Kansas Department on Aging

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N089066 | A. BUILDING: _____ B. WING _____ | 01/15/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOME OF THE FLINT HILLS 3 | 518 E LAKELAND DR SILVER LAKE, KS 66539 |

| (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 |
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| S 000 | INITIAL COMMENTS<br><br>The following represents the findings of a resurvey with attached complaint 192732, 191616, and 189347 at the above named home plus facility conducted on 01/15/26. | S 000 | | |
| S5080 SS=D | 26-42-201 (a) (b) Functional Capacity Screen on Admission<br><br>(a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department.<br>(b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-201(a)<br><br>The facility reported a census of 14 residents with three included in the sample. Based on interview and record review the operator failed to ensure qualified staff conducted a screening to determine R2's functional capacity at admission. | S5080 | | |

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

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| S5080 | Continued From page 1<br><br>Findings included:<br><br>- Record review for R2 revealed an admission date of 07/01/25 with a diagnosis of dementia.<br><br>R2's record lacked documentation a Functional Capacity Screen (FCS) or Negotiated Service Agreement (NSA) was completed at admission.<br><br>On 01/15/26 at 02:59 PM Administrative Nurse C stated R2 lived in another facility owned by the same operator and confirmed R2 did not have a new FCS or NSA completed upon admission to the current facility.<br><br>The operator failed to ensure qualified staff conducted a screening to determine R2's functional capacity at admission. | S5080 | | |
| 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 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 | S5315 | | |

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| S5315 | Continued From page 2<br>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)<br><br>The facility reported a census of 14 residents. Based on observation and interview the operator failed to ensure that all medications and biologicals were stored in accordance with manufacturer recommendations, pharmacy recommendations, or federal and state laws and regulations.<br><br>Findings included:<br><br>- Observation on 01/15/26 at 09:43 AM revealed cabinet drawers in the medication room with the following resident medications:<br><br>One 1.25 ounce tube of anti-itch cream | S5315 | | |

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| S5315 | Continued From page 3<br>(diphenhydramine hydrochloride 2% & zinc acetate 0.1%) without resident name and expired 04/18 per manufacturer<br>One 17.9 ounce container polyethelene glycol 3350 expired 12/03/25 per pharmacy label<br>One 180 capsule bottle omepraxole 20 milligram expired 01/12/26 per pharmacy label<br>One 60 gram container Nystatin 100,000 units per gram expired 11/4/25 per pharmacy label<br>One 10 milliliter bottle Systane eye drops with expiration 05/25<br>One bottle acetaminophen 500 milligram, 100 tablets with expiration 03/21<br><br>On 01/15/26 at approximately 09:55 AM Certified Medication Aide D confirmed the medications were expired.<br><br>The operator failed to ensure that all medications and biologicals were stored in accordance with manufacturer recommendations, pharmacy recommendations, or federal and state laws and regulations. | S5315 | | |
| S9999 | Final Observations<br><br>KAR 26-42-103(c)<br><br>If the home plus admits residents with dementia, the administrator or operator shall ensure the provision of staff education, at orientation and at least annually thereafter, on the treatment and appropriate response to persons who exhibit behaviors associated with dementia.<br><br>This requirement is not met as evidenced by:<br><br>The facility reported a census of 14 residents. | S9999 | | |

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| S9999 | Continued From page 4<br><br>Based on interview and record review the operator failed to ensure staff education at orientation and in-service for treatment and appropriate response to persons who exhibit behaviors associated with dementia.<br><br>Findings included:<br><br>- Review of R2's record revealed he was admitted 07/01/25 with a diagnosis of dementia.<br><br>Requested record of dementia training for newly hired staff on 01/15/26 at 12:30 PM via email which the facility failed to provide.<br><br>On 01/15/26 at 02:28 PM Administrative Nurse B confirmed dementia training was not documented at hire for all personnel hired since last survey.<br><br>The operator failed to ensure staff education at orientation and in-service for treatment and appropriate response to persons who exhibit behaviors associated with dementia. | S9999 | | |