

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N105014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/25/2026
NAME OF PROVIDER OR SUPPLIER DELAWARE HIGHLANDS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 12600 DELAWARE PARKWAY KANSAS CITY, KS 66109		
(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 resurvey with attached complaints 198046, 193817, and 192162 at the above named assisted living conducted on 02/25/26.	S 000		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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: KAR 26-41-205 (g)(3) The facility reported a census of 118 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of over-the-counter (OTC) medications. Findings included:	S3211		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3211	Continued From page 1 - Observations during initial tour revealed one medication cart on each of three floors in the facility. Each medication cart had a laminated sign on the top which included the instructions that "OTC meds need to be labeled with resident's first and last name." Observation on 02/25/26 at 09:39 AM revealed Certified Medication Aide (CMA) D unlocked and opened the first-floor medication cart. The following OTC medications lacked residents' full names: One bottle of iron supplement, 65 milligrams (mg) Two bottles of Tylenol 500 mg, one contained 100 caplets and the other had 225 caplets One bottle of Tylenol 325 mg, 100 tablets One bottle of cetirizine 10 mg, 60 tablets One box of Mucinex 12-hour, 14 tablets One bottle of aspirin 81 mg, 300 tablets On 02/25/26 at approximately 09:39 AM CMA D confirmed seven medications in the first-floor medication cart lacked residents' full names. Observation on 02/25/26 at 09:53 AM revealed CMA E unlocked and opened the second-floor medication cart. The following OTC medications lacked residents' full names: One bottle of vitamin B-12 1000 micrograms (mcg), 400 softgels One bottle of Tylenol 500 mg, 225 gelcaps On 02/25/26 at approximately 09:53 AM CMA E confirmed two bottles in the second-floor	S3211		

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S3211	Continued From page 2 medication cart lacked residents' full names. The 07/27/23 facility's "Medication Storage and Destruction Policy" did not address labeling of OTC medications. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of OTC medications.	S3211		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. 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 26-41-206(d)	S3298		

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S3298	Continued From page 3 The facility reported a census of 118 residents. Based on observation and interview the administrator failed to ensure designated staff ensured served food at the proper temperature. Findings included: - Review of the facility's food temperature log for the month of February revealed from 02/01/26 to 02/13/26 no food temperatures were logged. A food temperature log for January 2026 was requested which the facility failed to provide. On 02/25/26 at approximately 10:05 AM Dietary staff F confirmed the kitchen's food temperature log lacked documentation of food temperatures for January and the first half of February 2026. The 08/14/14 facility's "Food Temperature Policy" documented before serving food all cooks must temp hot and cold foods and document the temperature on the "food temperature record" sheets. The "Dietary Guidelines for Americans 2005 recommended to make sure food was cooked and held at proper temperatures and to keep cold food cold. Keep food out of the "danger zone" (40 degrees Fahrenheit to 140 degrees Fahrenheit) where bacteria can multiply rapidly. The administrator failed to ensure dietary staff documented food temperatures.	S3298		