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	B087274	A. BUILDING: _____ B. WING _____	12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BORA CARE HOME PLUS LLC	1172 N PINECREST STREET 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 represent the findings of an initial certification survey for the above named Home Plus facility conducted on 12/22/25 and 12/23/25.	S 000		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: 5029 KAR 26-42-101(g) The operator reported a census of three residents. Based on observation and interview the operator failed to ensure policies and procedures were available and failed to post a notice of availability of policies and procedures related to resident services was in a place readily accessible to residents. Findings included: - On 12/22/25 at 12:30 PM during the initial tour of the facility a notice of availability of policies and procedures was not located.	S5029		

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

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S5029	Continued From page 1 On 12/23/25 at approximately 02:00 PM Administrative Staff A stated she did not have policies and procedures available at the facility as she had loaned them out to another facility and they had not yet been returned. The operator failed to ensure a notice of availability was posted in a place readily accessible to residents and failed to ensure policies and procedures were available at the facility.	S5029		
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. This REQUIREMENT is not met as evidenced by: 5095 KAR 26-42-201(d) The facility reported a census of three residents with all three included in the sample. Based on interview, and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) accurately reflected the resident's cognitive status for Resident (R)101, R102 and R103. Findings included:	S5095		

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S5095	Continued From page 2	S5095		

- R101's medical record revealed she moved into the facility on 06/12/25 with a diagnosis of cerebral infarction.

The 06/12/25 Admission FCS identified R101 had a cognition score of eleven when the highest score possible could only be a four.

On 12/23/25 at 12:10 PM Administrative Staff A confirmed R101's FCS was inaccurately filled out for cognition.

The operator failed to ensure R101's FCS was completed accurately for cognition.

- R102's medical record revealed she moved into the facility on 10/21/25 with a diagnosis of acute renal failure.

The 10/21/25 Admission FCS identified R102 was independent with management of her medications and treatments, and documented cognition with checkmarks instead of either a "0" or "1" and failed to provide a total cognition score.

On 12/23/25 at 12:15 PM Administrative Staff A confirmed R102's FCS was not filled out accurately for cognition and that R102 did not manage her medications and treatments herself but staff administered them for her.

The operator failed to ensure R102's FCS was completed accurately for cognition.

- R103's medical record revealed she moved

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S5095	Continued From page 3 into the facility on 11/05/25 with a diagnosis of generalized weakness. The 11/05/25 Admission FCS identified R103's cognition as severely impaired with a score of four. On 12/23/25 at 12:30 PM Administrative Staff A confirmed R103's FCS was inaccurate as she did not have any problems with cognition. The operator failed to ensure R103's FCS was completed accurately for cognition.	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)	S5105		

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S5105	Continued From page 4 The facility reported a census of three residents with all residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)101 , R102 and R103. Findings included: - R101's medical record revealed she moved into the facility on 06/12/25 with a diagnosis of cerebral infarction. The 06/12/25 FCS documented R101 was unable to manage her treatments, and triggered for falls, impaired vision, impaired hearing and impaired decision making. The 06/12/25 NSA did not address R101's management of treatments, falls, impaired vision, impaired hearing and impaired decision making. On 12/23/25 at 12:10 PM Administrative Staff A confirmed that not all that triggered on R101's FCS was addressed on the NSA. The operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS, her service needs, and preferences. - R102's medical record revealed she moved into the facility on 10/21/25 with a diagnosis of acute renal failure.	S5105		

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S5105	Continued From page 5 The 10/21/25 FCS identified R102 required physical assistance with transfers, and triggered for falls, impaired vision and impaired hearing. The 10/21/25 NSA did not address what services staff provided R102 concerning falls, impaired vision, and impaired hearing. On 12/23/25 at 12:15 PM Administrative Staff A confirmed that not all that triggered on R102's FCS was addressed on the NSA. The operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS, her service needs, and preferences. - R103's medical record revealed she moved into the facility on 11/05/25 with a diagnosis of generalized weakness. The 11/05/25 FCS identified R103 required physical assistance with transfers, management of her medications and triggered for impaired vision. The 11/05/25 NSA did not address the management of R103's treatments or what services staff provided concerning visual impairment. The NSA did not address R103's use of bedrails or identify which home health company she received services from. On 12/23/25 at 12:30 PM Administrative Staff A confirmed that R103's NSA did not address the use of bed rails, management of treatments and what services staff provided for impaired vision. Administrative Staff A stated the NSA did not identify the provider of home health services.	S5105		

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S5105	Continued From page 6 The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS, her service needs, and preferences.	S5105		
S5161 SS=F	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: 5161 KAR 26-42-204(d) The facility reported a census of three residents with all three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for Resident (R)101, R102 and R103. Findings included: - R101's medical record revealed she moved into the facility on 06/12/25 with a diagnosis of cerebral infarction. The 06/12/25 "Functional Capacity Screen" (FCS) identified R101 required physical assistance with dressing and was unable to	S5161		

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S5161	Continued From page 7 manage her medications and treatments. R101's most recent NSA was completed on 06/12/25 and did not identify the nurse responsible for the implementation and supervision of the health care services plan. On 12/23/25 at 12:10 PM Administrative Staff A confirmed that R101's NSA did not identify the nurse responsible for the implementation and supervision of health care services plan. The operator failed to ensure the NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan for R101. - R102's medical record revealed she moved into the facility on 10/21/25 with a diagnosis of acute renal failure. The 06/12/25 FCS identified R102 required physical assistance with bathing, dressing, toileting, transfers, and walking. On 12/23/25 at 12:15 PM Administrative Staff A confirmed that R102's NSA did not identify the nurse responsible for the implementation and supervision of health care services plan. The operator failed to ensure the NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan for R102. - R103's medical record revealed she moved into the facility on 11/05/25 with a diagnosis of generalized weakness.	S5161		

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S5161	Continued From page 8 The 11/05/25 FCS identified R103 required physical assistance with bathing, dressing, toileting, transfers, mobility, management of medications and management of treatments. On 12/23/25 at 12:30 PM Administrative Staff A confirmed that R103's NSA did not identify the nurse responsible for the implementation and supervision of health care services plan. The operator failed to ensure the NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan for R103.	S5161		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced	S5215		

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S5215	Continued From page 9 by: 5215 KAR 26-42-104(d)(3)(4) The facility reported a census of three residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 12/22/25 documentation of quarterly reviews of the emergency management plan was requested from Administrative Staff A. The facility lacked documentation of quarterly reviews completed for 2024 and 2025. Documentation was also requested for year evacuation drills, but no documentation was provided. On 12/22/25 at 01:42 PM Administrative Staff A stated she reviewed the emergency management plan with residents upon admission, but she has not completed quarterly reviews with staff and residents and has not completed an annual evacuation drill. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff and failed to complete an annual evacuation drill.	S5215		
S5220 SS=F	26-42-104 (e) Emergency Plan Available (e) Each administrator or operator shall make the	S5220		

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S5220	Continued From page 10 emergency management plan available to the staff, residents, and visitors. This REQUIREMENT is not met as evidenced by: 5220 KAR 26-42-104(e) The facility reported a census of three residents. Based on observation and interview the operator failed to ensure a copy of the emergency management plan was made available to staff, residents, and visitors. Findings included: - On 12/22/25 at approximately 12:30 PM during the initial tour of the facility a copy of the emergency management plan was not located. On 12/23/25 at approximately 02:00 PM Administrative Staff A stated she did not have a copy of the emergency management plan that was accessible to staff and residents. The operator failed to ensure a copy of the emergency management plan was made available to staff, residents, and visitors.	S5220		
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;	S5230		

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S5230	Continued From page 11 (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: 5320 KAR 26-42-207(c) The facility reported a census of three residents. Based on interview and record review for three residents and three new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Review of three newly hired staff records revealed the following: "Certified Medication Aide" (CMA) B's personnel record revealed a hire date of 11/08/24. The operator failed to ensure a TB symptom screen questionnaire was completed upon hire. "Certified Nurse Aide" (CNA) C's personnel record revealed a hire date of 10/07/24. The operator failed to ensure a TB symptom screen questionnaire, and a two-step TB Skin Test (TST)	S5230		

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S5230	Continued From page 12 was completed upon hire. "Administrative Nurse" (LN) A's personnel record revealed a TB symptom screen questionnaire was not completed. On 12/22/25 at 03:55 PM Administrative Staff A stated she did not complete a TB symptom screen questionnaire was not completed for newly hired staff. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of ...employment." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees. - Resident (R)103 moved into the facility on 11/05/25 with a diagnosis of generalized muscle weakness. R103's medical record failed to locate a TB symptom screen questionnaire and two-step TST was completed within seven days of admission. On 12/23/25 at 12:30 PM Administrative Staff A stated a TB screen questionnaire and two-step TST was not completed for R103 upon admission to the facility. The June 2013 "Tuberculosis (TB) Guidelines for	S5230		

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S5230	Continued From page 13 Adult Care Homes" documented, "Each resident ...shall have an initial TB symptom screen ...within 7 days of residency ...Each new resident ...shall receive a two-step TST ...within 7 days of residency ..." The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105.	S5230		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: 5251 KAR 26-42-105(f)(11) The facility reported a census of three residents. The sample included three residents. Based on record review and interview for three sampled the operator failed to ensure documentation in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action for Resident (R)103.	S5251		

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S5251	Continued From page 14 Findings included: - Review of R103's medical record revealed she was admitted to the facility on 11/05/25 with a diagnosis of generalized weakness. The 11/05/25 "Functional Capacity Screen" (FCS) documented R103 required physical assistance with bathing, dressing, toileting, transfers, mobility, medication and treatment management. The 11/05/25 "Negotiated Service Agreement" (NSA) failed to identify Licensed Nurse A was responsible for the implementation and supervision of R103's health care services. Review of R103's medical records failed to locate any nursing notes that documented her admission to the facility, transfer to the hospital and re-admission to the facility and what treatments and services staff were to provide after her hospitalization. On 12/23/25 at 11:00 AM Administrative Staff A stated R103 admitted to the facility on 11/05/25 and was transferred to the hospital on 11/10/25. R103 and was at the hospital for about five weeks and returned to the facility on 12/09/25 with orders for home health services. Administrative Staff A stated there was no actual admission notes, notes documenting when R103 went to the hospital, or when R103 returned from the hospital. The operator failed to ensure documentation for	S5251		

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S5251	Continued From page 15 R103's care was in accordance with accepted professional standards and practices.	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; (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: 5258 KAR 26-42-102(d)(1)(2) The facility reported a census of three residents. Based on interview and record review, the	S5258		

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S5258	Continued From page 16 operator failed to ensure two of two newly hired employees records included evidence of verification with the nurse aide registry was completed prior to staff employment, and the operator failed to ensure two of two newly hired employee records included evidence a criminal background check was completed in a timely manner. Findings included: - Review of employee files conducted on 12/23/25 revealed the following: Certified Medication Aide (CMA) B was hired on 11/08/24. Documentation revealed verification with the nurse aide registry was completed on 12/23/24, 45 days after being hired. Review of documentation revealed a criminal background check was completed by the Kansas Bureau of Investigations (KBI) on 12/23/24, 76 days after the date of hire. Certified Nurse Aide (CNA) C was hired on 10/07/24. Documentation revealed verification with the nurse aide registry was completed on 12/23/24, 77 days after being hired. Review of documentation revealed a criminal background check was completed by the Kansas Bureau of Investigations (KBI) on 12/23/24, 108 days after the date of hire. The operator failed to ensure verification with the nurse aide registry were completed prior to staff employment and criminal background checks of newly hired staff were completed in a timely manner.	S5258		

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S5313	Continued From page 17	S5313		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: 5313 KAR 26-42-205(g)(3) The facility reported a census of three residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over-the-counter medications (OTC). Findings included: - Observation on 12/22/25 at 12:34 PM of the medication cart revealed the following OTC medications that were not labelled with the resident's full name: One bottle of Centrum Silver Women 50+	S5313		

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S5313	Continued From page 18 Two bottles of Camber Polyethylene Glycol Laxative One bottle of Procaps Coenzyme Q-10 One bottle of Miralax One bottle of Tums Antacid One bottle of Kroger Allergy Relief The operator failed to ensure all over-the-counter medications were labeled with the resident's full name.	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	S5315		

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S5315	Continued From page 19 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 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: 5315 KAR 26-42-205(h)(4) The facility reported a census of three residents at the time of the initial certification survey. Based on observation and interview, the operator failed to ensure medications were stored in accordance with each manufacturer's recommendations. Findings included: - Observation on 12/22/25 at 12:30 PM the facility's medication room had a refrigerator with an opened box with an unsealed vial of tuberculin that lacked an opened date. The box, product insert and the vial of tuberculin itself contained instructions that a vial of tuberculin which has been entered and in use for	S5315		

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S5315	Continued From page 20 30 days should be discarded. On 12/22/25 at approximately 12:30 PM Administrative Staff A acknowledged the vial was not dated as to when it was opened. The operator failed to ensure medications were stored in accordance with each manufacturer's recommendations.	S5315		
S5316 SS=E	26-42-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist.	S5316		

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S5316	Continued From page 21 This REQUIREMENT is not met as evidenced by: 5316 KAR 26-42-205(i) The facility reported a census of three residents. Based on interview and record review the operator failed to ensure designated staff maintained medication records for an accurate reconciliation of controlled medications for Resident (R)101, R102 and R103. Findings included: - Observation of the medication cart on 12/22/25 at 12:45 PM revealed the following results of a random narcotics count: A medication reconciliation sheet for Alprazolam 0.5 milligrams (mg.), as needed for R101 lacked any documentation of medication administered. The corresponding medication card had a count of 21 pills left out of an original count of 30. A medication reconciliation sheet for Oxycodone HCL 30 mg. for R 103 documented 45 pills were administered and the medication card showed that 42 pills remaining on the card for a discrepancy of three pills not accounted for A medication reconciliation sheet for Alprazolam 0.5 mg. for R103 documented nine pills remaining and the medication card had eight pills remaining for a discrepancy of one pill not accounted for.	S5316		

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S5316	Continued From page 22 A medication reconciliation sheet for Lorazepam 1 mg. for R102 documented 32 pills remaining and the medication card had 30 pills remaining for a discrepancy of two pills not accounted for. A medication reconciliation sheet for Oxycodone for R103 documented 45 pills remaining and the medication card had 42 remaining for a discrepancy of three pills not accounted for. A medication reconciliation sheet for Alprazolam 0.5 mg., as needed for R103 documented nine pills remaining and the medication card had eight pills remaining for a discrepancy of one pill not accounted for. On 12/22/25 at approximately 12:45 PM "Certified Medication Aide" (CMA) D confirmed the Alprazolam medication card had pills administered but no there was no documentation completed on the corresponding medication card. CMA D stated she did not know where to document so she did not. CMA D stated staff did not count the narcotics each shift to ensure the counts were correct. On 12/22/25 at 01:19 PM Administrative Staff A stated she expected the medication cards and medication reconciliation sheets to balance, and narcotic reconciliation should be completed after each shift. The operator failed to ensure designated staff maintained medication records for an accurate reconciliation when six controlled medications had amounts less than the amount documented as remaining.	S5316		

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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: 5335 KAR 28-39- 437(a) The facility reported a census of three residents. Based on observation, and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - Observations during initial tour on 12/22/25 revealed the following unlocked chemicals: On 12/23/25 at 01:23 PM an observation of an unlocked storage closet in the south hallway revealed a 16-ounce spray bottle of Medline Skintegrity Wound Cleanser with a KEEP OUT OF REACH OF CHILDREN warning label. On 12/23/25 at 02:41 PM an observation of an unlocked storage closet located off the kitchen contained the following unlocked chemicals: A one-quart bottle of Miracle Sealants Tile and Stone Cleaner	S5335		

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S5335	Continued From page 24 A one-quart bottle of Miracle Sealants Tile, Stone, and Grout Sealer On 12/23/35 at 02:44 PM a lockable under the sink cabinet contained the following unlocked chemicals with a KEEP OUT OF REACH OF CHILDREN warning label: One 10-ounce (oz.) spray can of STEM ant, roach, spider spray Two 10 oz. spray cans of Dust-Off Electronics Duster One 32 fluid (fl.) ounce spray bottle of Scrubbing Bubbles Mega Shower Foamer One 32 fl. oz. spray bottle of Kroger Glass Cleaner One 32 fl. oz. spray bottle of Great Value Stain Remover One 32 fl. oz. spray bottle of 409 Multi-surface Cleaner The operator failed to ensure staff kept chemicals locked for resident safety.	S5335		
S9999	Final Observations 9999 KAR 26-42-103(a) The administrator or operator shall ensure the provision of orientation to new employees and regular in-service education for all employees included fire prevention and safety, disaster	S9999		

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S9999	Continued From page 25	S9999		

procedures, accident prevention, resident rights, infection control and prevention of abuse, neglect, and exploitation of residents.

This requirement is not met as evidenced by:

scope/severity of F

The facility reported a census of three residents. Based on interview and record review the operator failed to provide documentation newly hired staff received orientation and regular in-service education were conducted for all staff.

Findings included:

- Record review for Certified Medication Aide (CMA) B revealed a hire date of 11/08/24. The record lacked evidence of documentation of orientation education was completed upon hire. The record also lacked evidence regular in-service education had been completed.

Record review for Certified Nurse Aide (CNA) C revealed a hire date of 10/07/24. The record lacked evidence of documentation of orientation education was completed upon hire.The record also lacked evidence regular in-service education had been completed.

On 12/23/25 at 02:00 PM Administrative Staff A stated she did not have documentation that orientation education was completed for newly hired staff and regular in-service education was completed thereafter.

The operator failed to provide orientation for

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S9999	Continued From page 26 newly hired staff and regular in-service education was conducted for all staff.	S9999		