STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B085009	A. BUILDING: _____ B. WING _____	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTION RETIREMENT RESORT LLC	626 S 3RD ST SALINA, KS 67401

(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 citations represent the findings of the licensure resurvey with attached complaints (#6825, #6519, #5551, #5415 and #3100) for the above named facility conducted on 03/09/26.	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 census totaled 37 residents. The sample included 3 residents. Based on observation and interview for 4 non-sampled Residents (R)5, R6, R7 and R8, Administrator A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included:	S3211		

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

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S3211	Continued From page 1 - Observation on 03/09/26 at 11:05 AM with Licensed Nurse (LN) B and Certified Medication Aide (CMA) F revealed a locked medication cart in the hallway of the first floor of the facility. The following over the counter medications were noted without first and last names: For R5, the cart contained one bottle of Magnesium (supplement) and one bottle of Vitamin D3 (supplement). Interview on 03/09/26 at approximately 11:10 AM with LN B confirmed the above listed medications were without full first and last name for R5. - Observation on 03/09/26 at 11:21 AM with Licensed Nurse (LN) B and Certified Medication Aide (CMA) G revealed two locked medication carts in the locked medication room on the second floor of the facility. The following over the counter medications were noted without first and last names: For R6, the cart contained one bottle of Vitamin B12 (supplement), For R7. the cart contained one bottle of Tylenol (pain reliever/ fever reducer), For R8, the cart contained one bottle of Leg Cramps tablets. Interview on 03/09/26 at approximately 11:27 AM with LN B confirmed the above listed medications were without full first and last name for R6, R7 and R8. Facility failed to provide a policy on over the counter medications.	S3211		

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S3211	Continued From page 2 Administrator A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
S3215 SS=F	26-41-205 (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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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 facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer '	S3215		

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S3215	Continued From page 3 s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h) (4) The facility reported a census of 37 residents. The sampled included 3 residents and review of 5 newly hired employee records. Based on observation, record review and interview, Administrator A failed to ensure medications were not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration. Findings included: - Observation during the initial tour on 03/09/26 at 11:21 AM with Licensed Nurse (LN) B revealed a locked medication room in the hallway of the second floor of the facility. The medication room revealed a medication refrigerator, which contained one bottle of tuberculosis (TB) solution inside an opened pharmacy labeled box. The box was labeled with "opened 01/08/26" and lot number "4CA26C1" on it. The solution was accessible to staff for administration. Interview on 03/09/26 at approximately 11:28 AM with LN B confirmed the TB solution was expired. Interview on 03/09/26 at 02:20 PM with LN B confirmed the lot number (4CA26C1) matched the lot number on Certified Medication Aide	S3215		

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S3215	Continued From page 4 (CMA) E's second step TB skin test administered on 02/09/26. LN B confirmed she administered the expired TB solution to CMA E. The FDA (Federal Drug Administration) tuberculosis (tubersol) package insert directed the tubersol testing solution would expire 30 days after the date of opening. Administrator A failed to ensure medications were not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration.	S3215		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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	S3280		

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S3280	Continued From page 5 by: KAR 26-41-104 (d) (3) The census equaled 37 residents. The sample included 3 residents and review of 5 newly hired employee records. Based on record review and interview, Administrator A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service and missing resident. The facility failed to provide documentation regarding quarterly emergency management plan reviews with residents. Interview on 03/09/26 at 12:16 PM with Maintenance Staff D confirmed no reviews were completed with residents of the emergency management plan. Facility's Disaster and Emergency Preparedness" policy (no date) recorded, "2. All employees will be in-serviced on the Disaster/Emergency Situation policies quarterly." Policy failed to identify education requirements for residents. Administrator A failed to ensure disaster and	S3280		

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S3280	Continued From page 6 emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with residents.	S3280		