

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/06/2026
NAME OF PROVIDER OR SUPPLIER SENIORCARE HOMES VINEYARD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 7611 W 98TH TERRACE 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 a Health Licensure Resurvey conducted on 10/06/26. The facility reported a census of 7 residents. The same included 3 residents.	S 000		
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) Based on observations and interview, the facility 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: Observation on 10/06/26 at approximately 10:21 AM of the facility's medication cart revealed the	S5313		

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

TITLE

(X6) DATE

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S5313	Continued From page 1 following OTC medication's inside which lacked the full name of the resident: 1 bottle of allergy nasal spray (intranasal antihistamine) 1 bottle of Pepto Bismol (salicylate and antidiarrheal) 1 bottle of Mucinex fast max liquid (expectorant) 1 box of Mucus Relief ER (expectorant) On 10/06/26 at approximately 10:25 AM with Administrative Staff A confirmed the OTC's lacked the full name of the resident. The failure placed all residents at risk of staff using a stock medication for them.	S5313		