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	N001007	A. BUILDING: _____ B. WING _____	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARROWOOD LANE RESIDENTIAL CARE	615 E FRANKLIN HUMBOLDT, KS 66748

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints 193143, 194250, 195154, 196041, 196872, 197449 and entity self-reported incidents 197358 and 197414 at the above named Residential Health Care Facility conducted on 03/04/26, 03/05/26 and 03/09/26.	S 000		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: 3165 KAR 26-41-204(d) The facility reported a census of 14 residents with three residents included in the sample and one abbreviated record review. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for Residents (R)101, R102 and R103. Findings included: - R101's medical record revealed she moved	S3165		

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

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S3165	Continued From page 1	S3165		

into the facility on 06/26/23 with a diagnosis of traumatic brain injury.

R101's most recent NSA was completed on 12/18/25 and did not identify the nurse responsible for the implementation and supervision of the health care services plan.

On 03/09/26 at 03:18 PM Administrative Staff A confirmed R101's NSA did not identify the nurse responsible for the implementation and supervision of the health care services plan.

The operator failed to ensure R101's NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan.

- R102's medical record revealed he moved into the facility on 11/01/25 with a diagnosis of chronic obstructive pulmonary disease.

R102's most recent NSA was completed on 11/01/25 and did not identify the nurse responsible for the implementation and supervision of the health care services plan.

On 03/09/26 at 03:12 PM Administrative Staff A confirmed R102's NSA did not identify the nurse responsible for the implementation and supervision of the health care services plan.

The operator failed to ensure R102's NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan.

- R103's medical record revealed he moved into

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S3165	Continued From page 2 the facility on 07/18/24 with a diagnosis of diabetes mellitus. R103's most recent NSA was completed on 10/22/25 and did not identify the nurse responsible for the implementation and supervision of the health care services plan. On 03/09/26 at 02:48 PM Administrative Staff A confirmed R103's NSA did not identify the nurse responsible for the implementation and supervision of the health care services plan. The operator failed to ensure R103's NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan.	S3165		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: 3186	S3186		

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S3186	Continued From page 3 KAR 26-41-205(b) The facility reported a census of 14 residents. The sample included three residents and one abbreviated record review. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)103 identified the responsible person for administration and management of selected medications. Findings included: -R103's medical record revealed he moved into the facility on 07/18/24 with a diagnosis of diabetes mellitus. The 10/22/25 NSA documented staff administered R103's medications. The NSA did not identify that R103 self-administered his insulin. Review of R103's medical records documented a physician order dated 02/10/26 for Insulin Lispro 100/milliliter, inject 14 units subcutaneously as needed for blood sugars over 300. On 03/09/26 at 02:35 PM R103 stated staff administered all of his medications except for his insulin which the staff prepared and handed to him to self-administer. On 03/09/26 at 02:48 PM Administrative Staff A stated staff prepared R103's insulin flex pen and handed it to R103 to self-administer. Administrative Staff A confirmed that R103's NSA	S3186		

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S3186	Continued From page 4 did not identify that he self-administered his insulin. The operator failed to ensure the NSA identified who was responsible for administration and management of R103's insulin.	S3186		
S3215 SS=F	26-41-205 (h) Medication Storage (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	S3215		

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S3215	Continued From page 5 administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: 3215 KAR 26-41-205(h) The facility reported a census of 14 residents. Based on observation and interview, the operator failed to ensure all medications and biologicals were properly stored in accordance with each manufacturer's recommendations. Findings included: - On 03/04/26 at 02:30 PM an observation of the medication room refrigerator revealed one vial of Tubersol was opened but was not dated. On 03/04/25 at 02:38 PM Administrative Staff A stated she did not know exactly when the vial was opened. Administrative Staff A later provided information stating the vial was opened on 11/07/25. The vial of Tubersol, the original packaging it came in and the product insert all documented the vial should be discarded after 30 days if it had been entered and in use. The operator failed to ensure medications and biologicals were stored in accordance with manufacturer's recommendations.	S3215		

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S3225 SS=E	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: 3225 KAR 26-41-205(l) The facility had a census of 14 residents. Three residents were included in the sample along with one abbreviated record review. Based on record review and interview the operator failed to ensure a quarterly medication regimen review was completed by a licensed pharmacist for each resident whose medications were managed by the facility. Findings included: - Resident (R)101 was admitted to the facility on 06/26/23 with a diagnosis of traumatic brain injury.	S3225		

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S3225	Continued From page 7 The 11/03/25 "Functional Capacity Screen" (FCS) revealed R101was unable to manage her own medications. The 12/18/25 "Negotiated Service Agreement" (NSA) documented staff managed R101's medications. Review of R101's medical records revealed a lack of documentation of medication regimen reviews were completed by a pharmacist for the first, second and fourth quarters of 2025. On 03/09/26 at 03:18 PM Administrative Staff A confirmed there were some missing pharmacy reviews for R101. The operator failed to ensure quarterly medication regimen reviews were completed for R101 on a quarterly basis. - R103 was admitted to the facility on 07/18/24 with a diagnosis of diabetes mellitus. The 10/22/25 FCS revealed R103 required supervision with the management of his medications. The 10/22/25 NSA documented staff managed R103's medications. Review of R103's medical records revealed a lack of documentation of medication regimen reviews were completed by a pharmacist for the fourth quarter of 2025. On 03/09/26 at 02:48 PM Administrative Staff A confirmed there were some missing pharmacy	S3225		

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S3225	Continued From page 8 reviews for R103. The operator failed to ensure quarterly medication regimen reviews were completed for R103 on a quarterly basis.	S3225		
S3250 SS=D	26-41-105 (a) Resident Records a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices. (1) Designated staff shall maintain the record of each discharged resident who is 18 years of age or older for at least five years after the discharge of the resident. (2) Designated staff shall maintain the record of each discharged resident who is less than 18 years of age for at least five years after the resident reaches 18 years of age or at least five years after the date of discharge, whichever time period is longer. This REQUIREMENT is not met as evidenced by: 3250 KAR 26-41-105(a)(1) The facility reported a census of 14 residents. Three residents were included in the sample along with one abbreviated record review. Based on record review and interview the operator failed to ensure the maintenance of a medical record for Resident (R)104 in	S3250		

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S3250	Continued From page 9 accordance with accepted professional standards and practices. Findings included: - R104's medical record revealed he moved into the facility on 01/25/23 with a diagnosis of acute kidney failure. A medical record for R104 was requested from Administrative Staff A. The medical records provided were minimal and did not include a "Functional Capacity Screen" (FCS) or a "Negotiated Service Agreement" (NSA) along with other pertinant records. On 03/09/26 at 11:25 AM Administrative Staff A stated she was unable to locate an FCS or NSA for R104 and stated these records may have been misplaced during the process of transferring R104 to another facility. The operator failed to ensure R104's medical records were maintained in accordance with accepted professional standards and practices.	S3250		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency	S3280		

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S3280	Continued From page 10 procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: 3280 KAR 26-41-104(d)(3) The facility reported a census of 14 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan included all eight required items. Findings included: - On 03/09/26 review of the documentation of the quarterly reviews of the emergency management plan revealed they were completed on a quarterly basis but did not address required topics such as flood, severe weather, explosion, natural gas leak, lack of electrical or water service and missing residents. On 03/09/26 at 11:39 AM Administrative Staff A	S3280		

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S3280	Continued From page 11 stated she did not review all eight required items during the quarterly reviews of the emergency management plan. The operator failed to ensure disaster and emergency preparedness by failing to perform quarterly reviews of the emergency management plan with employees and residents that included all eight required topics.	S3280		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.	S3320		

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S3320	Continued From page 12 This REQUIREMENT is not met as evidenced by: 3320 KAR 28-39-254 (a) The facility reported a census of 14 residents. Based on observation and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents, staff and visitors. Findings included: - Observations during initial tour on 03/04/26 revealed the following unlocked chemicals: At 01:45 PM the public restroom had an unlocked closet with the following chemicals with a "KEEP OUT OF REACH OF CHILDREN" warning label: One bottle of TMA Phos-X Toilet Bowl Cleaner Three one-gallon containers of multi-clean ECO2 Cleaner with Oxygen At 02:15 PM an observation of the unlocked laundry room at 02:15 PM revealed it did not have a locked cabinet available to store chemicals and had the following unlocked chemicals: Nine one-gallon containers of TMA Laundry Suds Four 32 fluid ounce containers of TMA Stainworx Liquid Laundry PreSpotter Three one-gallon containers of AROCEP Ultra Bleach	S3320		

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S3320	Continued From page 13 An interview at 02:40 PM Administrative Staff A confirmed the laundry room was unlocked and contained chemicals not stored in a locked cabinet. The operator failed to ensure staff kept chemicals locked for residents, staff and visitor safety.	S3320		