Kansas Department for Aging and Disability Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N075005	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTY COMMUNITY CARE HOME	**105 N HIGHWAY 99 , WESTMORELAND, Kansas, 66549**

(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) COMPLETION DATE
S0000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaint 2617513 at the above-named assisted living facility conducted on 08/05/26-08/06/26.	S0000		
S3310 SS = F	Infection Control Policies CFR(s): 26-41-207 (b) (5-6) (c) (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; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-207(c) The facility reported a census of ten residents with three residents included in the sample. Based on interview and record review the facility failed to ensure compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for one resident and one staff which had the possibility to affect all residents. Findings included: - Record review for Resident (R) 1 revealed an admission date of 11/06/24 with a diagnosis of generalized muscle weakness. R1's record included an initial TB symptom screen	S3310		

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

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S3310 SS = F	Continued from page 1 on 11/06/24 and lacked evidence of an annual TB symptom screen. On 08/06/26 at 03:16 PM Administrative Staff A confirmed R1's record failed to include an annual TB symptom screen. - Review of Certified Nurse Aide (CNA) E's employee record revealed a hire date of 06/04/25 and lacked evidence of documentation of TB testing completed on hire. On 08/06/26 at 02:00 PM Administrative Staff A confirmed CNA E's TB skin testing was not completed on hire. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee shall receive a two-step TB skin test within seven days of employment or admission and each resident shall have an annual TB symptom screen. The facility's 03/01/05 "Tuberculosis Plan - Employees" policy detailed each employee was administered a one step skin test upon hire. The facility's 03/01/05 "Tuberculosis Plan - Residents" policy detailed each resident had a screen done annually. The facility failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		
S3215 SS = E	Medication Storage CFR(s): 26-41-205 (h) (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,	S3215		

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S3215 SS = E	Continued from page 2 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 expiration. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-205(h) The facility reported a census of ten residents. Based on observation and interview, the facility 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 08/05/26 at 02:00 PM of the medication cart revealed the following medications: One lanuts 300 units / 3 milliliter insulin pen without opened date, pharmacy label read dispensed date of 06/08/26 and manufacturer instructions were to discard 28 days after first use One bottle Ivizia sterile lubricant drops, 0.33 fluid ounces without opened date or pharmacy label and box that read to use within 90 days after opening On 08/05/26 at approximately 02:08 PM Certified Medication Aide confirmed the medications did not	S3215		

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S3215 SS = E	Continued from page 3 have opened dates therefore was unknown if they were safe to use for residents. The facility's initialed 07/01/22 "Medication Management" policy stated medications were stored following each supplier or manufacturer's recommendations or those of federal and state laws and regulations. The facility failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations.	S3215		