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	B087271	A. BUILDING: _____ B. WING _____	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE HOME PLUS LLC	742 W 50TH CT S WICHITA, KS 67217

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey with complaint investigation 191368 for the above named Home Plus Facility conducted on 03/05/26 & 03/09/26.	S 000		
S5080 SS=E	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(b) The facility reported a census of 11 residents (R). The sample included three residents. Based on record review and interview, the operator failed to ensure a Licensed Nurse signed two (R4 and R5) of three sampled "Functional Capacity	S5080		

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

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S5080	Continued From page 1 Screens" to indicate a Nurse assessed the residents who required health care services. Findings included: - R4 moved into the facility on 10/09/24 with diagnoses of diabetes mellitus type II and coccyx wound. R4's "Functional Capacity Screen" (FCS) dated 02/24/26 identified she was unable to participate in bathing, dressing, mobility, and needed supervision with eating. It also identified that she was completely incontinent of bladder and unable to manage her medications. R4's Functional Capacity Screen dated 02/24/26 had not been signed by a Licensed Nurse. Review of the facility's "Functional Capacity Screen (FCS) Policy" dated 2025 identified it will include documentation including the name and title of person completing the assessment. The operator failed to ensure a Licensed Nurse Signed R4's FCS. - R5 moved into the facility on 10/01/24 with diagnosis of dementia. R5's record included "Functional Capacity Screens" (FCS) dated 02/08/26 and 02/24/26. Both FCS identified R5 needed physical assistance with bathing, dressing, toileting, transfers and supervision with mobility and eating. She was unable to manage her medications and had impaired cognition.	S5080		

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S5080	Continued From page 2 Neither one of R5's FCS had been signed by a Licensed Nurse. Review of the facility's "Functional Capacity Screen (FCS) Policy" dated 2025 identified it will include documentation including the name and title of person completing the assessment. The operator failed to ensure a Licensed Nurse Signed R5's FCS.	S5080		
S5095 SS=E	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: KAR 26-42-201(d) The facility reported a census of 11 residents(R). The sample includes three residents. Based on observation, interview, and record review the operator failed to ensure designated staff completed two (R3 & R4) of three sampled resident's "Functional Capacity Screen" accurately and completely to reflect the resident's functional ability. Findings Included: - R3's record revealed he moved into the facility	S5095		

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S5095	Continued From page 3 on 02/06/26 with diagnoses of diabetes type II and pressure ulcers. R3's "Functional Capacity Screen" dated 02/05/26 identified he needed physical assistance with activities of daily living and had bladder incontinence coded a "4", indicating her was completely incontinent. Observation on 03/05/26 at 08:32 AM staff had dressed R3 for the day and were going to get him up using the mechanical lift. Observation revealed R3 had an indwelling catheter draining clear yellow urine. Interview on 03/09/26 at 11:53 AM Administrative Operator/Nurse A reported she knew now that she should have coded R3 as continent of bladder since he has a catheter. Review of the "Resident Functional Capacity Screen Manual" updated on 07/11/08 revealed if a resident had an indwelling urinary catheter, bladder continence needed to be coded a "0". The operator failed to ensure designated staff completed R3's FCS accurately to reflect his indwelling catheter which resulted in him being continent of bladder. - R4 moved into the facility on 10/09/24 with diagnoses of diabetes mellitus type II and coccyx wound. R4's "Functional Capacity Screen" (FCS) dated 02/24/26 identified she was unable to participate in bathing, dressing, mobility, and needed supervision with eating. It also identified she	S5095		

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S5095	Continued From page 4 was completely incontinent of bladder. R4's "Negotiated Service Agreement" (NSA) dated 02/24/26 identified R4 could move her arms to help during bathing, held onto the bed rail, and able to move arms to help with dressing. She used a wheelchair for mobility and staff cut her meals into bite size pieces. Observation on 03/05/26 at 12:20 PM Certified Medication Aide (CMA) B and CMA C went into R4's room and repositioned her, scooted her up in the bed and then put her cut up lasagna and pudding on her overbed table. Observation also revealed R4 had an indwelling urinary catheter. Observation on 03/05/26 at 01:03 PM CMA B and CMA C went in to get R4 up in her wheelchair. Staff rolled R4 fro side to side to put a clean gown on her. R4 was able to raise her arms a bit to help with putting on the gown and held onto the bed rail while turned on her side. Interview on 03/09/26 at 09:25 AM CMA B reported R4 could hold onto the bar when get bed bath to be on her side and can help a little with her arms but not much. Interview on 3/09/26 at 12:09 PM Administrative Operator/Nurse A reviewed R4's FCS and confirmed it was not accurate as compared to the NSA Review of the "Resident Functional Capacity Screen Manual" updated on 07/11/08 revealed if a resident had an indwelling urinary catheter, bladder continence needed to be coded a "0".	S5095		

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S5095	Continued From page 5 Review of the facility's "Functional Capacity Screen Policy" dated 2025 identified Qualified staff shall complete the FCS accurately and objectively. The operator failed to ensure designated staff completed R5's FCS accurately to identify she did not have hearing or vision impairment.	S5095		
S5105 SS=E	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)(2)(3) The facility reported a census of 11 residents(R). The sample included three residents. Based on observation, interview, and record review for two (R3, R4) of three sampled residents, the operator	S5105		

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S5105	Continued From page 6	S5105		

failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's Functional Capacity Screen and service needs that included a description of the service provided, and party responsible for payment if an outside source provided the service.

Findings included:

- R3's record revealed he moved into the facility on 02/06/26 with diagnoses of diabetes type II and pressure ulcers.

R3's "Functional Capacity Screen" dated 02/05/26 identified he needed physical assistance with bathing, dressing, toileting, transfers, mobility, was unable to manage his medical treatments, and had bladder incontinence.

R3's "Negotiated Service Agreement" (NSA) dated 02/06/26 failed to identify he had outside services for management of pressure ulcers, who provided the service or payment source for the service. It also failed to identify he had an indwelling urinary catheter.

Observation on 03/09/26 at 10:53 AM Home Health (HH) Nurse provided care for R3's pressure ulcers revealed R3 had bilateral heel protector boots and had foam wedges for staff to use for repositioning in bed. He had an air overlay on top of his mattress and a cushion in his wheelchair. The HH Nurse removed the boot on his left foot which revealed no open area but a scarred area approximately the size of a quarter. The HH nurse removed the boot on his

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S5105	Continued From page 7	S5105		

right foot revealing an open pressure ulcer on his heel that was slightly larger than a quarter with beefy red tissue throughout the ulcer. After finishing the ulcer care she put his boot back on and then helped R3 to roll over onto his right side. The HH Nurse removed the foam dressing revealing an open ulcer approximately the size of a dime with red tissue in the wound bed, on his right buttock.

Interview on 03/05/26 at 08:32 AM R3 confirmed he had ulcers on both heels and one on his bottom. He also reported Home Health comes in and does the treatments for his ulcers.

Interview on 03/09/26 at 11:55 AM Administrative Operator/Nurse A confirmed she had not included information related to Home Health or that he had an indwelling catheter.

The operator failed to ensure designated staff completed R3's NSA according to R3's service needs related to outside services and the need for an indwelling catheter.

- R4 moved into the facility on 10/09/24 with diagnoses of diabetes mellitus type II and coccyx wound.

R4's "Functional Capacity Screen" (FCS) dated 10/09/25 identified she was unable to participate in bathing, dressing, mobility, and needed supervision with eating. It also identified that she was unable to manage her medical treatments and had impaired cognition.

R4's "Negotiated Service Agreement" (NSA) dated 10/09/25 identified she had an indwelling

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S5105	Continued From page 8 catheter because of a stage 4 pressure ulcer on her coccyx. The NSA did not include R4 received Home Health services for wound care, who provided for it and payment source for it. Per Home Health Records R4 started services with them on 10/10/24, the day after moving into the facility and continues to receive services as of 03/09/26. Interview on 03/09/26 at 12:16 PM Administrative Operator/Nurse confirmed R4's NSA dated 10/09/25 did not include Home Health services. The operator failed to include outside services for R4 including who provided the service, what service provided and payment source for the service.	S5105		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (h) The facility reported a census of 11 residents (R). The sample included three residents. Based on interview and record review for two (R4 and R5) of three sampled residents, the operator failed to	S5126		

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S5126	Continued From page 9	S5126		

ensure that everyone involved in the development of the "Negotiated Service Agreement" signed the agreement.

Findings included:

- R4 moved into the facility on 10/09/24 with diagnoses of diabetes mellitus type II and coccyx wound.

R4's "Functional Capacity Screen" (FCS) dated 02/24/26 identified she was unable to participate in bathing, dressing, mobility, and needed supervision with eating. It also identified that she was completely incontinent of bladder and unable to manage her medications.

R4's record had two completed "Negotiated Service Agreement" (NSA), one dated 10/09/25 and another dated 02/24/26. The NSA dated 10/09/25 did not include any signatures on it (facility staff, resident, or resident's legal representative), and the one dated 02/24/26 did not include signatures of R4's legal representative.

Interview on 03/09/26 at 12:16 PM Administrative Operator/Nurse A confirmed R4's NSAs did not include signatures of those who participated in it's development.

Review of the facility's "Negotiated Service Agreement (NSA) Policy" dated 2025 identified the NSA will include signatures of resident (or legal representative) and facility representative.

The operator failed to ensure that everyone involved in the development of R4's NSA signed

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S5126	Continued From page 10 it. - R5 moved into the facility on 10/01/24 with diagnosis of dementia. R5's "Functional Capacity Screen" dated 02/24/26 identified R5 needed physical assistance with bathing, dressing, toileting, transfers and supervision with mobility and eating. She was unable to manage her medications and had impaired cognition. R5's record included two "Negotiated Service Agreements", one dated 02/08/26 and another dated 02/24/26. Neither one of the NSAs were signed by facility staff or the resident's legal representative. Interview on 03/09/26 at 11:45 AM Administrative Operator/Nurse confirmed neither NSA had been signed by those who developed it. Review of the facility's "Negotiated Service Agreement (NSA) Policy" dated 2025 identified the NSA will include signatures of resident (or legal representative) and facility representative. The operator failed to ensure that everyone involved in the development of R4's NSA signed it.	S5126		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the	S5155		

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S5155	Continued From page 11 functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 11 residents (R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of two (R3 and R4) of three sampled residents related to pressure ulcers. Findings included: - R3's record revealed he moved into the facility on 02/06/26 with diagnoses of diabetes type II and pressure ulcers. R3's "Functional Capacity Screen" dated 02/05/26 identified he needed physical assistance with bathing, dressing, toileting, transfers, mobility, was unable to manage his medical treatments, and had bladder incontinence. R3's "Negotiated Service Agreement" dated 02/06/26 failed to identify he had outside services for management of pressure ulcers.	S5155		

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S5155	Continued From page 12 R3's "Health Care Service Plan" dated 02//06/26 lacked services related to promoting healing of current pressure ulcers and prevention of additional pressure ulcers such as hell protectors, wheelchair cushion, air mattress, and positioning wedges. Observation on 03/09/26 at 10:53 AM Home Health (HH) Nurse provided care for R3's pressure ulcers revealed R3 had bilateral heel protector boots and had foam wedges for staff to use for repositioning in bed. He had an air overlay on top of his mattress and a cushion in his wheelchair. The HH Nurse removed the boot on his left foot which revealed no open area but scared area approximately the size of a quarter. The HH nurse removed the boot on his right foot revealing an open pressure ulcer on his heel that was slightly larger than a quarter with beefy red tissue throughout the ulcer. After finishing the ulcer care she put his boot back on and then helped R3 to roll over onto his right side. The HH Nurse removed the foam dressing revealing an open ulcer approximately the size of a dime with red tissue in the wound bed on his right buttock. Interview on 03/05/26 at 08:32 AM R3 confirmed he had ulcers on both heels and one on his bottom. He also reported the staff have him lay on his side when in bed and once he is in his chair, he try's to raise up and reposition every now and then. Interview on 03/09/26 at 09:43 AM Certified Medication Aide(CMA) B reported the staff turn him every two hours, even in the night, he has a cushion for his wheelchair, but he says it is too hard, and he has an air mattress on his bed.	S5155		

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S5155	Continued From page 13 CMA B reported we help with everything but he can feed himself and use his upper body. Interview on 03/09/26 at 11:55 AM Administrative Operator/Nurse A confirmed she had not included interventions in R3's care plan related to the promotion of healing and prevention of development of pressure ulcers. The operator failed to ensure designated staff included the necessary services in R3's health care service plan related to his pressure ulcers. - R4 moved into the facility on 10/09/24 with diagnoses of diabetes mellitus type II and coccyx wound. R4's "Functional Capacity Screen" (FCS) dated 02/24/26 identified she was unable to participate in bathing, dressing, mobility, and needed supervision with eating. It also identified that she was unable to manage her medical treatments and had impaired cognition. R4's "Negotiated Service Agreement" (NSA) dated 02/24/26 identified R4 could move her arms to help during bathing, held onto the bed rail, and could move her arms to help with dressing. It also identified she had a catheter because of a wound to her coccyx. R4's "Health Care Service Plan" initiated on 10/29/25 did not include any services related to promote wound healing and prevent further pressure ulcers from developing such as; air overlay mattress, heel protectors, repositioning devices, specialized cushion for wheelchair, and wheelchair that can reposition to help with	S5155		

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S5155	Continued From page 14 pressure relief. Observation on 03/09/26 at 09:00 AM Home Health (HH) Nurse arrived to provide ulcer care. Observation revealed R4 had two heel protector boots on. The HH Nurse removed the right heel boot revealing a pressure ulcer measuring 0.5 centimeters (cm) x 0.7cm x 0.1cm. The HH Nurse reported they have tried multiple different types of assistive devices but many of them caused pressure in different areas, and her current boots are working the best. Observation revealed R4 had purplish areas across the tops of four toes and the HH Nurse reported she used to have open areas, but they have healed and we monitor closely. The Home Health Nurse reported a different blanket the resident had caused them to open. The HH nurse then positioned R4 onto her right-side to treat her coccyx. The HH Nurse cleaned the open wound, which was slightly larger than a quarter and was approximately 1/2 inch deep. The HH Nurse reported it has decreased in size greatly and healing with it being open and not having any type of dressing on her skin. Interview on 03/09/26 at 09:25 AM Certified Medication Aide (CMA) B reported R4 can help with moving her arms and can hold onto the rail when we turn her from side to side. CMA B reported staff turn her every two hours during the day and night. Interview on 03/09/26 at 12:16 PM Administrative Operator/Nurse A confirmed R4's Health Care Service Plan did not include interventions related to promote healing of current pressure ulcers and the prevention of the development of ulcers.	S5155		

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S5155	Continued From page 15 The operator failed to ensure designated staff included the necessary services in R4's health care service plan related to her pressure ulcers.	S5155		
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 by: KAR 26-42-104(d)(2) The facility reported a census of 11 residents. Based on record review and interview, for all residents, the operator failed to ensure disaster and emergency preparedness by ensuring performance of providing education on the facility's emergency management to residents upon moving into the facility.	S5215		

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S5215	Continued From page 16 Findings included: - Review of the admission information the operator provided to residents and their families upon admission to the facility, lacked information regarding the facility's emergency management plan. Interview on 03/09/26 at 11:52 AM Administrative Operator/Nurse confirmed she had not reviewed the emergency plan with current residents when they moved into the facility. The operator failed to ensure staff educated each resident on admission about the facilities emergency procedures.	S5215		
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. This REQUIREMENT is not met as evidenced by:	S5230		

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S5230	Continued From page 17 K.A.R 26-42-207(c) The facility reported a census of 11 residents(R). The sample included three residents and review of five newly hired staff records. Based on interview and record 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 for three (R3, R4, R5) of three sample residents. Findings included: - Review of R3's medical record revealed he moved into the facility on 02/06/26 with diagnosis of type II diabetes mellitus. R3's medical record included an initial two-step TB skin test administered on 02/06/26 and read on 02/08/26 and his second TB skin test was administered on 02/16/26 and read on 02/18/26. Administrative Operator/Nurse A identified Both TB skin tests as "Negative" but did not include the induration measurement in millimeters (mm). - Review of R4's medical record revealed she moved into the facility on 10/09/24 with diagnosis of type II diabetes. R4's medical record included an initial two-step TB skin test administered on 10/09/24 and read on 10/11/24 and her second TB skin test administered on 10/25/24 and read on 10/27 24. Administrative Operator/Nurse A identified Both TB skin tests as "Negative" but did not include the induration measurement in millimeters (mm).	S5230		

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S5230	Continued From page 18 - Review of R5's record revealed he moved into the facility on 11?28?25 with diagnosis of myelodysplastic syndromes (MDS -broad range of chronic bone marrow cancers). R5's medical record included an initial TB skin test administered on 10/01/24 and read on 10/3/24 and her second TB skin test administered on 10/20/24 and read on 10/22/24. Administrative Operator/Nurse A identified Both TB skin tests as "Negative" but did not include the induration measurement in millimeters (mm). R5's record also identified she was hospitalized from 02/24/25 to 02/08/25. R5's record lacked completion of a TB questionnaire when R5 returned from the hospital. Interview on 03/09/26 at 11:39 AM Administrative Operator/Nurse confirmed for R3, R4, and R5 she had not documented induration in mm as she did not realize she needed to. She also confirmed she had not completed a TB symptom questionnaire when R5 returned from the hospital. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" dated June 2013 revealed each new resident shall receive a two-step TB skin test (TST) within seven days of residency unless other conditions are met according to guidelines. Each skin test shall contain documentation including date TST administered and read and the results of each TST in mm of induration. It also included that each resident shall have a TB Symptom Screen Questionnaire completed upon return from a hospitalization or a therapeutic leave.	S5230		

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S5230	Continued From page 19 The operator failed to ensure designated staff completed TB skin testing and TB symptom screening according to the department's guidelines.	S5230		
S5251 SS=E	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: KAR 26-42-105(f)(11) The facility reported a census of five residents (R). The sample included three residents. Based on observation, interview and record review the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury including the time and date of occurrence, action taken, and results of the action for two (R3, R5) of three sampled residents. Findings included: - R3's record revealed he moved into the facility on 02/06/26 with diagnoses of diabetes type II and pressure ulcers. R3's "Functional Capacity Screen" dated	S5251		

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S5251	Continued From page 20 02/05/26 identified he needed physical assistance with bathing, dressing, toileting, transfers, mobility, was unable to manage his medical treatments, and had bladder incontinence. R3's "Negotiated Service Agreement" (NSA) dated 02/06/26 identified staff assist R3 with activities of daily living including administration of medications and medical treatments. Observation on 03/09/26 at 10:53 AM Home Health (HH) Nurse provided care for R3's pressure ulcers revealed R3 had bilateral heel protector boots and had foam wedges for staff to use for repositioning in bed. He had an air overlay on top of his mattress and a cushion in his wheelchair. The HH Nurse removed the boot on his left foot which revealed no open area but scarred area approximately the size of a quarter. The HH nurse removed the boot on his right foot revealing an open pressure ulcer on his heel that was slightly larger than a quarter with beefy red tissue throughout the ulcer. After finishing the ulcer care she put his boot back on and then helped R3 to roll over onto his right side. The HH Nurse removed the foam dressing revealing an open ulcer approximately the size of a dime with red tissue in the wound bed on his right buttock. Review of R3's nursing progress notes since admission on 02/06/26 lacked documentation of a description of R3's heel and buttock pressure ulcers. Interview on 03/09/26 at 12:02 PM Administrative Operator/Nurse confirmed she had not documented on R3's pressure ulcers since	S5251		

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S5251	Continued From page 21 moving into the facility. The operator failed to ensure designated staff documented on R3's pressure ulcers, description of the wounds, treatments and results of treatments. -- R5 moved into the facility on 10/01/24 with diagnosis of dementia. R5's "Functional Capacity Screen" dated 02/24/26 identified R5 needed physical assistance with bathing, dressing, toileting, transfers and supervision with mobility and eating. She was unable to manage her medications and had impaired cognition. R5's "Negotiated Service Agreements" identified facility staff would provide assistance of 1 staff with activities of daily living and would manage medications and medical treatments. Review of R5's Nursing Notes (NN) and physicians' orders included the following: NN-11/05/24 and 12/15/24 both identified resident had non-pitting edema. The record lacked documentation of what was done to help resolve the edema. NN-11/21/25 - non-pitting edema noted with redness The record lacked any documentation if any treatment was initiated. The record included a medical provider order dated 12/02/25 for acute cellulitis with an antibiotic orders along with a referral for Homme health. The NN lacked documentation of initiation of the antibiotic and if the cellulitis improved.	S5251		

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S5251	Continued From page 22 NN-01/12/26 slammed left middle finger in door of her room- family took to the hospital. NN - 01/12/26 - started on antibiotics and to consult a hand doctor. NN- 11/16/26 - went to hand doctor for partial amputation of middle finger. The record lacked any documentation of the monitoring finger for signs of infection, pain or follow up post partial amputation. The record also lacked NN related to the actual stasis ulcers the resident had on bilateral lower extremities. Observation on 03/09/26 at 10:02 AM Home Health (HH) Nurse removed R5's socks and ted hose revealing three areas on left lower leg/foot covered with foam dressing and one area on the right. The area on her left shin had healed, and on top of her left foot was a small open area. The HH Nurse reported the foam dressing on the outer edge of her upper foot is for protection as she has a boney prominence in that area. On R5's right shin had a foam dressing and an open area under it that the HH Nurse said was worse, but it also appeared to have been scratched causing a skin tear along to top edge. The HH Nurse reported the resident will often scratch her legs causing the ulcers to be worse. Interview on 03/09/26 at 11:47 AM Administrative Operator/Nurse confirmed she had not documented on R5's edema, follow up on her finger or on the stasis ulcers on her lower legs. The operator failed to ensure designated staff documented on all indications of injury/illness, what was done and results of what was done related to R5's edema, cellulitis, and smashed	S5251		

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S5251	Continued From page 23 finger.	S5251		
S5315 SS=F	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 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.	S5315		

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S5315	Continued From page 24 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1) The facility reported a census of 11 residents. Based on observation and interview the Operator failed to ensure staff stored non-controlled medications managed by the home in a locked cabinet/mediation cart/or medication room. Findings included: - Observation during initial tour on 03/05/26 at 07:56 AM surveyor had Certified Medication Aide (CMA) B unlock the pantry for inspection. The pantry also contained a small black refirdgerator that included medications. It included Lantus and Ozempic insulin pens, Lantanoprost eye drops, two bottles of liquid Morphine Sulfate. Interview on 03/05/26 at 08:01 CMA B confirmed the medication refrigerator was to be kep locked so only CMA or a Nurse could have access to the stored medications. Review of the "Mediction Storage Policy" dated 2025 included Medication storage shall comply with the facility ' s Medication Storage Policy, including: keeping storage locked. The operator failed to ensure designated staff kept the medication cart locked when not by the cart or in view of it.	S5315		