

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER Baldwin Healthcare & Rehab Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1223 Orchard Lane Baldwin City, KS 66006	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, record review, and interviews, the facility failed to appropriately store medications and biologicals when staff set up 11 residents' medication early and placed them in medication cups in the medication cart, labeled with resident's initials but lacking the required information regarding each medication (prescription and dosing information). Findings included:- On 04/13/26 at 07:42 AM, the medication carts were placed outside the dining room. Inspection of the medication carts revealed 11 medication cups marked with initials that contained medications. The medication cups were stored in the top left-hand drawer of the medication cart. The cups did not have names of the medications contained, the dose, or administration instructions. On 04/13/26 at 07:46 AM, Certified Medication Aide (CMA) S stated the facility's policy was to pop medication from bubble packs, right before administration of the medication to the residents. She stated medication should not be popped out of medication cards and placed into medication cups before a resident is ready to take the medication. On 04/15/26 at 09:20 AM, Administrative Nurse D stated medications should not be set up early. She stated the staff had been educated to set up medications only when the resident was ready to take medication. The facility's Medication Storage dated 01/01/20 documented all medications housed in the facility would be stored in the medication carts or medication rooms according to the manufacturer's recommendation and sufficient to ensure proper sanitation, temperature, light, moisture control, segregation, and security.</p>		

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
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