STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087116	A. BUILDING: _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRECIOUS GEMS HOMES AT POLO DR	5502 E POLO DRIVE WICHITA, KS 67208

(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 represents the findings of a Re-Licensure survey with complaint investigations 195248, 195586, 195938, 197054, 197053, 197217, 197306, 197423, 197442, 197609 for the above named Home Plus facility conducted on 12/15/25, 12/16/25 an 12/17/25.	S 000		
S5085 SS=E	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c)(2) The facility reported a census of eight residents(R). The sample included three residents and one closed record review. Based on observation, interview, and record review the operator failed to ensure designated staff completed a resident "Functional Capacity Screen" for two (R3and R4) of three sampled residents following a significant change in condition as defined in KAR 26-39-100. Findings Included:	S5085		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5085	Continued From page 1 - Review of R3's record revealed he moved into the facility on 11/04/24 with a diagnosis of multiple sclerosis. R3's current "Functional Capacity Screen" dated 03/19/25 revealed he required physical assistance with bathing, toileting, transfers, mobility and management of medications and medical treatments. It also identified him with significant impaired cognition. Interview on 12/16/25 at 09:30 Am R3 reported he is independent in all his activities of daily living. He said he has a cane he uses sometimes when he got out of the facility for appointments, but he does not need any assistance for staff with cares. Interview on 12/16/25 at 11:18 AM Certified Medication Aide C reported R3 likes to be independent. He comes out for meals on his own and we really don't help him with anything. Observation on 12/16/25 at 11:20 AM resident walked out of his room independently using his cane and sat in chair beside surveyor. After a short discussion he got up and went outside without assistance of staff. Interview on 12/17/25 at 10:18 AM Administrative Operator/Nurse A reported he does not want anyone to help him, but we do set up for him to shower and then clean after he is done. Administrative Operator/Nurse A reported the staff are supposed to help him but he doesn't want their help, so he does all of his activities of daily living on his own.	S5085		

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S5085	Continued From page 2 The operator failed to complete a new FCS when R3 no longer required physical assistance of staff and started to self administer his medications. - Review of R4's record revealed he moved into the facility on 05/31/25 with diagnosis of bipolar disorder. R4's current "Functional Capacity Screen" (FCS) dated 05/31/25 identified he needed assistance with transfers and walking/mobility. Observation on 12/15/25 from 01:00 PM to 05:00 PM resident walked around the facility, in and out the front and back door to smoke and he also was outside working on his car in the driveway. He was up and down from the couch and the dining room chair without any assistance of staff. Interview on 12/16/25 at 02:22 PM Certified Medication Aide I reported R4 does need some assistance with dressing and at the table because he is blind in one eye. However, he is independent with walking around in the facility an when he goes outside. He gets up and down without staff helping him. Interview on 12/17/25 at 10:37 AM Administrative Operator/Nurse A confirmed he needed more assistance when he first came and is now more independent. Review of the "Functional Capacity Screen" policy dated December 2024 identified the "Functional Capacity Screen" will be completed if resident had a significant change.	S5085		

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S5085	Continued From page 3 The operator failed to complete a new FCS when R4 had a significant improvement in functional ability.	S5085		
S5116 SS=E	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2) The facility reported a census of eight residents (R). The sample included three residents and one closed record. Based on observation, interview and record review the operator failed to ensure staff reviewed and revised two (R3and R4) of three sampled resident's "Negotiated Service Agreement" when the resident had a significant change in status. Findings Included:	S5116		

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S5116	Continued From page 4	S5116		

- Review of R3's record revealed he moved into the facility on 11/04/24 with a diagnosis of multiple sclerosis.

R3's current "Functional Capacity Screen" dated 03/19/25 revealed he required physical assistance with bathing, toileting, transfers, mobility and management of medications and medical treatments. It also identified him with significant impaired cognition.

R3's "Negotiated Service Agreement" (NSA) dated 03/19/25 revealed staff provided assistance of 1 staff for showered, assistance of 1 staff with toileting, transfers, mobility/walking and that the Certified Medication Aide or Licensed Nurse would administer his medications and medical treatments.

R3's record also included services from a local Home Health company for Skilled Nursing and Physical therapy. According to the company, R3 received services from 03/20/25 to 04/14/25.

Review of R3's record lacked review/revision of when he started or stopped Home Health services.

Interview on 12/16/25 at 09:30 AM R3 reported he is independent in all his activities of daily living. He said he has a cane he uses sometimes when he got out of the facility for appointments, but he does not need any assistance for staff with cares.

Interview on 12/16/25 at 11:18 AM Certified Medication Aide C reported R3 likes to be independent. He comes out for meals on his

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S5116	Continued From page 5	S5116		

own and we really don't help him with anything.

Observation on 12/16/25 at 11:20 AM resident walked out of his room independently using his cane and sat in chair beside surveyor. After a short discussion he got up and went outside without assistance of staff.

Interview on 12/17/25 at 10:19 AM Administrative Operator/Nurse A reviewed the NSA and confirmed when staff no longer helped him and when he started and stopped therapy, she should have revised the NSA to identify his current service needs.

The operator failed to review/revise R3' NSA when he no longer required physical assistance of staff, started to self administer his medications, and received home health services.

- Review of R4's record revealed he moved into the facility on 05/31/25 with diagnosis of bipolar disorder.

R4's current "Functional Capacity Screen" (FCS) dated 05/31/25 identified he needed assistance with transfers and walking/mobility.

R4's NSA dated 05/31/25 identified he needed assistance of 1 staff with transfers and physical assistance with walking/mobility.

Observation on 12/15/25 from 01:00 PM to 05:00 PM resident walked around the facility, in and out the front and back door to smoke and he also was outside working on his car in the driveway. He was up and down from the couch and the dining room chair without any assistance of staff.

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S5116	Continued From page 6 Interview on 12/16/25 at 02:22 PM Certified Medication Aide I reported R4 does need some assistance with dressing and at the table because he is blind in one eye. However, he is independent with walking around in the facility an when he goes outside. He gets up and down without staff helping him. Interview on 12/17/25 at 10:39 AM Administrative Operator/Nurse A confirmed she should have revised his NSA when he had improved status. Review of the "Negotiated Service Agreement" Policy dated December 2024 revealed staff will complete a "Negotiated Service Agreement" with a significant change. The operator failed to review and revise R4's NSA when R4 had a significant improvement in functional ability.	S5116		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		

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S5230	Continued From page 7 This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c) The facility reported a census of eight residents(R). The sample included three residents, one closed record review and review of five newly hired staff records. Based on interview and record review for five of five newly hired staff, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of the five newly hired employee files revealed the following irregularities: Certified Medication Aide (CMA) C hired on hired on 09/11/25 with first day of work on 10/02/25 did not have a two-step TB skin test completed. Housekeeping staff D hired on 07/01/25 with her first day of work on 07/13/25 did not receive her TB symptom screen until 07/23/25 and did not have a second TB skin test completed. CMA E hired on 10/08/25 with her first day of work on 10/15/25 had a TB symptom screen completed on 11/17/25, her first TB skin test planted on 11/17/25, and did not receive a second TB skin test.	S5230		

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S5230	Continued From page 8 CMA hired on 08/26/25 with his first day of work on 09/01/25 had a Chest X-ray for TB completed on 11/18/25. Certified Nurse Aide G hired on 08/08/25 did not have a TB symptom screen conducted with the questions according to TB guidelines. Interview on 12/17/25 at 09:52 AM Administrative Operator/Nurse A reported the nurse does their TB screen before they start on the floor, and we do the TB skin testing the same day they start for training. She reviewed each employee above and confirmed their TB testing had not been completed according to TB guidelines. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new employee shall have an initial TB symptoms screen that includes the components of the Tuberculosis Screen Questionnaire within seven days of employment and shall receive a two-step skin test or equivalent testing within seven days of employment. The "Tuberculosis" policy dated December 2024 revealed employees will have screening for TB upon employment and shall receive a two-step tuberculin test within seven days of residency unless certain condtions were met. The operator failed to ensure designated staff completed TB screens and testing according to the department's guidelines.	S5230		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records	S5258		

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S5258	Continued From page 9 (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; (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 eight residents. Based on record review and interview for one of five newly hired certified staff, the operator failed to ensure certified employee records contained evidence of registration/certification check upon hire for "Medication Aide" which requires specialized education and training. Findings included:	S5258		

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S5258	Continued From page 10 - Review of Certified Medication Aide (CMA) C"s employee record revealed he was hired on 09/11/25 and his first day of work was 10/02/25. However, designated staff checked his certification on 10/30/25, 28 days after working the floor. Interview on 12/17/25 at 10:01 AM Administrative Operator/Nurse A reported reviewed CMA C's record and confirmed his registry check should have been completed before he started working the floor. The operator failed to ensure newly hired employee records contained evidence that designated staff completed Kansas Registry Check upon hire.	S5258		
S5300 SS=E	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 11 This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The facility reported a census of eight residents(R). The sample included three residents and one closed record review. Based on record review and interview the operator failed to ensure staff administered medications according to standards of practice for three (R3, R4, R5) of three sampled residents and one (R10) closed record review for whom the facility was responsible for administering medications. Findings included: - Review of R3's record revealed he moved into the facility on 11/04/24 with diagnosis of multiple sclerosis. R3's "Functional Capacity Screen" dated 03/19/25 identified he needed physical assistance with management of his medications, and he had impaired cognition. R3's "Negotiated Service Agreement" dated 03/19/25 identified Certified Medication Aides or Licensed Nurses would administer medications and medical treatments. Staff were also to offer him choices and help make simple decisions related to impaired cognition. Review of the "Charting Codes" on the electronic "Medication Administration Record" (MAR) had the following possibilities:	S5300		

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S5300	Continued From page 12	S5300		

VIT - No pass per vitals
OUT - Out of building
FAM - with family
OTH - other

Review of R3's May 2025 MAR revealed the following:
Lexapro 10 Milligrams (mg) daily - coded VIT and documented unavailable or completed 11 times from 05/19/25 to 05/31/25

June 2025 MAR
Lexapro 10 mg daily -coded VIT and documented as not available on the first and second.
Seroquel 25 mg at bedtime coded VIT or OTH and documented not available four days in a row.

August 2025 MAR
Carisoprodol 350mg two times a day coded VIT and documented unavailable or completed 5 doses in a row.

Review of R3's nursing observation notes and monthly notes lacked documentation of physician notification of resident's medications not available for administration.

Interview on 12/17/25 at 10:29 AM Administrative Operator/Nurse A reported she did not know what "completed" meant but if a medication is unavailable the person passing medications is to call the pharmacy to make sure it was ordered and get it into the building. If it is not going to be available for more than a day, we contact the physician to let him know.

The operator failed to ensure facility staff

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S5300	Continued From page 13 administered R3's medications according to his physician's orders and standards of practice. - R4 moved into the facility on 05/31/25 with diagnoses of bipolar disorder and heart disease. R4's "Functional Capacity Screen" dated 05/31/25 identified he was unable to participate in any part of management of his medications or medical treatments and had impaired cognition. R4's "Negotiated Service Agreement" dated 05/31/25 identified the Certified Medication Aide and Licensed Nurse would administer medications and medical treatments, and staff were to advise him of risk of choices and redirect as needed. Review of the "Charting Codes" on the electronic "Medication Administration Record" (MAR) had the following possibilities: VIT - No pass per vitals OUT - Out of building FAM - with family OTH - other Review of R4's "Medication Administration Records" (MAR) revealed the following: October 2025 MAR: Acetaminophen 500 milligrams (mg) three times a day coded VIT 20 times and documented unavailable or "blank" 14 times. Interview on 12/17/25 at 10:29 AM Administrative Operator/Nurse A reported she did not know what "completed" meant but if a medication is unavailable the person passing medications is to call the pharmacy to make sure it was ordered	S5300		

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S5300	Continued From page 14	S5300		

and get it into the building. If it is not going to be available for more than a day, we contact the physician to let him know.

The operator failed to ensure facility staff administered R4's medications according to his physicians orders and standards of practice.

- R5's record revealed she moved into the facility on 05/02/23 with diagnosis of dementia.

R5's "Functional Capacity Screen" dated 12/10/25 revealed she was unable to participate in the task of management of medications and medical treatments and had impaired cognition.

R5's "Negotiated Service Agreement" dated 12/10/25 identified certified medication aides and licensed nurses would administer medications and provide reminder, cues and choices throughout the day.

Review of the "Charting Codes" on the electronic "Medication Administration Record" (MAR) had the following possibilities:
VIT - No pass per vitals
OUT - Out of building
FAM - with family
OTH - other

Review of R5's nursing observation notes lacked documentation of informing the physician medications as listed below were unavailable.

Review of R5's "Medication Administration Records" (MAR) included the following:
October 2025 MAR
Lorazepam (antianxiety) scheduled for two times

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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 15 a day- coded VIT and documented as unavailable for four doses in a row. Oxycodone (narcotic pain med.) three times a day- coded VIT 6 doses in a row and documented unavailable, on order, or "blank". Interview on 12/17/25 at 10:29 AM Administrative Operator/Nurse A reported she did not know what "completed" meant but if a medication is unavailable the person passing medications is to call the pharmacy to make sure it was ordered and get it into the building. If it is not going to be available for more than a day, we contact the physician to let him know. The operator failed to ensure facility staff administered R5's medications according to his physician's orders and standards of practice. - Review of R10,s record revealed she moved into the facility on 08/07/25 with diagnoses of diabetes mellitus type II and pulmonary edema. R10's "Functional Capacity Screen" dated 08/07/25 revealed she was unable to participate in management of her medications and had cognitive impairment. R10's "Negotiated Service Agreement" dated 08/07/25 Certified Medication Aides and Licensed nurses administered identified medications. Staff prepared R10's insulin, dialed it to the correct dose, and then R10 self-injected her insulin. Review of the "Charting Codes" on the electronic "Medication Administration Record" (MAR) had the following possibilities:	S5300		

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S5300	Continued From page 16 VIT - No pass per vitals OUT - Out of building FAM - with family OTH - other Review of R10's "Medication Administration Records" (MAR) revealed the following: September 2025 MAR Lantus inject 16 units daily - Coded "VIT" 16 times and documented refused twice, "No Need" twice and blank the other 12 times. Interview on 12/17/25 at 10:29 AM Administrative Operator/Nurse A reported she did not know what "completed" meant but if a medication is unavailable the person passing medications is to call the pharmacy to make sure it was ordered and get it into the building. If it is not going to be available for more than a day, we contact the physician to let him know. The operator failed to ensure facility staff administered R10's medications according to his physician's orders and standards of practice.	S5300		
S5301 SS=E	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and	S5301		

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S5301	Continued From page 17 (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d)((3)(D) The facility reported a census of eight residents (R). The sample included three residents and one focused record review. Based on record review and interview the operator failed to ensure certified staff documented the administration of each resident's medication in the medication administration record immediately before or following completion of the tsk. Findings included: - Review of R3's record revealed he moved into the facility on 11/04/24 with diagnosis of multiple sclerosis. R3's "Functional Capacity Screen" dated 03/19/25 identified he needed physical assistance with management of his medications, and he had impaired cognition. R3's "Negotiated Service Agreement" dated 03/19/25 identified Certified Medication Aides or Licensed Nurses would administer medications	S5301		

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and medical treatments. Staff were also to offer him choices and help make simple decisions related to impaired cognition.

Review of R3's electronic "Medication Administration Record" revealed the following times when staff failed to initial administration of R3's medications:

May 2025 MAR lacked documentation of administration for the following medications:
Seroquel (antipsychotic)-12 days
Flomax (alpha blocker) 12 days
Soma (muscle relaxer) 10 times for the 05:00 PM dose
Metoprolol (blood pressure) 10 times for the 05:00 PM dose.

June MAR lacked documentation of administration for the following medications - 08:00 AM medications on 06/10/25 - Aspirin, Lexapro (antidepressant), Soma, Lisinopril (blood pressure) and Metoprolol.

August MAR (from 08/01 to 08/14/25) lacked documentation of administration for the following medications:
Soma two times for 05:00 pm dose
Seroquel two times
Flomax two times,
Lorazepam (antianxiety) one time

Interview on 12/16/25 at 09:30 AM R3 reported in the past he had concerns if the staff were giving him his medications correctly, so he is doing them now.

Interview on 12/17/25 at 10:28 AM Administrative

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Operator/Nurse A reported she expected staff to document their initials for every medication pass no matter if it is as needed (PRN) or scheduled. Administrative Operator/Nurse A confirmed staff failed to initial administration of medications according to standards of practice.

The operator failed to ensure certified staff initialed the administration of medications immediately before or following giving R3 his medications.

- R4 moved into the facility on 05/31/25 with diagnoses of bipolar disorder and heart disease.

R4's "Functional Capacity Screen" dated 05/31/25 identified he was unable to participate in any part of management of his medications or medical treatments and had impaired cognition.

R4's "Negotiated Service Agreement" dated 05/31/25 identified the Certified Medication Aide and Licensed Nurse would administer medications and medical treatments and staff were to advise him of risk of choices and redirect as needed.

Review of R4's "Medication Administration Records" (MAR) lacked staff documentation of administration for the following medications:

October 2025 MAR:
Atorvastatin (high cholesterol)- 4 doses
Carvedilol (heart circulation) - 10 doses
Lidocaine patches (pain) - 13 days
Acetaminophen - 24 doses

November 2025 MAR:

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S5301	Continued From page 20 Amlodipine (blood pressure)- 4 days Atorvastatin - 3 days Carvedilol - 5 doses Acetaminophen - 20 doses Haloperidol (antipsychotic) -5 doses December 2025 MAR as of 12/16/25: Atorvastatin 2 doses Carvedilol 3 doses Acetaminophen - 13 doses Haloperidol - 3 doses Interview on 12/17/25 at 10:28 AM Administrative Operator/Nurse A reported she expected staff to document their initials for every medication pass no matter if it is PRN or scheduled. Administrative Operator/Nurse A confirmed staff failed to initial administration of medications according to standards of practice. The operator failed to ensure certified staff initialed the administration of medications immediately before or following giving R4 his medications. - R5's record revealed she moved into the facility on 05/02/23 with diagnosis of dementia. R5's "Functional Capacity Screen" dated 12/10/25 revealed she was unable to participate in the task of management of medications and medical treatments and had impaired cognition. R5's "Negotiated Service Agreement" dated 12/10/25 identified certified medication aides and licensed nurses would administer medications and provide reminder, cues and choices throughout the day.	S5301		

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S5301	Continued From page 21 Review of R5's "Medication Administration Records" (MAR) lacked staff documentation of administration for the following medications: October 2025 MAR: Amlodipine (blood pressure) - 3 doses Lorazepam (antianxiety) - 3 doses Oxycodone (narcotic pain med) - 10 doses November 2025 - resident out of the facility. December 2025 MAR from 12/11/25 to 12/16/25: 12/13/25 - staff failed to document administration of her 05:00 PM and 08:00 PM medications; Lorazepam, Aripiprazole (antianxiety), Oxycodone, Metformin (diabetes), Sertraline (antidepressant), and Cefuroxime (antibiotic). 12/14/25 did not initial oxycodone 08:00 AM or 12:00 PM dose. Interview on 12/17/25 at 10:28 AM Administrative Operator/Nurse A reported she expected staff to document their initials for every medication pass no matter if it is PRN or scheduled. Administrative Operator/Nurse A confirmed staff failed to initial administration of medications according to standards of practice. The operator failed to ensure certified staff initialed the administration of medications immediately before or following giving R5 her medications. - Review of R10,s record revealed she moved into the facility on 08/07/25 with diagnoses of diabetes mellitus type II and pulmonary edema.	S5301		

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R10's "Functional Capacity Screen" dated 08/07/25 revealed she was unable to participate in management of her medications and had cognitive impairment.

R10's "Negotiated Service Agreement" dated 08/07/25 Certified Medication Aides and Licensed nurses administered identified medications. Staff prepared R10's insulin, dialed it to the correct dose, and then R10 self-injected her insulin.

Review of R10's "Medication Administration Records" (MAR) lacked staff documentation of administration for the following medications:

September 2025 MAR:
Cephalexin (antibiotic) scheduled for 12:00 AM not initialed 26 doses.
Bumetanide -(diuretic)- 8 doses
Carvedilol (blood pressure) - 2 doses
Lispro Insulin - 3 doses
Lantus insulin - 2 doses

October 2025 MAR:
Aspirin - 6 doses
Atorvastatin (high cholesterol) - 5 doses
Bumetanide - 17 doses
Carvedilol - 15 doses
Tramadol - twice a day for pain and had two times not initialed
Tramadol increased to four times a day starting 10/15/25 - and there were 29 times staff failed to document administration of the medication.

Interview on 12/17/25 at 10:28 AM Administrative Operator/Nurse A reported she expected staff to document their initials for every medication pass

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S5301	Continued From page 23 no matter if it is PRN or scheduled. Administrative Operator/Nurse A confirmed staff failed to initial administration of medications according to standards of practice. The operator failed to ensure certified staff initialed the administration of medications immediately before or following giving R10 her medications.	S5301		
S5375 SS=F	28-39-437 Heating and Conditioning (h) The heating, air conditioning, and ventilation systems shall maintain a year-round indoor temperature range of 70° F to 85° F in the resident use areas. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (h) The facility reported a census of eight residents (R). Based on observations and interviews the operator failed to ensure the heating system maintained a year-round indoor temperature range of 70 degrees Fahrenheit (F) to 85 degrees F. This failure had the potential to affect all residents in the facility. Findings include: - Surveyor entered the facility on 12/15/25 at 12:20 PM. Upon entering the facility residents either sat in the living room, front room or in their personal rooms. Residents that were in the living room or dining room all had on a sweater, jacket or layers for warmth.	S5375		

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S5375	Continued From page 24 During initial tour and while visiting residents, the surveyor placed her digital thermometer in the two main living areas of the facility. The thermometer read 68.4 degrees F at 01:17 PM. The thermometer read 68.3 degrees F at 02:22 PM in the dining room. Surveyor checked the temperature throughout the day on 12/15/25 and it would consistently range between 68 degrees F and 70 Degrees F. Interview on 12/15/25 at 12:35 PM, R7 reported he knew they had some issues with the furnace not working but a company came and worked on it. He stated there was one night that they did not have any heat, but they gave us extra blankets to help stay warm. On 12/15/25 at 12:40 PM R6 reported he did not think it had been too cold but knew the heating company had been here working on it. On 12/15/25 at 12:46 PM Administrative Staff B reported the old furnace was not circulating to all of the rooms, so they had to get a new system. Administrative Staff B confirmed there were residents who complained of it being too cold while others complained it was too hot. Administrative Staff B confirmed there was a power outage and she got extra blankets out for everyone and it was out for about four hours. Administrative Staff B reported we have a resident who kept messing with the thermostat turning it way down, so we had to move it to the furnace room. Observation/Interview on 12/15/25 at 01:16 PM Administrative Operator/Nurse A showed surveyor the thermostat which is in the locked	S5375		

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laundry room where the furnace is. The thermostat is set to 80 degrees Fahrenheit and is on the same wall right beside the furnace. Administrative Staff A reported she had to move the thermostat because R3 kept adjusting the thermostat and even tore it off the wall when she put a protective cover over it.

Interview 12/15/25 at 01:36 PM Administrative Operator/Nurse A reported the whole power went out in the neighborhood earlier December and back in November. We have extra blankets for this purpose. Resident put of sweaters or jackets until the power came back on. She reported she had a local heating company come and put in a new system last week and while they were doing that, they brought in big portable heaters in the common areas and had residents keep their doors open so the heat could get to them.

Interview on 12/15/25 at 01:51 PM R8 reported he felt warmer with the old unit but did not think it was too cold. R8 confirmed they had big space heaters going while the company worked on the furnace and getting the new unit put in.

Interview on 12/15/25 at 02:08 PM R5 reported it had been cold but she liked it cold so she could get under the covers.

Interview on12/15/25 at 02:20 PM R4 reported he was cold and lifted his jacket revealing he had on about 4 layers of sweatshirts.

Interview on 12/15/25 at 02:22 PM R6 and R7 confirmed it was cool in the house, but they mostly kept their jackets on because they went out to smoke throughout the day.

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S5375	Continued From page 26 Interview on 12/15/25 at 03:23 PM the heating company reported the system was not working properly as designed so when they were called to come today, they decided to move the thermostat back to the hall instead of using an "app" because it would be more reliable. Interview on 12/16/25 at 08:30 AM R6 and R7 stated it was a lot warmer last night after they got the furnace fixed. Interview on 12/16/25 at 09:30 AM R3 reported he knew it got down to 51 degrees F in the facility the other night when they did not have any heat because he has a thermometer in his room. He showed the surveyor, and it read 72 degrees F. Review of the "HVAC Outage" policy dated December 2025 which identified if the temperature in the house is below 45 or above 90 for more than 4 hours, plans will be made to relocate residents. The operator failed to ensure the heating system functioned properly to maintain an indoor temperature range that did not go below 70 degrees F.	S5375		