STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N003004	A. BUILDING: _____ B. WING _____	05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAN VILLAS ATCHISON	1635 RILEY STREET ATCHISON, KS 66002

(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
S 000	INITIAL COMMENTS The following represents the findings of a resurvey for the above named assisted living facility conducted on 05/20/25.	S 000		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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 REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The facility reported a census of 13 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of nine over-the-counter (OTC) medications in the medication carts. Findings included: - Observation on 02/20/25 at 10:35 AM revealed	S3211		

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

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S3211	Continued From page 1 the medication cart contained the following OTC medications were not labeled with residents' full names: One bottle acetaminophen 650 milligrams, 50 tablets One bottle acetaminophen 500 milligrams, 500 tablets One bottle acetaminophen 500 milligrams, 1000 tablets One bottle B12 1000 international units, 60 tablets One bottle acetaminophen 650 milligrams, 325 tablets One bottle melatonin 5 milligrams, 240 tablets One bottle docusate sodium 100 milligrams, 400 softgels One bottle Osteo bi-flex joint health, 80 coated tablets One bottle Beano 800 units, 100 tablets On 02/20/25 at approximately 10:39 AM Certified Medication Aide (CMA) D confirmed the OTC medications were not labeled with a residents' full names. On 02/20/25 at 02:40 PM Administrative Nurse B stated she puts the resident's full name on each OTC medication. A policy regarding labeling of OTC medications was requested on 02/20/25 which the facility failed to provide. The operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of nine OTC medications.	S3211		

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S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 13 residents. The facility had a main kitchen where food was served to all residents. Based on interview and record review the operator failed to ensure food was served at the proper temperature. Findings included: - Review of the food temperature logs for the months of January through March 2025 revealed food temperatures were not recorded for 35 out of 91 supper meals.	S3298		

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S3298	Continued From page 3 On 05/20/25 at approximately 10:50 AM Dietary Staff F confirmed food temperatures were to be taken each meal and the food temperature logs were not completed. The Kansas Department of Agriculture's "Focus on Food Safety" booklet page 20 documented "minimum hot holding temperature is 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F." The operator failed to ensure food was served at the proper temperature.	S3298		
S3420 SS=E	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all	S3420		

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S3420	Continued From page 4 times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256(c)(2)(B) The facility reported a census of 13 residents. The sample included 3 residents. Based on observation and interview the operator failed to ensure the facility water distribution system maintained a safe hot water temperature between 98- and 120-degrees Fahrenheit (F) at the sinks in resident use areas. Findings included: - Observation of R3's bathroom and kitchenette water temperature on 05/20/25 at 01:54 PM	S3420		

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S3420	Continued From page 5	S3420		

revealed water temperature of 86.4 degrees Fahrenheit (F) in both sinks.

- Observation of R2's water temperature on 05/20/25 at 02:39 PM revealed water temperature of 86.2 degrees F in kitchenette sink and 134.1 degrees F in bathroom sink.

Recheck of the water temperatures with Maintenance Staff E on 05/20/25 at 02:55 PM revealed water temperatures for R3's kitchenette and bathroom sinks were 84.4 degrees F.

- Observation of room 114's water temperature on 05/20/25 at approximately 03:07 PM revealed water temperature of 132.1 degrees F in bathroom sink.

Observation on 05/20/25 at 03:09 PM revealed the water heater room for hall three included four water heaters. Water heater with markings of "114," "115," and "120" was set near "very hot" and water heater marked "118" and "119" had no electrical flame.

On 05/20/25 at 03:09 PM Maintenance Staff E confirmed one water heater was set too high and the other was not lit.

Interview on 05/20/25 at 02:39 PM with Administrative Staff A revealed R3's water temperature had not been checked in the past month.

The operator failed to ensure the facility water distribution system maintained a safe hot water temperature between 98 and 120 degrees Fahrenheit at the sinks in resident use areas.

Kansas Department on Aging

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