

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/14/2026
NAME OF PROVIDER OR SUPPLIER GOSHEN HOME CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 9939 FOSTER STREET OVERLAND PARK, KS 66212		
(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 07/14/26 and 07/15/26.	S 000		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (d) The facility reported a census of 6 residents. The sample included 3 residents. . Based on record review and interview for 1 sampled Resident (R)1, Operator A failed to ensure facility staff administered medications in accordance with their medical care provider's orders. Findings Included:	S5300		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5300	Continued From page 1 - Record review for R1 revealed an admission date of 02/26/20 with diagnoses of memory impairment, hypertension, and glaucoma. Review of R1's "Functional Capacity Screen" (FCS) dated 02/24/26 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, mobility, and eating. R1 lacked the ability to manage her own medications and medical treatments. R1 was incontinent and had impaired short-term memory, long term memory, memory/recall, and impaired decision making. R1 was usually able to make herself understood and usually understood others. R1 was marked at risk for falls/ unsteadiness and used a wheelchair mobility device and a mechanical lift for transfers. Review of R1's "Negotiated Service Agreement"(NSA) dated 02/24/26 identified that facility staff would provide R1 with physical assistance with bathing, dressing, toileting, transferring, mobility, and eating. Facility staff would administer R1's medications and medical treatments. Review of facility provided document titled July 2026 "Medication Administration Record" (MAR) revealed an order for Enalapril 20 "Milligram" (mg) tablet one tablet by mouth in the morning and to hold if systolic blood pressure is less than 120 or pulse is less than 55. R1's July 2026 MAR lacked documentation blood pressure readings were obtained before each administration of Enalapril 20 mg tablets. Interview on 07/15/26 at approximately 09:54 AM	S5300		

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S5300	Continued From page 2 with Operator A confirmed staff were not obtaining a blood pressure reading prior to administering Enalapril 20 mg tablet to R1. Operator A failed to ensure facility staff administered medications to R1 in accordance with their medical care provider's orders.	S5300		
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 facility reported a census of 6 residents. The sample included 3 residents. Based on observation and interview, Operator A failed to ensure a licensed pharmacist or the licensed nurse placed the full name of the resident on the "Over-The-Counter" (OTC) medication container's. Findings Included:	S5313		

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S5313	Continued From page 3 - Observation on 07/14/26 at approximately 03:09 PM of the facility's medication cart located in the kitchen. Operator A unlocked the medication cart, which revealed the following OTC medication's, which lacked the full name of the resident: 1 bottle of vitafusion calcium tablets, 1 bottle of wound cleanser, 1 bottle of Tylenol (pain reliever/ fever reducer). Interview on 07/14/26 at approximately 03:12 PM with Operator A confirmed the above listed OTC's lacked the full name of the resident. Operator A failed to ensure a licensed pharmacist or the licensed nurse placed the full name of the resident on the OTC medication container.	S5313		