Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B066003	A. BUILDING: _____ B. WING _____	07/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHILOH HOME PLUS LLC	1306 BRANCH STREET SENECA, KS 66538

(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 an initial licensure survey for the above named home plus facility conducted on 07/20/26.	S 000		
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. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S5315		

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

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S5315	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h) The facility reported a census of four residents. Based on observation and interview, the administrator failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations. Findings included: - Observation on 07/20/26 at 03:05 PM of the medication cart located in a closet revealed one tube of Preparation H (sympathomimetic amine for hemorrhoid treatment) with a receipt labeled "Stock." On 07/20/26 at approximately 03:08 PM Certified Medication Aide (CMA) E confirmed the medication stored did not have a resident's name and instructed CMA B stock medications were not allowed. - Observation on 07/20/26 at 03:10 PM revealed the medication room had a refrigerator with an opened box that contained an unsealed vial of tuberculin (antitubercular) and was labeled as opened on 05/30/26. The box and the vial of tuberculin instructed to discard 30 days after opening. On 07/20/26 at approximately 03:19 PM Administrative Nurse C confirmed the tuberculin vial was past use date per manufacturer recommendation.	S5315		

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S5315	Continued From page 2 The administrator failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations.	S5315		