all incidents, symptoms, and other indications including the occurrence, action taken and results of the action.

- Review of R6's medical record revealed she moved into the facility on 11/07/25 with diagnoses of neuropathy and osteoporosis.

R6's "Functional Capacity Screen" (FCS) dated 11/07/25 revealed R6 was unable to perform any part bathing, dressing, toileting, transfers or walking/mobility.

R6's "Negotiated Service Agreement" (NSA) dated 11/07/25 failed to include a description of services and who provided the service related to bathing, dressing, toileting, transfers, mobility, and management of medical treatments.

R6's medical record included a physician's order 11/12/25 for physical therapy.

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S5251	Continued From page 25 R6's nursing documentation lacked documentation as to resident having a new order for physical therapy, what the purpose was and goal Interview on 11/25/25 at 11:22 AM Operator/Nurse A reported she documented in resident charts every 2-3 months unless something happened, then she documented more often. Operator/Nurse A reported she did now know she needed to document that the resident had started physical therapy services. Review of the undated "Narrative Charting Entries" policy included specific format for documentation to include all essential facts related to resident status, state the actions/interventions made in response to the date, and follow up documentation of the resident's response to the action taken. The operator failed to ensure R6's record included documentation of all incidents, symptoms, and other indications including the occurrence, action taken and results of the action, related to the initiation of physical therapy services.	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (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;	S5258		

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S5258	Continued From page 26 (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 carehome; 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 work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1) The facility reported a census of three residents. Based on record review and interview for two of five newly hired certified staff, the operator failed to ensure certified employee records contained evidence of registration/certification check upon hire for "Nurse Aide" which requires specialized education and training. Findings included: - Review of Certified Nurse Aide (CNA) C"s employee record revealed he was hired on 08/28/25 and his first day of work was 09/24/25. However, designated staff checked his certification on 10/20/25, 38 days after beginning duties.	S5258		

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S5258	Continued From page 27 Review of CNA D's employee record revealed she was hired on 09/01/25 and her first day of work was 10/22/25. However, designated staff checked her certification on 10/30/25, eight days after beginning duties. Interview on 11/24/25 at 01:46 PM Administrative CNA B reported when she started, she found that some had not been completed so she did them after they had already worked. She confirmed the registry checks were supposed to be done on hire, before they begin floor duties. The operator failed to ensure newly hired employee records contained evidence that designated staff completed Kansas Registry Check upon hire.	S5258		
S5300 SS=F	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home 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 home has responsibility. (2) Medication aides shall not administer medication through the parenteral route.	S5300		

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S5300	Continued From page 28 This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The facility reported a census of three residents(R). The sample included three residents and one closed record review. Based on record review and interview the operator failed to ensure staff obtained medical providers written medication orders for two (R4 and R5) of three sampled residents and failed to follow professional standards of practice for medication administration for three (R4, R5, R6) of three sampled residents for whom the facility was responsible for administering medications. Findings included: - Review of R4's medical record revealed he moved into the facility on 10/19/25 with a diagnoses of dementia and obsessive-compulsive personality disorder. R4's "Functional Capacity Screen" (FCS) dated 10/19/25 identified he could not manage his own medications and had impaired decision-making ability. R4's "Negotiated Service Agreement" (NSA) dated 10/19/25 identified R4's qualified staff would administer medications. Review of R4's admission Hospice orders dated 10/17/25 which directed to continue medications according to Medication Administration Record	S5300		

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(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
S5300	Continued From page 29 (MAR) and medical providers orders written on 10/20/25 revealed concerns related to R4's October MAR. R4's October 2025 MAR included the following ordered medications, but were not on the MAR or administered: Diclofenac gel 1% apply to lower back in the morning and bedtime Dorzolamide HCL-Timolol Mal Ophthalmic solution 2-0.5% instill one drop in both eyes every morning and bed time. The following medications were administered but not according to physician's orders: Desitin 40% topical paste apply liberally to scrotum, buttocks, sacrum as needed (PRN)- staff scheduled the medication twice a day instead of PRN. Seroquel 25 milligram (mg), give 0.5 tablet once a day PRN for agitation - staff scheduled the twice a day on the MAR. The following medications were administered or on the MAR but did not have physician's orders for the medication: Cosopt 22.3mg-6.8 mg eye drops give one drop in both eyes twice daily for Glaucoma (did not have orders for this medication) Haloperidol Deaconate 50 mg/ml inject 1 ml (mililiter) intramuscularly once monthly Erythromycin 5mg/gram 0.5% eye ointment, apply a thin ribbon to lower eye lid of left eye four times a day for seven days -- initialed as administered three times a day for 13 days. Quetiapine 25mg/0.2ml topical every two hours as needed.	S5300		

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S5300	Continued From page 30 The October 2025 MAR also included "X" in the medication boxes for Bumetanide, Cholestyramine, Cosopt, Cyanocobalamin, Desitin, Lomotil, and Mirtazapine. The October MAR included orders to administer Bumetanide 1 mg twice a day and hold if blood pressure less than 90/40. However, the MAR did not include monitoring of daily blood pressures to indicate if the medication was to be administered or held. R4's November 2025 MAR included the following concerns: Loperamide 2mg cap every 12 hours PRN for 15 days. Staff initiated the medication on 10/22/25 and continued to be initialed as given through 11/24/25. Lorazepam 0.5 mg every 4 hours PRN but is on the November MAR scheduled for AM, Noon, Evening and Night - was initialed as given am and night from 11/03/25 through 11/24/25 with no documentation of why given or follow up on effectiveness. Seroquel 25mg 0.5 tab once a day as needed for agitation - given three times without documentation as time, why, and follow-up on results. Seroquel 25mg/0m2ml gel apply 0.2 ml topically every two hours PRN for psychosis -Did not have an order for this medication and it was initialed as given six times without time, why, or follow up on results. For the October and November 2025 MARs medications that were to be administered PRN failed to include specific documentation regarding why the medication was administer,	S5300		

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S5300	Continued From page 31 and follow-up as to effectiveness of medication. Interview on 11/25/25 at 10:01 AM Operator/Nurse A reported when she started, she did not know she needed to put her initials in the boxes to indicate she administered the medications and put an "X" because she was used to electronic MARs. She also reported medications that are "as needed" she put the times in so it would show what time they were given. Operator/Nurse A looked at the back side of the MAR and did not know she was supposed to document "as needed" medications on the back, including date, time, medication /dose, why given and follow-up results. Operator RN A also confirmed there were some medications they did not have orders for but the nurse was supposed to be bringing orders later today. As of 12/2/25 at 01:08 PM the operator failed to provided orders for above medication concerns. Review of the Certified Medication Aide curriculum indicates the person administering medication is to place an identifying initial in the boxes related to the medications administer and time administered. It also identified when administering a PRN medications documentation will include reason the medication was administer and later record the resident's response to the medications. The operator failed to ensure designated staff administered R4's medications according to a physician's written order and according to standards of practice. - Review of R5's medical record revealed she	S5300		

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S5300	Continued From page 32 moved into the facility on 08/28/25 with a diagnoses of malignant neoplasm to left breast and depression. R5's "Functional Capacity Screen" (FCS) dated 08/28/25 identified R5 was unable to manage medications and medical treatments and had impaired decision-making ability. R5's "Negotiated Service Agreement" dated 08/28/25 qualified staff would administer medications. Review of R5's written medical provider orders and Medication Administration Records (MAR) revealed the following concerns: R5's September and October 2025 MAR included "X" in the medication boxes. The September MAR also included administration of the following as needed (PRN) medications without documentation of reason for administering or follow up on results of medication: Lorazepam 0.5mg every 8 hours PRN for anxiety, administered three times. Acetaminophen 500 mg two tablets every 8 hours PRN for pain administered 14 times The October MAR included the following PRN medications administered without a reason for administration or follow-up on results of administration. Lorazepam 0,5mg every eight hours as needed for anxiety administered once. Lidocaine 6% cream to affected area every 4 hours PRN for pain administered 31 times	S5300		

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S5300	Continued From page 33 Hydrocodone-Acetaminophen 5-325mg one tablet every 4 hours PRN pain, administered 30 times. The November 2025 MAR included the following PRN medications administered without documentation of why or follow up as to results of administration. Lidocaine 6% cream to effected are every four hours PRN and staff initialed administration 62 times. Lorazepam 0.5 mg every 8 hours PRN administered 8 times. Interview on 11/25/25 at 10:01 AM Operator/Nurse A reported when she started, she did not know she needed to put her initials in the boxes to indicate she administered the medications and put an "X" because she was used to electronic MARs. She also reported medications that are "as needed" she put the scheduled times in so it would show what time they were given. Operator/Nurse A looked at the back side of the MAR and did not know she was supposed to document "as needed" medications on the back, including date, time, medication /dose, why given and follow-up results. The September, October and November 2025 MARs included documentation of administration of Loratadine 10 milligram (mg) tablet two tablets twice a day with no physicians order in the record for administration. Interview on 11/25/25 at 03:11 PM Operator/Nurse A looked for orders in the chart and in her email for Loratadine and could not find a physician's order. She stated the medical	S5300		

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S5300	Continued From page 34	S5300		

provide will be here today and clarify orders.

As of 12/2/25 at 02:38 PM Operator A had not provided a written physicians order for the Loratadine.

Review of the Certified Medication Aide curriculum indicates the person administering medication is to place an identifying initial in the boxes related to the medications administer and time administered. It also identified when administering PRN medications documentation will include reason the medication was administered and later record the resident's response to the medications.

The operator failed to ensure designated staff administered medications according to written medical provider orders and standards of practice.

- Review of R6's medical record revealed she moved into the facility on 11/07/25 with diagnoses of neuropathy and osteoporosis.

R6's "Functional Capacity Screen" (FCS) dated 11/07/25 revealed R6 was unable to perform management of her medications and medical treatments and had impaired decision-making ability.

R6's "Negotiated Service Agreement" (NSA) dated 11/07/25 qualified staff would administer medications.

Review of R6's November 2025 Medication Administration Record (MAR) revealed staff administered the following as needed (PRN)

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S5300	Continued From page 35 medications without documentation of reason for administration or follow-up as to results of administration: Acetaminophen ER 650 milligrams (mg) one tablet every 6 hours PRN back pain. Staff initialed administration 5 times since moving into the facility. Interview on 11/25/25 at 10:01 AM Operator/Nurse A reported she did not know she was supposed to document "as needed" medications on the back of the MAR, including date, time, medication /dose, why given and follow-up results. Review of the Certified Medication Aide curriculum identified when administering a PRN medications documentation will include reason the medication was administer and later record the resident's response to the medications. Review of the facilities ""Basic Care Services" identified staff are to administer medications according to physician orders and PRN medications according to physician orders, resident requests, and state regulations. The operator failed to ensure designated staff followed standards of practice related to administering PRN medications for R6.	S5300		
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	S5313		

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S5313	Continued From page 36 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 three residents (R). Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each package and/or bottle/tube of over-the-counter medications. Findings included: - On 11/25/25 at 09:28 AM Operator/Nurse A unlocked the medication cart for inspection which revealed the following medications without a resident's full name on the bottle: Senna S, Tylenol Extra Strength, Vitamin C, Ibuprofen in the top drawer without any name on the bottles or box. The other drawers also included a box of Dulcolax suppositories, Vitamin B 12, Allergy relief medication, bottle of Aleve, Ondansetron 4 milligram tablets, and another box of allergy medication all without a resident name on the box or bottle. Interview on 11/25/25 at 09:38 AM,	S5313		

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S5313	Continued From page 37 Operator/Nurse A acknowledged reported the medications in the top drawer were for "stock" medications and did not realize they needed to have their full names on them. The operator failed to ensure each over-the-counter medication included the residents' full name on the package and the medication container.	S5313		
S5315 SS=E	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 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	S5315		

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S5315	Continued From page 38 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 three residents. Based on observation and interview the Operator failed to ensure staff stored Tuberculin solution so staff did not accidentally administered beyond the manufacturers or pharmacy recommended date of expiration. Findings included: - Observation on 11/24/25 at 11:42 AM Operator/Nurse A unlocked the medication refrigerator for inspection. It included an undated box of Tuberculin solution. When found, Operator/Nurse A reported they got the medication back in September when they got their first resident an did not realize it expired 30 days after initial use. Tuberculin manufacturer guidelines directions for storage include to date the tuberculin vial when opening and discard it after 30 days. The operator failed to ensure Tuberculin solution was stored to ensure that it was not accidentally administered beyond the manufacturers or	S5315		

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S5315	Continued From page 39 pharmacy' recommended date of expiration.	S5315		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The facility reported a census of three residents. Based on observation and interview the operator failed to ensure staff-maintained chemicals in secured areas to maintain the safety of all residents and the public. Findings included: - Review of the "Resident Roster" provided by Operator/Nurse A revealed one of the three residents had impaired cognition and had issues with wandering in the house. Observation during initial tour on 11/24/25 at 09:47 AM in the laundry room on the sink was a spray can of Raid flying insect spray, container of Clorox disinfectant wipes and a spray bottle of Windex. All the above chemicals had different types of warnings related to ingestion, eyes, and	S5335		

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S5335	Continued From page 40 skin, along with a keep out of reach of children warning. Interview on 11/24/25 at 09:48 AM Operator/Nurse A reported staff were to keep the cleaning products in the locked cabinet under the sink. The operator failed to ensure staff kept chemicals safely secured to maintain safety for all residents and the public.	S5335		
S9999	Final Observations KAR 26-42-103(c) (c) If the home plus admits residents with dementia, the administrator or operator shall ensure the provision of staff education, at orientation and at least annually thereafter, on the treatment and appropriate response to persons who exhibit behaviors associated with dementia. This requirement is not met as evidenced by: Scope and severity of D Findings included: The facility reported a census of three residents. Based on record review and interview the operator failed to ensure staff were educated at orientation on the treatment and appropriate responses to persons who exhibit behaviors associated with dementia. - Review of the resident roster provided by	S9999		

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S9999	Continued From page 41	S9999		

Operator/Nurse A identified one of three residents had impaired cognition and wandered throughout the home.

R4's medical record revealed he moved into the facility on 10/19/25 with a diagnoses of dementia and obsessive-compulsive personality disorder.

R4's "Functional Capacity Screen" dated 10/19/25 identified he was independent with mobility, had impaired cognition and wandering.

R4's "Negotiated Service Agreement and Health Care Service Plan" did not address R4's wandering or impaired cognition.

R4 had a "Simple care plan" for employees that identified R4 a high elopement risk as he frequently attempted to outdoors and gates. Staff needed to be aware of night movements as he would wander into other resident rooms. It also directed staff to speak kindly as he can become angry and get confused easily.

Review of 5 newly hired employee files lacked evidence of dementia training at orientation to the facility.

On 11/24/25 at 01:48 PM after Operator/Nurse A and Administrative Certified Nurse Aide B looked through new employee information, Operator/Nurse A confirmed they had not provided dementia education for staff.

Review of the undated "Staff Training" policy it identified staff will receive initial orientation and ongoing in-service trainign based on needs of residents including dementia care, managing

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S9999	Continued From page 42 behavioral challenges, wandering and elopement. The operator failed to ensure the provision of staff education, at orientation on the treatment and appropriate response to persons who exhibit behaviors associated with dementia.	S9999		