| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B059012 | A. BUILDING: _____ B. WING _____ | C 10/13/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HEARTLAND HAVEN | 1345 CHEROKEE ROAD INMAN, KS 67546 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a Health Licensure Resurvey and Complaint Survey regarding allegations in the following complaints: 196424, 197045 and 199410 at the above named home plus conducted on 10/12/26 and 10/13/26.<br><br>The facility reported a census of seven residents. The sample included three residents. | S 000 | | |
| S5230 SS=F | 26-42-207 (b)(5)(6) (c) Infection Control Policies<br><br>(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;<br>(6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting;<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-207(c)<br><br>Based on interview and record review for three residents and two new employee records, the facility failed to ensure it remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. | S5230 | | |

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

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| S5230 | Continued From page 1<br>Findings included:<br><br>- Review of two newly hired staff records revealed the following:<br><br>Certified Medication Aide (CMA) B's employee record revealed a hire date of 07/08/26. The first step of the two-step TB skin test (TST) was read as not positive on 07/12/26. The second step of the two-step TST was administered three days later. The facility failed to ensure the second step of the two-step TB skin test was administered no earlier than one week after the first step was read as not positive.<br><br>On 10/12/26 at 04:25 PM Licensed Nurse (LN) C stated she was not aware the second step of the TST had to be administered one to three weeks after the first one was read.<br><br>The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "If the first TST is read as not positive, a second TST shall be administered within 1-3 weeks."<br><br>The facility failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees.<br><br>- Resident (R)102 moved into the facility on 08/13/26 with a diagnosis of multiple sclerosis.<br><br>Review of R102's medical record revealed the first step of the two-step TST was administered on 08/13/26 but no documentation was found to show the result of the first step and there was no documentation the second step TST was administered and read. | S5230 | | |

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| S5230 | Continued From page 2<br><br>On 10/13/26 at 02:00 PM LN A confirmed she did not document the reading of the first step of the TST and did not document the administration and reading of the second step of the two-step TST.<br><br>The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "The first TST shall be read within 48-72 hours of its administration. If the first TST is read as not positive, a second TST shall be administered within 1-3 weeks. The second TST shall be read within 48-72 hours of its administration."<br><br>The facility failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105 concerning newly admitted residents. | S5230 | | |
| S5313 SS=E | 26-42-205 (g) (3) Over the counter medication<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by: | S5313 | | |

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| S5313 | Continued From page 3<br>KAR 26-42-205 (g)(3)<br><br>Based on observation and interview, the facility failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of "over-the-counter" (OTC) medications.<br><br>Findings included:<br><br>- An observation on 10/12/26 at 12:04 PM revealed the medication cart contained the following OTC medications which were not labeled with a resident's full name:<br>One container of DG Health Ibuprofen<br>One container of DG Extra Strength Pain Relief<br>One container of DG Health Stool Softener<br>One container of Major Milk of Magnesia marked as STOCK<br><br>On 10/12/26 at 12:12 PM Licensed Nurse A stated she expected OTC medications to be labeled with the full name of a resident.<br><br>The facility failed to ensure all over-the-counter medications were labeled with the resident's full name. | S5313 | | |
| S5315 SS=E | 26-42-205 (h) Medication Storage<br><br>(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.<br>(1) Licensed nurses or medication aides shall | S5315 | | |

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| S5315 | Continued From page 4<br>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.<br>(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.<br>(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.<br>(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-205 (h)(1)<br><br>Based on observation and interview the facility failed to ensure resident medications were securely stored and failed to ensure only licensed nurses and medication aides had access to the stored medications and biologicals.<br><br>Findings included: | S5315 | | |

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| S5315 | Continued From page 5<br>- An observation on 10/12/26 at 10:44 AM revealed the facility medication cart was left unlocked and unattended by qualified staff. The cart was filled with over the counter and prescription medications.<br><br>On 10/12/26 at 12:12 PM Licensed Nurse A stated she expected the medication cart to be locked when not attended.<br><br>The facility failed to ensure medications were securely stored to ensure only licensed nurses and medication aides had access to stored medications. | S5315 | | |