Kansas Department for Aging and Disability Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N057004	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE HOMES	**200 WILLOW RD , HILLSBORO, Kansas, 67063**

(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 licensure resurvey at the above named assisted living facility conducted on 11/03/26. The facility reported a census of 31 residents. The sample included three residents.	S0000		
S3211	OVER THE COUNTER DRUGS CFR(s): 26-41-205 (g) (3) (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 LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-205 (g) (3) Based on observation and interview, the facility failed to ensure licensed nurses or pharmacists placed the full name of each resident on the over-the-counter medications. Findings included: - Observation on 11/03/26 at approximately 10:55 AM revealed a medication room with a medication cart inside. The following over the counter medications were noted without first and last names: One bottle Aspirin 81 milligrams(mg), 120 tablets One bottle Ocuvite Adults 50+ (supplement), 90 capsules	S3211		

Office of Primary Care and Health Systems Management

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

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S3211	Continued from page 1 One bottle Cetirizine 10mg, 60 tablets One bottle Acetaminophen 325mg, 100 tablets One tube Systane Lubricant Nighttime Eye Ointment, 3.5 grams (g) One bottle Brimonidine Tartrate 0.15% eye drops, 5 milliliters (mL) On 11/03/26 at approximately 11:01 AM Administrative Nurse A confirmed the medications were not labeled with residents' first and last name. The facility failed to ensure licensed nurses or pharmacists placed the full name of each resident on the over-the-counter medications.	S3211		
S3215	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, 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	S3215		

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S3215	Continued from page 2 or pharmacy provider ' s recommended date of expiration. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-205(h) 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 11/03/26 at 10:50 AM revealed a medication room with a refrigerator and a medication cart, the following medications were expired: One bottle liquid Guaifenesin 100 milligrams(mg)/5 milliliter(mL), 16 fluid ounces, expiration date of 10/4/26 One box Ipratropium Bromide 0.5mg and Albuterol Sulfate 3mg, 30 vials expiration date of 10/27/26 One box Glargine Insulin 100 unit/mL, expiration date of 05/21/26 On 11/03/26 at approximately 11:00 AM Administrative Nurse A confirmed the medications were expired. The facility failed to ensure medications were stored in accordance with each manufacturer's recommendations or those of federal and state laws and regulations.	S3215		