STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 41 residents; the sample included four residents. Based on observation, interview, and record review, the facility failed to ensure residents remained free from significant medication errors when staff administered anti-anxiety medications (medications used to treat anxiety, which calm and relax individuals experiencing anxiety) incorrectly for Resident (R)1.Findings included:- R1's Electronic Medical Record (EMR) revealed the following diagnoses: schizophrenia (a mental disorder characterized by gross distortion of reality, disturbances of language and communication, and fragmentation of thought) and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). R1's Annual Minimum Data Set [MDS], dated 02/26/25, documented the resident had a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. She received anti-anxiety medication during the assessment period. The Psychotropic Drug Use Care Area Assessment [CAA], dated 02/26/25, documented the resident was at risk for side effects related to psychotropic medications (any medication that affects behavior, mood, thoughts, or perceptions). R1's Quarterly MDS, dated [DATE], documented the resident had a BIMS score of 11, indicating moderately impaired cognition. She received anti-anxiety medication during the assessment period. R1's Care Plan, revised 10/31/25, instructed staff to monitor the resident for adverse side effects related to the use of psychotropic medications. R1's EMR under the Orders tab included the following physician's orders:Lorazepam (an anti-anxiety medication) 1 milligram (mg), by mouth (po), every day at bedtime (HS), for a diagnosis of anxiety, ordered 07/03/25.Lorazepam, 0.5 mg, po, twice daily (BID), for a diagnosis of anxiety, ordered 07/03/25. R1's November 2025 Medication Administration Record documented on 11/26/25, the resident received 1 mg of lorazepam at 08:00 AM instead of the 0.5 mg of lorazepam, as ordered by the physician. The facility's investigation noted on 11/26/25, Certified Medication Aide (CMA) R passed medications to R1 at 08:00 AM. Instead of administering the morning dose of lorazepam 0.5 mg for a diagnosis of anxiety, CMA R administered the nighttime dose of lorazepam 1 mg. The facility did not find the medication error until 11/26/25 at approximately 01:00 PM when another staff member prepared to administer R1's afternoon dose of lorazepam 0.5 mg. The facility called CMA R on the phone and had her return to the facility following the discovery of the medication error. CMA R reviewed the resident's medications as well as the Narcotic Count Sheet and confirmed she had given the wrong dose of lorazepam to the resident. On 01/13/26 at 11:03 AM, CMA R stated she gave the resident the wrong dose of lorazepam accidentally on 11/26/25. CMA R stated she had not checked the MAR and the medication card twice before administering the medication. On 01/13/26 at 12:57 PM, Administrative Nurse D confirmed the CMA R gave the resident the wrong dose of lorazepam on 11/26/25 at 08:00 AM. Administrative Nurse D stated that CMA R received re-education before working as a CMA again. Admin Nurse D said there were no further medication errors for R1. The facility policy for Use of Psychotropic Drugs, revised 04/2025, documents that medication shall be given according to the physician's orders.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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