Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

(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 citation represents the findings of a Re-Licensure survey at the above named Assisted Living Home conducted on 03/17/26 and 03/18/26.	S 000		
S3215 SS=E	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		

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

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S3215	Continued From page 1 s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(1) The facility reported a census of 15 residents. Based on observation and interview, the executive director failed to ensure staff stored Insulin pens for two residents and Glucagon pen securely to ensure only a licensed nurses and medication aides had access to the stored medications. Findings included: - Observation on 03/17/26 at 02:59 PM revealed staff kept the medication cart in an open kitchen type area. In one of the unlocked cabinets was a container with a Glucagon pen accessible to anyone in the facility. On the counter below the cabinet were two plastic drawer organizers that contained insulin pens and needles. One container had Insulin Degludec pen, and the other container had Insulin Glargine-yfgn, Liraglutide pen, and Novolog insulin pen. Interview on 03/17/26 03:06PM Administrative Nurse A thought maybe staff had taken the pens out of the cart for the nurse to administer. Interview on 03/17/26 at 03:07 PM Certified Medication Aide (CMA) B confirmed she had been the CMA since 07:00AM this morning and she did not take the pens out of the cart.	S3215		

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S3215	Continued From page 2 The operator failed to ensure all medications, including insulin pens were stored securely in a locked room, cabinet or cart to ensure only a licensed nurse or medication aide had access to the insulin.	S3215		