| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B087305 | A. BUILDING: _____ B. WING _____ | 02/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MJ HOME PLUS | 1828 S WHITE OAK CIRCLE WICHITA, KS 67207 |

| (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 |
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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of the licensure resurvey for the above named facility conducted on 02/12/26. | S 000 | | |
| S5265 SS=D | 26-42-205 (a) (1) Medication Self Administration Assessment<br><br>(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.<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R. 26-42-205 (a) (1)<br><br>The home reported a census of 2 residents. The sample included 2 "Residents'" (R)1 and R2. Based on record review and interview the Operator failed to ensure the "Licensed Nurse" (LN) performed an assessment for R2 that | S5265 | | |

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

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| S5265 | Continued From page 1<br>determined R2 could safely and accurately without staff assistance self-administer his own insulin.<br><br>Findings included:<br><br>- Record review for R2 revealed an admission date of 01/16/26 with diagnoses of bipolar disorder, cognitive impairment, convulsions, cerebral vascular accident with right hemiplegia, depression, diabetes mellitus type one, and diastolic heart failure.<br><br>Review of R2's "Functional Capacity Screen" (FCS) dated 01/16/26 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, and mobility. R2 required supervision with eating. R2 lacked the ability to manage his own medications /medical treatments and was frequently incontinent. R2 had impaired short-term memory, long-term memory, memory/recall, and decision making. R2 was usually able to make himself understood and he usually understood others. R2 was at risk for impaired decision making and used a wheelchair and mechanical lift for mobility.<br><br>Review of R2's combined "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) instructed facility staff to provide total physical assistance with bathing, dressing, toileting, and two staff assistance with transferring with the mechanical lift. Staff were instructed to provide one staff assistance for wheelchair mobility, manage and administer all of R2's medications and medical treatments. | S5265 | | |

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| S5265 | Continued From page 2<br><br>Review of R2's electronic "Medication Administration Record" (eMAR) revealed and order for Lantus Solos Injection 10 units subcutaneously two times a day.<br><br>Interview on 02/12/26 at approximately 03:00 PM with Operator B confirmed R2's self-administered his own insulin after the "Certified Medication Aide" (CMA) dialed the correct dosage. Operator B continued to confirm R2's medial record lacked an assessment performed by the LN that determined that R2 could safely and accurately without staff assistance self-administer his own insulin.<br><br>The Operator failed to ensure the LN performed an assessment for R2 that determined R2 could safely and accurately without staff assistance self-administer his own insulin. | S5265 | | |
| S5286 SS=D | 26-42-205 (b) Administration of Selected Medications<br><br>(b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R. 26-42-205 (b) | S5286 | | |

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| S5286 | Continued From page 3<br><br>The home reported a census of 2 residents. The sample included 2 "Residents'" (R)1 and R2. Based on record review and interview the Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R2 identified who was responsible for selected medications.<br><br>Findings included:<br><br>- Record review for R2 revealed an admission date of 01/16/26 with diagnoses of bipolar disorder, cognitive impairment, convulsions, cerebral vascular accident with right hemiplegia, depression, diabetes mellitus type one, and diastolic heart failure.<br><br>Review of R2's "Functional Capacity Screen" (FCS) dated 01/16/26 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, and mobility. R2 required supervision with eating. R2 lacked the ability to manage his own medications /medical treatments and was frequently incontinent. R2 had impaired short-term memory, long-term memory, memory/recall, and decision making. R2 was usually able to make himself understood and he usually understood others. R2 was at risk for impaired decision making and used a wheelchair and mechanical lift for mobility.<br><br>Review of R2's combined "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) instructed facility staff to provide total physical assistance with bathing, dressing, toileting, and two staff assistance with transferring with the mechanical lift. Staff were instructed to provide one staff assistance for wheelchair mobility, | S5286 | | |

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| S5286 | Continued From page 4<br>manage and administer all of R2's medications and medical treatments.<br><br>Review of R2's electronic "Medication Administration Record" (eMAR) revealed and order for Lantus Solos Injection 10 units subcutaneously two times a day.<br><br>Interview on 02/12/26 at approximately 03:00 PM with Operator B confirmed R2 self-administered his own insulin after the facility Certified Medication Aide" (CMA) dialed the correct dosage. Operator B continued to confirm R2's NSA lacked identification of who was responsible for the administration of R2's insulin.<br><br>The Operator failed to ensure the NSA for R2 identified who was responsible for selected medications. | S5286 | | |
| S5313 SS=F | 26-42-205 (g) (3) Over the counter medication<br><br>(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. | S5313 | | |

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| S5313 | Continued From page 5<br>This REQUIREMENT is not met as evidenced by:<br>K.A.R. 26-42-205 (g) (3)<br><br>The home reported a census of 2 residents. Based on observation and interview the Operator failed to ensure the "Licensed Nurse" (LN) or the licensed pharmacist placed the full name of the resident on the "Over-the-Counter" (OTC) medication bottles.<br><br>Findings included:<br><br>- Observation on 02/12/26 at approximately 11:00 AM "Certified Medication Aide" (CMA) A unlocked the homes medication cart located in the southeast corner of the open living area. Located in the top drawer were the following unlabeled OTC medication bottles:<br><br>1 bottle of Children's Ibuprofen<br>1bottle of Hurricane Topical Anesthetic gel<br>1 bottle of Natrol Melatonin Maximum 10 milligram gummies<br><br>Interview on 02/12/26 at 03:40 with Operator B confirmed all OTC bottles were to be labeled with the resident's full name.<br><br>The Operator failed to ensure the LN or the licensed pharmacist placed the full name of the resident on the OTC medication bottles. | S5313 | | |