Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N085008	A. BUILDING: _____ B. WING _____	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIGNITY CARE HOME	745 FAITH DRIVE SALINA, KS 67401

(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 resurvey with complaints (#193244 and #190506) at the above named facility conducted on 12/16/25.	S 000		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (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 census equaled 26 residents. The sample included 3 residents. Based on record review, interview and observation for 1 sampled Resident (R)1, the facility failed to ensure a licensed nurse (LN) performed an assessment	S3175		

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

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S3175	Continued From page 1	S3175		

for residents who self-administered some of their medications.

Findings included:

- The "Resident Roster" obtained on 12/16/25 from Operator/ Licensed Nurse (LN) A identified no residents as self- administering medications and identified two residents as requiring insulin by injection (R1 and R4)

- Record review for R1 revealed an admission date of 11/16/23 with diagnoses of type II diabetes mellitus.

Review of resident's current "Functional Capacity Screen" dated 02/03/25 recorded the resident was unable to perform management of medications and treatments.

Review of resident's addendum to the Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 09/30/25 recorded R1 received insulin four times daily, completed by staff and resident.

Review of R1's record lacked evidence a licensed nurse performed a self-administration of medication assessment.

Observation on 12/16/25 at 11:45 AM in R1's room revealed Certified Medication Aide (CMA) E dial R1's insulin pen and R1 self-injected to her abdomen.

Interview on 12/16/25 at 02:26 PM with Operator/ LN A confirmed record lacked a self-administration assessment for R1 to

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S3175	Continued From page 2 self-inject her insulin. Facility's "Policy for self administration of medications by resident" (no date) recorded, "A resident may manage and self- administer their own medications if an assessment by a licensed nurse or physician has determined that the resident can perform this function safely and accurately. The facility failed to ensure a licensed nurse performed an assessment for R1, who self-administered her insulin.	S3175		
S3202 SS=D	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) (4) The facility reported a census of 26 residents. The sample included 3 residents. Based on record review and interview for 1 sampled Residents(R)1 and 1 non-sampled Resident (R)4 requiring insulin by injection, Operator/ Licensed Nurse (LN) A failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when	S3202		

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S3202	Continued From page 3 medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse. Findings included: - The "Resident Roster" obtained on 12/16/25 from Operator/ LN A identified two residents as receiving insulin by injection (R1 and R4). - Record review for R1 revealed an admission date of 11/16/23 with diagnosis of type 2 diabetes mellitus. Review of resident's current "Functional Capacity Screen" dated 02/03/25 recorded the resident was unable to perform management of medications and treatments. Review of resident's addendum to the negotiated service agreement/ health care service plan dated 09/30/25 recorded insulin was administered four times daily by staff and resident. Review of R1's December 2025 "Medication Administration Record" (MAR) revealed the following; "NovoLOG Insulin 12 units three times a day with meals" signed off as administered by CMA C on 12/03/25, 12/08/25, 12/09/25, 12/12/25, 12/13/25 and 12/14/25. Review of sampled personnel records on 12/16/25 recorded the following CMAs recently hired, competency exams for dialing insulin pens were requested. CMA C, hire date 10/28/25, CMA D, hire date 07/03/25.	S3202		

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S3202	Continued From page 4 Interview on 12/16/25 at 11:30 AM with LN B confirmed competencies for CMAs to dial insulin pens were not documented for CMA C and CMA D. Facility's "Policy and procedure for administering insulin injections" (no date) recorded, "After receiving proper teaching the CMA's may observe resident giving self-injection with a pre-filled, pre-marked, dated syringe." Operator/ LN A failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse.	S3202		