STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087036	A. BUILDING: _____ B. WING _____	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF DERBY	1701 WALNUT GROVE ROAD DERBY, KS 67037

(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 for the above named facility conducted on 04/28/26 and 04/29/26.	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 ' s or pharmacy provider ' s recommended date of	S3215		

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

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S3215	Continued From page 1 expiration. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (h) (1) The facility reported a census of 32 residents. The sample included 3 "Residents" (R)'s and 1 focused review. Based on observation and interview the Operator failed to ensure the facility's "Licensed Nurse" (LN) and "Certified Medication Aides'"(CMA)'s locked all non controlled medication's in a medication room, cabinet, or medication cart. Finding Included: - Record review for R1 revealed an admission date of 06/07/23 with diagnoses of personal history of urinary tract infection, unspecified dementia, anxiety disorder and depression. Review of R1's "Functional Capacity Screen" (FCS) dated 02/23/26 revealed R1 required supervision with bathing, toileting, transferring, and walking/mobility. R1 required physical assistance with eating, management of her medications and medical treatments. R1 was frequently incontinent and had impaired short-term memory, memory/recall, and decision making. R1 was identified at risk for falls and impaired vision. Review of R1's NSA dated 02/23/26 instructed facility staff to provide supervision with her	S3215		

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S3215	Continued From page 2	S3215		

bathing, dressing, toileting, and walking/mobility. R1 was independent with transferring. Facility staff were to manage some of R1's medications, medical treatments, and R1 would self-administer her own insulin.

Observation on 04/29/26 at approximately 02:30PM of R1's bathroom revealed a small set of gray shelves sitting on the southwest wall of the bathroom. In the set of shelves there were one container of Biofreeze and two containers of Aspercreme.

- Record review for R2 revealed and admission date of 10/28/21 with diagnoses of long term/current use of insulin, insomnia, type 2 diabetes, and diabetic nephropathy.

Review of R2's FCS dated 03/26/26 revealed R2 required physical assistance with bathing, dressing, transferring and R2 lacked the ability to manage his own medications and treatments. R2 required supervision with toileting and walking/mobility. R2 had impaired short term memory, memory/recall, and decision making. R2 was able to make himself understood and he understood others. R2 was marked at risk for falls and impaired vision. R2 used a wheelchair mobility device.

Review of R2's NSA dated 03/26/26 instructed facility staff to provide physical assistance with bathing, dressing, and walking/mobility. Facility staff were instructed to anticipate his needs, and he self-administered his insulin.

Observation on 04/29/26 at approximately 02:40PM a bottle of Antifungal powder was

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S3215	Continued From page 3 located in his bathroom cabinet. Interview on 04/29/26 at approximately 03:15PM with Operator A and Licensed Nurse B confirmed all non-controlled medications were to be stored in facilities medication cart. The Operator failed to ensure the facility's "Licensed Nurse" (LN) and "Certified Medication Aides'"(CMA)'s locked all non controlled medication's in a medication room, cabinet, or medication cart.	S3215		
S3261 SS=F	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: K.A.R 26-41-105 (f) (11) The facility reported a census of 32 residents. The sample included 3 "Residents" (R)'s and 1 focused review. Based on interview and record review the operator failed to ensure each resident's record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action for R1, R2, and R3.	S3261		

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S3261	Continued From page 4 Findings included: - Record review for R1 revealed an admission date of 06/07/23 with diagnoses of personal history of urinary tract infection, unspecified dementia, anxiety disorder and depression. Review of R1's "Functional Capacity Screen" (FCS) dated 08/14/25 revealed R1 was independent with bathing, dressing, and transferring. R1 required supervision with toileting and walking/mobility. R1required physical assistance with the management of her medications and medical treatments. R1 was occasionally incontinent and had impaired short-term memory, memory/recall, and decision making. R1 was identified for impaired vision and used a walker mobility device. Review of R1's FCS dated 02/23/26 revealed R1 required supervision with bathing, toileting, transferring, and walking/mobility. R1 required physical assistance with eating, management of her medications and medical treatments. R1 was frequently incontinent and had impaired short-term memory, memory/recall, and decision making. R1 was identified at risk for falls and impaired vision. Review of R1's "Negotiated Service Agreement" (NSA) dated 08/14/25 instructed facility staff to manage R1's medications, and R1 could self-administer some of her own medications. Facility staff were instructed to perform R1's medical treatments. Facility staff were to keep R1's routine consistent and provide assistance with her glasses.	S3261		

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S3261	Continued From page 5 Review of R1's NSA dated 02/23/26 instructed facility staff to provide supervision with her bathing, dressing, toileting, and walking/mobility. R1 was independent with transferring. Facility staff were to manage some of R1's medications and R1 would self-administer her own insulin. Review of R1's "electronic Medical Record" (eMAR) under the "Progress Notes" tab revealed the following entry on 03/21/26 at 09:16AM "Licensed Nurse" (LN) B documented that R1 had a fall. Vitals were obtained, R1 was assisted off the floor, and R1s durable power of attorney was notified. R1's medical provider was to be notified "during business hours". R1's medical record lacked documentation of the results of actions taken for R1's fall. - Record review for R2 revealed and admission date of 10/28/21 with diagnoses of long term/current use of insulin, insomnia, type 2 diabetes, and diabetic nephropathy. Review of R2's FCS dated 03/26/26 revealed R2 required physical assistance with bathing, dressing, transferring and R2 lacked the ability to manage his own medications and treatments. R2 required supervision with toileting and walking/mobility. R2 had impaired short term memory, memory/recall, and decision making. R2 was able to make himself understood and he understood others. R2 was marked at risk for falls and impaired vision. R2 used a wheelchair mobility device. Review of R2's NSA dated 03/26/26 instructed facility staff to provide physical assistance with	S3261		

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S3261	Continued From page 6	S3261		

bathing, dressing, and walking/mobility. Facility staff were instructed to anticipate his needs, and he self-administered his insulin.

Review of R2's "Medication Review Report" signed on 04/24/26 by R2's medical care provider revealed the following order: Blood Glucose Monitoring as need for Elevated Blood Sugar ... blood glucose reading below 60 and above 250 are to be reported to the nurse.

Record review of R2's "electronic Medical Record" (eMAR) under the "Progress Notes" tab revealed an entry dated 04/27/26 at 10:32AM "General Note" revealed R2 had a blood sugar reading of 299. R2's medical provider and hospice nurse was notified.
R2's medical record lacked documentation of actions taken and results of those actions for a blood sugar reading of 299.

- Record review for R3 revealed an admission date of 12/18/20 with diagnoses of Chronic Obstructive Pulmonary Disease, Chronic Diastolic (Congestive) Heart Failure, Overactive bladder, Generalized Anxiety Disorder, and Vascular Dementia mild without behavioral disturbance.

Review of R3's FCS dated 11/20/25 revealed R3 required supervision with bathing, transferring, and walking/mobility. R3 was independent with dressing and toileting. R3 required physical assistance with eating. R3 lacked the ability to manage her own medications and medical treatments. R3 had impaired short term memory and memory/recall. R3 was able to make herself understood and she understood others. R3 used

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S3261	Continued From page 7 a walker mobility device. Review of R3's NSA dated 11/20/25 identified facility staff would provide supervision with bathing, walking/mobility and transferring. Review of R3's "electronic Medical Record" (eMAR) under the "Progress Notes" tab revealed an entry dated 12/04/25 at 12:11AM an "Orders Administration Note" revealed that R3 was given 650 milligrams of Acetaminophen for pain. R3's "electronic Medical Record" (eMAR) lacked documentation of results of the actions the actions taken for the administration of the Acetaminophen. The note further lacked documentation of the nurse being notified prior to administration. Interview on 04/29/26 at approximately 03:15PM with Operator A and Licensed Nurse B confirmed results of actions taken were not documented for R1, R2 and R3. The operator failed to ensure each resident's record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action for R1, R2, and R3.	S3261		