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	B044002	A. BUILDING: _____ B. WING _____	C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE OF MERIDEN SOUTH	3566 62ND STREET MERIDEN, KS 66512

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints #197278, #196754 and #196707 at the above named home plus facility conducted on 06/02/26.	S 000		
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 seven 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 06/02/26 at approximately 11:55 AM revealed a weekly menu was not posted for residents to access. On 06/02/26 at 02:20 PM CMA C stated the menu is written on the whiteboard and confirmed it was only provided to the residents on a daily basis. 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	S5192		

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

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S5192	Continued From page 1	S5192		

that conserve the nutritive value, flavor, and 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 seven residents. Based on record review and interview the operator failed to ensure food was served at the proper temperature.

Findings included:

- Review of a food temperature log located in the facility's "Food Temp" binder in the kitchen had no previous food temperature logs before 06/01/26.

On 06/02/26 at 03:55 PM Administrative Nurse B confirmed they did not have food temperature logs prior to 06/01/26.

Dietary guidelines for Americans 2005 recommended using a clean thermometer that measured the internal temperature of cooked

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S5192	Continued From page 2 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 seven residents. The facility had a main kitchen where food was stored, prepared, and served. Based on observation and interview the operator failed to ensure foods were stored under safe conditions. Findings included: - Observation on 06/02/26 at 11:37 AM of the kitchen revealed coffee creamers on the counter where all residents had access. The following creamers' labels read to be used within 30 days of opening:	S5195		

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S5195	Continued From page 3	S5195		

One container of hazelnut creamer undated on opening, 50.7 ounces
One container of french vanilla undated on opening, 50.7 ounces

On 06/02/26 at 11:38 AM Certified Nursing Aide D confirmed that it was unknown when the coffee creamers were opened and they were not dated.

Observation on 06/02/26 at approximately 11:37 AM revealed a refrigerator in the kitchen that stored food for residents. Located inside the refrigerator:

One zippered bag of sliced cheese without open date
One package of round sliced deli meat dated 5/17, unsealed

On 06/02/26 at approximately 11:41 AM Administrative Nurse B confirmed there was not an open date on bag of sliced cheese and that he expected bags to be sealed.

Observation on 06/02/26 at approximately 11:41 AM revealed a cabinet located in the kitchen with food particles covering bottom of cabinet. Located inside cabinet were the following packages open and unsealed.:

Two bags of opened chicken gravy, 14 ounces
One bag of opened taco seasoning, 9 ounces
One bag of opened brown gravy, 15 ounces

On 06/02/26 at approximately 11:44 AM Administrative Nurse B confirmed the bagged powders were not sealed properly.

Observation on 06/02/26 at approximately 11:45 AM revealed a measuring cup was inside the

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S5195	Continued From page 4 sugar container located on kitchen counter. Observation on 06/02/26 at approximately 11:47 AM revealed scoops were inside the 88 cup sugar container and the 22-quart flour container. On 06/02/26 at approximately 11:49 AM Administrative Nurse B confirmed the sugar and flour containers all had a device inside which could cause contamination. The operator failed to ensure foods were stored under safe conditions.	S5195		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of seven residents with three residents and five staff included in the	S5230		

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S5230	Continued From page 5 sample and one closed record review. Based on interview and record review, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for one newly hired staff member. Findings included: - Record review for Certified Nurse Assistant (CNA) D revealed a hire date of 12/28/25. The employee record lacked documentation of TB testing. On 06/02/26 at 03:57 PM Administrative Nurse B confirmed CNA D's record lacked documentation required. The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented each new employee shall receive a two-step TST or Interferon Gamma Release Assay within seven days of employment unless a completed TST documentation is provided from within six months prior to hire. The operator failed to ensure the facility remained in compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105, which had the potential to affect all residents.	S5230		
S5315 SS=E	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	S5315		

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S5315	Continued From page 6 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. (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) The facility reported a census of seven residents. Based on observation and interview the operator failed to ensure that all medications and biologicals were stored in accordance with manufacturer or pharmacy recommendations or those of federal and state laws and regulations.	S5315		

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S5315	Continued From page 7 Findings included: - Observation on 06/02/26 at 12:00 PM of the medication cart revealed Certified Medication Aide (CMA) C unlocked the cart and the following medications inside were expired: One 30 mL bottle of morphine sulfate 20 milligrams 9mg per milliliter (mL) with expiration date 02/04/26, One bottle dextromethorphan 30mg and doxylamine succinate 12.5mg, eight fluid ounces expired 03/21/26 The following medications were also found: One half tablet of a white unidentified medication in the bottom of the controlled substances drawer, Three vials ipratropium bromide 0.5 mg and albuterol 3mg per three mL in the top drawer outside of a foil pouch or box exposed to light. The ipratropium bromide and albuterol for inhalation package insert instructed to protect the medication from exposure to light and store inside the foil pouch. Administrative Staff A stated their contracted pharmacy came to audit the cart within the past seven days. On 06/02/26 at approximately 12:10 PM CMA C confirmed the medications were expired or not stored properly. The operator failed to ensure that all medications and biologicals were stored in accordance with manufacturer or pharmacy recommendations or	S5315		

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S5315	Continued From page 8 those of federal and state laws and regulations.	S5315		
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 seven 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 a locked area. Findings included: - Observation on 06/02/26 at 11:37 AM revealed an unlockable cabinet under the sink in the kitchen was unsecured. The following chemicals were in the cabinet labeled "Keep out of reach of children" One box of dishwasher tablets, 140 tabs One spray bottle furniture polish, 32 ounces Two spray bottles of disinfectant cleaner with bleach, 32 ounces One can of oven and grill cleaner, 19 ounces	S5335		

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S5335	Continued From page 9 One container of disinfecting wipes, 80 wet wipes One can of disinfectant spray, 12.5 ounces One bottle of dish soap, 38 ounces One can of stainless-steel cleaner and polish, 17 ounces One container of Pine-Sol, 80 ounces One can on oven cleaner, 14.5 ounces One container on disinfectant, 1 gallon One bottle of oven cleaner, 32 ounces One spray bottle Windex, approximately 32 ounces On 06/02/26 at approximately 11:40 AM Administrative Nurse B confirmed chemicals were not in a locked area. 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 a locked area.	S5335		