Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023026	A. BUILDING: _____ B. WING _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR LIVING ANNEX	3911 W 13TH STREET LAWRENCE, KS 66049

(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 197478 and 196828, for the above named facility conducted on 03/31/26 and 04/01/26.	S 000		
S5301 SS=E	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (d) (3) (D) The annexed portion of the facility reported a census of 5 residents. The sample included 2 "Residents'" (R)'s. Based on record review and interview the Operator failed to ensure the	S5301		

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

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S5301	Continued From page 1	S5301		

facilities "Licensed Nurses'" (LN)'s and "Certified Medication Aides'" (CMA)'s documented the administration of each resident's medication in the resident's medication administration record immediately before or following completion of the task for R1 and R2.

Findings included:

- Record review for R1 revealed an admission date of 10/27/25 with diagnoses of cognitive communication deficit, unspecified abnormalities of gait and mobility, unspecified lack of coordination, other cerebral infarction, hemiplegia and hemiparesis following cerebral infarction, aphasia, unspecified mood disorder, repeated falls, restlessness and agitation, and urinary incontinence.

Review of R1's "Functional Capacity Screen" (FCS) dated 10/27/25 revealed R1 required physical assistance with bathing, dressing, toileting, transferring walking/mobility, and eating. R1 lacked the ability to manage his own medications and was occasionally incontinent. R1 had impaired short-term memory, memory/recall, and decision making. R1 was sometimes able to make himself understood and he usually understood others. R1 was at risk for falls, impaired vision, and impaired decision making. R1 used a walker mobility device.

Review of R1's "Negotiated Service Agreement" (NSA) dated 10/29/25 in the section titled "Medications" identified qualified facility staff would administer and manage R1's medications.

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S5301	Continued From page 2 Review of R1's "Health Service Plan" (HSP) in the "Focus" section titled "Medication and Treatment Management", instructed facility "staff to provide all medications and treatment management per physician orders". Review of R1's facility provided electronic "Medication Administration Record" (eMAR) dated 03/26 revealed the following: An order for Aspercreme 10% to be applied topically to the bilateral shoulder's four times a day. R1's eMAR lacked documentation on 03/3/26, 03/11/26, and 03/22/26, of the Aspercreme 10% being applied four times a day. An order for Diclofenac 1% Gel to be applied to R1's shoulders and neck topically four times a day for pain. R1's eMAR lacked documentation on 03/03/26, 03/11/26 and 03/22/26, of the Diclofenac 1% gel being applied four times a day. An order for Lorazepam Intensol 2mg/"Milliliter" (ml) 0.5 ml by mouth three times a day for anxiety. R1's eMAR lacked documentation on 03/11/26 of the Lorazepam Intensol being administered three times. An order for Trazodone 150mg tablet; one tablet to be administered twice daily. R1's eMAR lacked documentation on 03/03, 03/03, 03/05, 03/06, 03/09, 03/11, 03/13, 03/16, 03/17, 03/18, 03/19, 03/25, and 03/27, of the Trazodone 150mg tablet being administered twice daily. - Record review for R2 revealed an admission date of 10/11/18 with diagnoses of anemia,	S5301		

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cerebral palsy, diabetic neuropathy, diabetic retinopathy, edema, hypertension, insulin dependent diabetic, psoriatic arthritis, and venous stasis ulcer.

Review of R2's FCS dated 02/25/26 revealed R2 was unable to perform bathing, dressing, toileting, transferring, walking/mobility, and eating. R2 lacked the ability to manage his own medications and medical treatments and was incontinent. R2 had impaired short-term memory, memory/recall, and decision making. R2 was sometimes able to make himself understood and he sometimes understood others. R2 was at risk for falls and impaired decision making. R2 used a wheelchair and mechanical lift.

Review of R2's NSA dated 02/26/26 in the section titled "Medications" identified qualified facility staff would administer and manage R2's medications. The licensed nurse would administer R2's insulin and change the indwelling urinary catheter.

Review of R2's HSP in the "Focus" section titled "Medication and Treatment Management", instructed facility "staff to provide all medications and treatment management per physician orders", and "Resident administers own insulin".

Review of R2's facility provided electronic "Medication Administration Record" (eMAR) dated 03/26 revealed the following:

An order for Metformin 500mg tablet: two tablets by mouth twice daily. R2's eMAR lacked documentation on 03/22 of R2's Metformin 500mg tablets: two tablets by mouth being

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S5301	Continued From page 4 administered twice daily. An order for Phytoplex Z-guard 57-17%; apply topically to open wound three times daily. R2's eMAR lacked documentation on 03/11/26 and 03/25/36 of R2's Phytoplex Z-guard being applied topically three times daily. An order for Simvastatin 20mg one tablet by mouth daily. R2's eMAR lacked documentation on 03/22/26 of being administered. An order for R2's "Thromboembolic Deterrent" (TED) hose to be removed daily. R2's eMAR lacked documentation of being removed on 03/22/26. An order for R2's Blood Glucose to be checked daily in the morning. R2's eMAR lacked documentation on 03/11 and 03/25 of being checked. Interview on 04/01/26 at approximately 03:30PM with Operator A and Licensed Nurse B confirmed R1 and R2's eMARs lacked documentation of all ordered medications being administered. The Operator failed to ensure the facilities LN's and CMA's documented the administration of each resident's medication in the resident's medication administration record immediately before or following completion of the task for R1 and R2.	S5301		