STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089091	A. BUILDING: _____ B. WING _____	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KARAWAY, LLC	1815 SW WESTWOOD CIRCLE TOPEKA, KS 66604

(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 represents the findings of a resurvey with attached complaint 191823, 193740, and 193986 at the above named home plus facility conducted on 03/04/26.	S 000		
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) The facility reported a census of six residents with three included in the sample and one closed record review. Based on interview and record review the operator failed to ensure the Negotiated Service Agreement (NSA) for Residents (R)1, R2, and R3 described the services they received based on their Functional	S5105		

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

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S5105	Continued From page 1 Capacity Screens (FCS). Findings included: - Review of R1's record revealed an admission date of 09/19/23 with the following diagnoses: paraplegia, depression, and chronic obstructive pulmonary disease. The 09/19/24 FCS identified R1 required physical assistance with bathing, dressing, and toileting; required supervision with transfers and eating; was unable to perform mobility and management of medications and treatments; was incontinent of bladder; and had decision-making impairment and socially inappropriate behavior. The 09/19/24 NSA for R1 noted staff assisted with bathing, dressing, toileting, transfers, bladder incontinence, and management of medications and treatments. The NSA lacked services provided for impaired decision making and inappropriate behavior. The 09/19/25 "Care Service Plan" (HSP) instructed staff to use wheelchair for assistance, provide showers with shower chair, provide peri-care, turn R1 every two hours, and prepare meals. The HSP failed to instruct staff on how to assist R1 with decision making and inappropriate behaviors exhibited. - Review of R2's record revealed an admission date of 09/08/24 with the following diagnoses: polyneuropathy, depression, hypertension, and muscle weakness. The 09/08/24 FCS found in R2's record on	S5105		

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S5105	Continued From page 2	S5105		

03/04/26 at 11:00 AM identified she required physical assistance with dressing, and transfers; required supervision with eating; was unable to perform bathing, toileting, mobility and management of medications and treatments; was incontinent of bladder; was at risk of falls; and had impaired vision, hearing, and socially inappropriate behavior. At 04:00 PM Administrative Staff A provided an FCS dated 09/08/25 which identified R2 required physical assistance with bathing and dressing; was independent with toileting and transfers; and was unable to perform mobility and management of medications and treatments. She was at risk of falls and had socially inappropriate behavior.

The 09/08/24 NSA found in R2's record on 03/04/26 at 11:00 AM noted staff assisted with bathing, dressing, toileting, transfers, bladder incontinence, and management of medications and treatments. At 04:00 PM Administrative Staff A provided an NSA dated 09/08/25 which identified staff supervised and cued R2 with toileting and at times assisted. Staff of one person assisted R2 with transfers and she had no behaviors.

Interview on 03/04/26 at 02:40 PM of R2 isolated self in room and would repeatedly say "I'm fine" and "I don't need anything" without answering questions asked.

On 03/04/26 at 04:10 PM Administrative Staff A stated R2 had good days and bad. On her bad days staff just let her isolate self.

On 03/04/26 at 02:55 PM Administrative Nurse C stated R2 is able to toilet herself and confirmed

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S5105	Continued From page 3 the NSA did not match the FCS. - Review of R3's record revealed an admission date of 02/01/19 with the following diagnoses: cerebral infarction, hemiplegia, and diabetes mellitus type two. The 02/01/25 FCS found in R3's chart on 03/04/26 at 11:00 AM identified R3 required physical assistance with bathing, dressing, toileting, transfers, and mobility; required supervision with eating; was unable to perform management of medications and treatments; was frequently incontinent of bladder; and was at risk of falls. On 03/04/26 at 04:00 PM Administrative Staff A provided an FCS dated 02/01/26 which assessed R3 the same as the previous FCS. The 02/01/25 NSA for R3 noted staff assisted with bathing, dressing, transfers, and management of medications and treatments. At 04:00 PM Administrative Staff A provided an NSA dated 02/01/26 which was missing pages 2 and 3. On 03/04/26 at 02:55 PM Administrative Nurse C confirmed R2's NSA was not based on the FCS. The operator failed to ensure the NSA for R1, R2, and R3 described the services provided based on their FCS.	S5105		
S5120 SS=E	26-42-202 (f) NSA Refusal of Service f) If a resident or the resident's legal representative refuses a service that the administrator or operator, the licensed nurse, the resident's medical care provider, or the case	S5120		

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S5120	Continued From page 4 manager believes is necessary for the resident's health and safety, the negotiated service agreement shall include the following: (1) The service or services refused; (2) identification of any potential negative outcomes for the resident if the service or services are not provided; (3) evidence of the provision of education to the resident or the resident ' s legal representative of the potential risk of any negative outcomes if the service or services are not provided; and (4) an indication of acceptance by the resident or the resident's legal representative of the potential risk. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(f)(1)(2)(4) The facility reported a census of six residents with three residents included in the sample and one closed record review. Based on observation, interview, and record review the operator failed to ensure the Negotiated Service Agreement (NSA) included services refused, potential negative outcomes if service not provided, and acceptance of risk by resident when Resident (R) 2 and R3 refused a service the medical care provider believed was necessary. Findings included: - Review of R2's record revealed an admission date of 09/08/24 with the following diagnoses: polyneuropathy, depression, hypertension, and muscle weakness.	S5120		

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S5120	Continued From page 5 The 09/08/24 FCS found in R2's record on 03/04/26 at 11:00 AM identified she required physical assistance with dressing, and transfers; required supervision with eating; was unable to perform bathing, toileting, mobility and management of medications and treatments; was incontinent of bladder; was at risk of falls; and had impaired vision, hearing, and socially inappropriate behavior. At 04:00 PM Administrative Staff A provided an NSA dated 09/08/25 (most recently dated) which identified staff supervised and cued R2 with toileting and at times assisted. Staff of one person assisted R2 with transfers and she had no behaviors. The NSA failed to mention therapy services or the refusal of therapy services. Interview on 03/04/26 at 02:40 PM of R2 refused to answer questions saying, "I'm fine" and "I don't need anything." Review of "Nurse's Notes" dated 02/19/26 at 06:30 PM revealed R2's primary care provider ordered physical therapy to evaluate and treat. On 03/04/26 at 02:55 PM Administrative Nurse B stated R2 refused to cooperate with starting therapy. - Review of R3's record revealed an admission date of 02/01/19 with the following diagnoses: cerebral infarction, hemiplegia, and diabetes mellitus type two. The 02/01/26 FCS provided by Administrative Staff A on 03/04/26 at 04:00 PM identified R3 required physical assistance with bathing,	S5120		

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S5120	Continued From page 6 dressing, toileting, transfers, and mobility; required supervision with eating; was unable to perform management of medications and treatments; was frequently incontinent of bladder; and was at risk of falls. At 04:00 PM Administrative Staff A provided an NSA dated 02/01/26 which was missing pages 2 and 3 failed to include therapy services or the refusal of therapy. Review of R3's primary care provider's "Progress Note" dated 02/18/26 ordered a physical therapy evaluation and treatment for muscle weakness. On 03/04/26 at 02:55 PM Administrative Nurse B stated R3 refused to cooperate with starting therapy and confirmed the NSA did not include therapy service or the refusal. The operator failed to ensure the NSA included services refused, potential negative outcomes if service not provided, and acceptance of risk by resident when R2 and R3 refused therapy the medical care provider believed was necessary.	S5120		
S5171 SS=E	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(i) The facility reported a census of six residents	S5171		

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S5171	Continued From page 7	S5171		

with three included in the sample and one closed record review. Based on observation, interview, and record review the operator failed to ensure a licensed nurse completed regular assessment for the ability to use bed rails safely without risk of entrapment and to confirm the bed rails were not a restraint for Residents (R) 1 and R3.

Findings included:

- Review of R1's record revealed an admission date of 09/19/23 with the following diagnoses: paraplegia, depression, and chronic obstructive pulmonary disease.

The 09/19/24 FCS identified R1 required physical assistance with bathing, dressing, and toileting; required supervision with transfers and eating; was unable to perform mobility and management of medications and treatments; was incontinent of bladder; and had decision-making impairment and socially inappropriate behavior.

The 09/19/24 NSA for R1 noted staff assisted with bathing, dressing, toileting, transfers, bladder incontinence, and management of medications and treatments. The NSA listed a bed rail as an assistive device.

The 09/19/25 "Care Service Plan" (HSP) instructed staff to use wheelchair for assistance, provide showers with shower chair, provide peri-care, turn R1 every two hours, and prepare meals. The HSP failed to instruct staff on how to assist R1 with decision making and inappropriate behaviors exhibited.

Review of R1's record failed to include

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S5171	Continued From page 8 documentation of a bed assist device assessment since 08/20/22. Observation on 03/04/26 at 02:40 PM revealed a bed rail was attached to R1's bed. On 03/04/26 at approximately 12:49 PM Administrative Nurse C confirmed there was no bed rail assessment in R1's record and she had not completed one. - Review of R3's record revealed an admission date of 02/01/19 with the following diagnoses: cerebral infarction, hemiplegia, and diabetes mellitus type two. The 02/01/26 FCS Administrative Staff A provided identified R3 required physical assistance with bathing, dressing, toileting, transfers, and mobility; required supervision with eating; was unable to perform management of medications and treatments; was frequently incontinent of bladder; and was at risk of falls. The 02/01/25 NSA for R3 noted staff assisted with bathing, dressing, transfers, and management of medications and treatments. The NSA listed a bed rail for transfer. At 04:00 PM Administrative Staff A provided an NSA dated 02/01/26 which was missing pages 2 and 3. Review of R3's record revealed the lack of documentation of an assessment for her bed rail. On 03/04/26 at approximately 12:49 PM Administrative Nurse C confirmed she had not completed a bed rail assessment.	S5171		

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S5171	Continued From page 9 The operator failed to ensure a licensed nurse completed regular assessment of bed assistive devices for R1 and R3.	S5171		
S5190 SS=F	26-42-206 (d) Dietary Services (d)(1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(d)(1) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure the menu was available to all residents on at least a weekly basis. Findings included: - Observation on 03/04/26 at approximately 10:50 AM revealed a weekly menu was not posted for residents to access. On 03/04/26 at 12:33 PM Certified Nurse Aide E confirmed a weekly menu was not available to the residents. The operator failed to ensure a weekly menu was available to all residents.	S5190		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and	S5192		

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S5192	Continued From page 10 appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(e) The facility reported a census of six residents. Based on record review and interview the operator failed to ensure food was served at the proper temperature. Findings included: During initial tour, temperature logs were requested. Certified Nurse Aide E was unable to locate any logs. On 03/04/26 at 02:00 PM a second request for temperature logs was requested from Administrative Staff A. She provided a binder with food temperatures up to August of 2025. On 03/04/26 at 02:20 PM Administrative Staff A	S5192		

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S5192	Continued From page 11 confirmed the food temperature log lacked evidence of documentation food was served at proper temperature for each meal since August of 2025. Dietary guidelines for Americans 2005 recommended using a clean thermometer that measured the internal temperature of cooked food to make sure food is cooked to and held at proper temperatures and to keep food out of the "danger zone" (40 degrees Fahrenheit to 140 degrees Fahrenheit) where bacteria can multiply rapidly. The operator failed to ensure food was served at the proper temperature.	S5192		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of six residents. The facility had a kitchen where food was stored and prepared for all residents. Based on observation and interview the operator failed to ensure foods were stored under safe conditions.	S5195		

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S5195	Continued From page 12 Findings included: - Observation on 03/04/26 at 10:45 AM revealed a refrigerator and freezer unit was in the facility's kitchen which contained food items for the residents. The refrigerator thermometer read 45 degrees Fahrenheit (F) and the freezer -7 degrees F. There was no temperature log available. The following foods were held inside the refrigerator: One plate holding a sandwich, hardened pasta noodles, and chips unsealed and undated One gallon container of purple liquid unlabeled for what is inside and dated upon opening or preparation One "to-go" type container holding facility prepared foods undated when prepared One bag green leafy vegetable dated 02/05/26 On 03/04/26 at 12:33 PM Certified Nurse Aide E confirmed she was not able to find temperature logs and foods within the refrigerator were not sealed, labeled, and dated as expected. The 2009 Food and Drug Administration "Food Code", section 3-501.12 read foods held under refrigeration should be at 41 degrees Fahrenheit (F) or less. The 2005 Food Safety Guidelines instructs refrigerator temperature at 40 degrees F and freezer temperatures at 0 degrees F. The operator failed to ensure foods were stored under safe conditions.	S5195		

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S5215	Continued From page 13	S5215		
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)(3)(4) The facility reported a census of six residents. Based on interview and record review, the operator failed to provide quarterly reviews of the facility's emergency management plan with staff and residents and an annual evacuation of all residents to a secure location. Findings included: - On 03/04/26 at 02:00 PM the quarterly reviews of the facility's emergency management plan with residents and staff since the previous survey was requested which the facility failed to provide. The	S5215		

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S5215	Continued From page 14 last two annual evacuations were requested which the facility also failed to provide. On 03/04/26 at 04:15 PM Administrative Staff A confirmed reviews of the facility's emergency management plan with staff and residents and an evacuation for 2025 was not able to be provided. The operator failed to provide quarterly reviews of the facility's emergency management plan with staff and residents and an annual evacuation.	S5215		
S5250 SS=E	26-42-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments;	S5250		

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S5250	Continued From page 15 and This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f) The facility reported a census of six residents, with three included in the sample and one closed record review. Based on interview and record review the operator failed to ensure the resident's record contained the functional capacity screenings (FCS), negotiated service agreements (NSA), and health care service plans (HSP) for Resident (R) 1, R2, and R3. Findings included: - Review of R1's record revealed an admission date of 09/19/23 with the following diagnoses: paraplegia, depression, and chronic obstructive pulmonary disease. The 09/19/24 FCS identified R1 required physical assistance with bathing, dressing, and toileting; required supervision with transfers and eating; was unable to perform mobility and management of medications and treatments; was incontinent of bladder; and had decision-making impairment. R1's record lacked evidence of a more recent FCS. The 09/19/24 NSA for R1 noted staff assisted with bathing, dressing, toileting, transfers, bladder incontinence, and management of medications and treatments. R1's record lacked evidence of a more recent NSA.	S5250		

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S5250	Continued From page 16 The 09/19/25 "Care Service Plan" instructed staff to use wheelchair for assistance, provide showers with shower chair, provide peri-care, turn R1 every two hours, and prepare meals. R1's record lacked evidence of a more recent HSP. - Review of R2's record revealed an admission date of 09/08/24 with the following diagnoses: polyneuropathy, depression, hypertension, and muscle weakness. The 09/08/24 FCS identified R2 required physical assistance with dressing, and transfers; required supervision with eating; was unable to perform bathing, toileting, mobility and management of medications and treatments; was incontinent of bladder; was at risk of falls; and had impaired vision, hearing, and socially inappropriate behavior. R2's record lacked evidence of a more recent FCS. The 09/08/24 NSA for R2 noted staff assisted with bathing, dressing, toileting, transfers, bladder incontinence, and management of medications and treatments. R2's record lacked evidence of a more recent NSA. The 09/08/25 "Care Service Plan" instructed staff to assist R2 in the bathroom and provide peri-care, use wheelchair for assistance, provide showers, and prepare meals. R2's record lacked evidence of a more recent HSP. - Review of R3's record revealed an admission date of 02/01/19 with the following diagnoses: cerebral infarction, hemiplegia, and diabetes mellitus type two.	S5250		

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S5250	Continued From page 17 The 02/01/25 FCS identified R3 required physical assistance with bathing, dressing, toileting, transfers, and mobility; required supervision with eating; was unable to perform management of medications and treatments; was frequently incontinent of bladder; and was at risk of falls. R3's record lacked evidence of a more recent FCS. The 02/01/25 NSA for R3 noted staff assisted with bathing, dressing, transfers, and management of medications and treatments. R3's record lacked evidence of a more recent NSA. On 03/04/26 at approximately 12:49 PM Administrative Nurse C confirmed R1, R2, and R3's records lacked all the documents required by the department. The operator failed to ensure the resident's record contained the most recent and updated FCS, NSA, and HSP for R1, R2, and R3.	S5250		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered	S5258		

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S5258	Continued From page 18 by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2) The facility reported a census of six residents. Based on interview and record review the operator failed to ensure evidence of licensure or certification and criminal background check was completed for one of two newly hired staff upon hire. Findings included: - Record review of Administrative Nurse C's employee record revealed a hire date of 01/09/26. Her record lacked a date her registry check was completed evidence of supporting documentation a criminal background check was completed. On 03/04/26 at 04:15 PM Administrative Staff A confirmed Administrative Nurse C's folder lacked evidence documentation that licensure and	S5258		

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S5258	Continued From page 19 criminal background checks was completed upon hire. The operator failed to ensure evidence of licensure or certification and criminal background check was completed for one of two newly hired staff upon hire.	S5258		
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.	S5315		

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S5315	Continued From page 20 (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure facility staff stored controlled medications per manufacturer and pharmacy recommendations or those of state and federal regulations. Furthermore, in separately locked compartment within a locked medication room, cabinet, or medication cart. Findings included: - Observation on 03/04/26 at 11:15 AM revealed an unlocked medication cart with a broken lockbox inside bottom drawer containing the residents' controlled substance medications. Furthermore, inside the unlocked lockbox were the following medication cards: One 28 tablets card of oxycodone-acetaminophen 5 milligrams-325 milligrams with bubble #24 broken with tape holding medication One 30 capsule card of pregabalin 150 milligrams with bubbles #27 and 28 broken with tape holding medication One 30 tablet card of oxycodone hydrochloride 10 milligrams with bubbles #28 and 29 broken	S5315		

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S5315	Continued From page 21 with tape holding medication On 03/04/26 at approximately 11:26 AM CMA D confirmed the lockbox was broken which did not allow medications to be protected by double locks and the medication cards had medications which were taped into the card. She was unsure if a nurse was notified regarding the compromised medications. On 03/04/26 at 11:19 AM Certified Medication Aide (CMA) D left the room containing the medications with two cards laying on top of the cart, unsecured. These cards included: one 20 tablet card of fenofibrate 160 milligrams and one 30 capsule card of dairy relief 2,000 units. On 03/04/26 at 01:32 PM Administrative Nurse C unlocked the file cabinet containing medications for the residents. The following medications were found: One 30 tablet card of tizanidine hydrochloride 4 milligrams with expiration date 02/07/26 Three 30 vial boxes of ipratropium bromide and albuterol sulfate 0.5 milligram/3 milligram with expiration date 02/07/26 One 17.9 ounce container polyethylene glycol 3350 with expiration 02/17/26 On 03/04/26 at 01:34 PM Administrative Nurse C confirmed the medications were expired. The facility's 11/2017 "Medication Policy" documented staff were responsible for making sure all medications were stored properly and locked in the assigned area. The policy instructed staff to check expiration dates	S5315		

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S5315	Continued From page 22 minimally every three months. The operator failed to ensure facility staff properly stored medications according to recommendations and regulations including controlled medications within a separately locked compartment within a locked medication room, cabinet, or medication cart.	S5315		
S5325 SS=E	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l)(3) The facility reported a census of six residents with three residents included in the sample. Based on interview and record review the operator failed to ensure quarterly medication regimen reviews were kept in Resident (R) 1, R2, and R3's clinical records. Findings included: - Review of R1's record revealed an admission date of 09/19/23 with the following diagnoses:	S5325		

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S5325	Continued From page 23	S5325		

paraplegia, depression, and chronic obstructive pulmonary disease.

The 09/19/24 Functional Capacity Screen (FCS) identified R1 was unable to perform management of medications.

The 09/19/24 Negotiated Service Agreement (NSA) for R1 identified facility staff would administer medications.

R1's record lacked documentation of quarterly medication regimen reviews.

- Review of R2's record revealed an admission date of 09/08/24 with the following diagnoses: polyneuropathy, depression, hypertension, and muscle weakness.

The 09/08/24 FCS identified R2 was unable to perform management of medications.

The 09/08/24 NSA for R2 identified facility staff would administer medications.

R2's record lacked documentation of quarterly medication regimen reviews.

- Review of R3's record revealed an admission date of 02/01/19 with the following diagnoses: cerebral infarction, hemiplegia, and diabetes mellitus type two.

The 02/01/25 FCS identified R3 was unable to perform management of medications.

The 02/01/25 NSA for R3 identified facility staff would administer medications.

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S5325	Continued From page 24 R3's record lacked documentation of quarterly medication regimen reviews. On 03/04/26 at approximately 03:45 PM Administrative Nurse C confirmed quarterly medication regimen reviews were not in the residents' records. The operator failed to ensure quarterly medication regimen reviews were kept in R1, R2, and R3's clinical records.	S5325		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within locked areas. Findings included:	S5335		

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S5335	Continued From page 25 - Observation on 03/04/26 at 10:45 AM revealed an unlockable upper cabinet to the left of the refrigerator with the following chemicals in the cabinet with labels that read "Keep out of reach of children:" One 32 fluid ounce spray bottle of flea and tick yard spray One 20 fluid ounce container of flea and tick dog shampoo - Observation on 03/04/26 at approximately 10:48 AM revealed a cabinet under the sink in the kitchen that was unlocked. The following chemicals were in the cabinet labeled "Keep out of reach of children" One 17.5 ounce aerosol can ant, roach, and spider killer One 22 fluid ounce spray bottle of cleaning spray One 32 fluid ounce spray bottle glass cleaner One 32 fluid ounce spray bottle of Windex One nine-ounce can bathroom grime fighter One 19 ounce aerosol can glass cleaner One 105 count container dishwasher pacs On 03/04/26 at approximately 10:58 AM Administrative Staff B confirmed chemicals were not in locked areas. The operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within locked areas.	S5335		
S9999	Final Observations	S9999		

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S9999	Continued From page 26 K.S.A. 39-928 Upon receipt of an application for license, the licensing agency with the approval of the state fire marshal shall issue a license if the applicant is fit and qualified and if the adult care home facilities meet the requirements established under this law. A license, unless sooner suspended or revoked, shall remain in effect upon filing by the licensee, and approval by the licensing agency and the state fire marshal or their duly authorized agents, of an annual report upon such uniform dates and containing such information in such form as the licensing agency prescribes and payment of an annual fee. Findings included: Department records revealed the facility failed to file and pay the 2022, 2023, 2024, 2025, and 2026 annual renewal licensing fees. The facility failed to file and pay for the 2022, 2023, 2024, 2025, and 2026 annual renewal for licensing to the department as required by KSA 39-928.	S9999		