Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087189	A. BUILDING: _____ B. WING _____	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RL MINNIE	623 S MAIZE COURT WICHITA, KS 67209

(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 complaint numbers 196633 and 195044, for the above named facility conducted on 04/09/26.	S 000		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (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. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (g) (3) The home reported a census of 9 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 containers. Findings included: - Observation on 04/09/26 at approximately	S5313		

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

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S5313	Continued From page 1 09:00 AM with Licensed Nurse A of the facility medication cart located on the southeast wall of the common dining area, the following unlabeled OTC medications: 1 tube of Destin 1 botte of Miralax labeled as "Stock" Interview on 04/09/26 at approximately 09:00 AM with Licensed Nurse A confirmed the tube of Destin and the bottle of Miralax lacked the full name of the resident. 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 containers.	S5313		