| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046051 | A. BUILDING: _____ B. WING _____ | 11/29/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAMAR COURT ASSISTED LIVING COMMUNITY | 11909 LAMAR OVERLAND PARK, KS 66209 |

| (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<br><br>The following represents the findings of a resurvey with attached complaints #183747, #182733, #182674, #182238, #182220, #181816, #181762, and #181657 at the above named assisted living facility conducted on 11/27/23, 11/28/23, and 11/29/23. | S 000 | | |
| S3186 SS=D | 26-41-205 (b) Administration of Selected Medications<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(b)<br><br>The facility reported a census of 65 residents with six residents included in the sample and two closed record reviews. Based on interview and record review the administrator failed to ensure Resident (R) 2's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management of select medications. | S3186 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046051 | A. BUILDING: _____ B. WING _____ | 11/29/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAMAR COURT ASSISTED LIVING COMMUNITY | 11909 LAMAR OVERLAND PARK, KS 66209 |

| (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 |
|---|---|---|---|---|
| S3186 | Continued From page 1<br>Findings included:<br><br>- Record review for R2 revealed an admission date of 10/12/22 with diagnoses of chronic obstructive pulmonary disorder (COPD), bipolar, and unsteadiness on feet.<br><br>The 08/01/23 "Functional Capacity Screen" (FCS) identified R2 required physical assistance with management of medications.<br><br>The 05/09/23 "NSA" identified facility staff administered R2 her medications and R2 self-administered albuterol.<br><br>R1's "NSA" failed to identify who was responsible for the administration of other select medications she administered himself and/or the select medications facility staff administered.<br><br>The 11/06/23 "Self-Administration of Medications" assessment documented R2 did not wish or was not currently self-administering medications; she was not capable of self-administering medications; and the facility was responsible for administering all medications for R2.<br><br>Review of R2's 11/2023 "Medication Administration Record" (MAR) revealed she self-administered Biotin tablets 10,000 micrograms (mcg), Lac-Hydrin External Cream 12%, Miconazole Nitrate topical powder, Nystatin-Triamcinolone external cream.<br><br>On 11/29/23 at approximately 11:58 AM R2 stated she self-administered melatonin and biotin tablets, some creams and nystatin powder which | S3186 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046051 | A. BUILDING: _____ B. WING _____ | 11/29/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAMAR COURT ASSISTED LIVING COMMUNITY | 11909 LAMAR OVERLAND PARK, KS 66209 |

| (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 |
|---|---|---|---|---|
| S3186 | Continued From page 2<br>were stored in her room.<br><br>On 11/29/23 at approximately 12:50 PM Administrative Nurse F confirmed R2 self-administered melatonin and biotin tablets, some creams and nystatin powder.<br><br>The administrator failed to ensure R2's "NSA" identified who was responsible for the administration and management of select medications. | S3186 | | |
| S3211 SS=F | 26-41-205 (g) (3) OVER THE COUNTER DRUGS<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205 (g)(3)<br><br>The facility reported a census of 65 residents. Based on observation and interview the administrator failed to ensure a licensed | S3211 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046051 | A. BUILDING: _____ B. WING _____ | 11/29/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAMAR COURT ASSISTED LIVING COMMUNITY | 11909 LAMAR OVERLAND PARK, KS 66209 |

| (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 |
|---|---|---|---|---|
| S3211 | Continued From page 3 | S3211 | | |

pharmacist or licensed nurse placed the full names of residents on the original packages of ten over-the-counter (OTC) medications.

Findings included:

- Observation on 11/27/23 at 01:49 PM revealed Certified Medication Aide (CMA) D unlocked and opened medication cart number four. The following OTC medications were not labeled with residents' full names:

One bottle of Vitamin C 500 milligrams (mg), 150 tablets
One bottle of D-Mannose 1300 mg, 100 capsules
One bottle of melatonin 10mg, 100 tablets
Two bottles of magnesium oxide 200 mg, 250 capsules
One bottle of Miralax, 19.9 oz

On 11/27/23 at approximately 01:49 PM CMA D confirmed five OTC medications on medication cart number four were not labeled with residents' full names.

Observation on 11/27/23 at 02:06 PM revealed CMA E unlocked and opened medication cart number one. The following OTC medications were not labeled with residents' full names:

Two bottles of Visiultra, 60 capsules
One bottle of Advanced Memory, 60 tablets
One bottle of ubiquinol 100 mg, 60 softgels
One bottle of Osteo Bi-Flex, 88 tablets
One bottle of Equate krill oil 500 mg, 150 softgels

On 11/27/23 at approximately 02:06 PM CMA E

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046051 | A. BUILDING: _____ B. WING _____ | 11/29/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAMAR COURT ASSISTED LIVING COMMUNITY | 11909 LAMAR OVERLAND PARK, KS 66209 |

| (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 |
|---|---|---|---|---|
| S3211 | Continued From page 4<br>confirmed five OTC medications on medication cart number one were not labeled with residents' full names.<br><br>The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of ten OTC medications. | S3211 | | |
| S3215 SS=F | 26-41-205 (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 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.<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 | S3215 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046051 | A. BUILDING: _____ B. WING _____ | 11/29/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAMAR COURT ASSISTED LIVING COMMUNITY | 11909 LAMAR OVERLAND PARK, KS 66209 |

| (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 |
|---|---|---|---|---|
| S3215 | Continued From page 5<br>stored by the facility.<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 26-41-205(h)(1)<br><br>The facility reported a census of 65 residents. Based on observation and interview, the administrator failed to ensure all non-controlled medications were stored in a locked location.<br><br>Findings included:<br><br>- Observation on 11/27/23 at 01:49 PM revealed Certified Medication Aide (CMA) D unlocked and opened medication cart number four. There was a bin attached to the side of the cart that contained four loose pills.<br><br>Observation on 11/27/23 at 02:01 PM revealed CMA D unlocked and opened medication cart number two. There was a bin attached to the side of the cart that contained a large number of loose pills that covered the bottom of the bin. A person's arm could fit through the opening to reach the pills.<br><br>On 11/27/23 at approximately 02:01 PM CMA D confirmed there were loose pills in the bins on the sides of medication carts numbers four and two. | S3215 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046051 | A. BUILDING: _____ B. WING _____ | 11/29/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAMAR COURT ASSISTED LIVING COMMUNITY | 11909 LAMAR OVERLAND PARK, KS 66209 |

| (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 |
|---|---|---|---|---|
| S3215 | Continued From page 6<br><br>Observation on 11/27/23 at 02:05 PM revealed CMA E unlocked and opened medication cart number three. There was a bin attached to the side of the cart that contained one loose pill.<br><br>Observation on 11/27/23 at 02:05 PM revealed CMA E unlocked and opened medication cart number one. There was a bin attached to the side of the cart that contained two- and one-half loose pills.<br><br>On 11/27/23 at approximately 02:06 PM CMA E confirmed there were loose pills in the bins on the sides of medications carts numbers three and one. She stated when the medication carts were not being used, they were stored in unlocked areas near the main hallway.<br><br>The administrator failed to ensure non-controlled medications were stored in a locked location. | S3215 | | |
| S3261 SS=D | 26-41-105 (f) (11) Resident Record Documentation of Incidents<br><br>(f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-105(f)(11)<br><br>The facility reported a census of 65 residents with six residents included in the sample and two | S3261 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046051 | A. BUILDING: _____ B. WING _____ | 11/29/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAMAR COURT ASSISTED LIVING COMMUNITY | 11909 LAMAR OVERLAND PARK, KS 66209 |

| (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 |
|---|---|---|---|---|
| S3261 | Continued From page 7 | S3261 | | |

closed records reviews. Based on interview and record review the administrator failed to ensure licensed staff documented time of occurrence, action taken, and results of the action when Resident (R) 2 developed an opioid (narcotic pain medication) overdose and was sent to the hospital; and symptoms of skin issues and action taken and results of the action for R4 upon admission and thereafter.

Findings included:

- Record review for R2 revealed an admission date of 10/12/22 with diagnoses of chronic obstructive pulmonary disorder (COPD), bipolar, and unsteadiness on feet.

The 08/01/23 "Functional Capacity Screen" (FCS) identified R2 required physical assistance with bathing and management of medications and was unable to perform management of treatments.

The 05/09/23 "NSA" identified facility staff provided minimal assistance and assistance to wash hair for bathing, administered R2 her medications and R2 self-administered albuterol for management of medications, and R2 was independent with oxygen for management of treatments.

The 10/26/23 "Health Status Note" documented R2 was restless, confused, had low oxygen and the nurse practitioner recommended she go to the hospital. R2 was sent to the hospital around 10:20 AM.

The 10/27/23 "Heath Status Note" documented

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046051 | A. BUILDING: _____ B. WING _____ | 11/29/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAMAR COURT ASSISTED LIVING COMMUNITY | 11909 LAMAR OVERLAND PARK, KS 66209 |

| (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 |
|---|---|---|---|---|
| S3261 | Continued From page 8<br>R2 was admitted to the hospital for opioid overdose.<br><br>The 11/02/23 "Health Status Note" documented R2 returned from the hospital with all vital signs within normal limits.<br><br>Review of R2's record revealed lack of evidence of documentation of decline in oxygen saturation other indications of illness or injury including the time of occurrence, action taken, and results of the action.<br><br>On 11/27/23 at 03:25 PM Administrative Nurse B confirmed R2's record lacked evidence of documentation of decline in oxygen saturation other indications of illness or injury including the time of occurrence, action taken, and results of the action when she was sent to the hospital.<br><br>The administrator failed to ensure licensed staff documented time of occurrence, action taken, and results of the action when R 2 developed an opioid overdose and was sent to the hospital.<br><br>- Record review for R4 revealed an admission date of 07/12/23 with a diagnosis of chronic venous hypertension with ulcer of bilateral lower extremities.<br><br>The 07/13/23 "FCS" identified R2 was unable to perform bathing and management of medications and treatments.<br><br>The 07/13/23 "NSA" identified facility staff would provide extensive to total assistance with bathing, management of medications, and home health nurse would assist three times weekly for | S3261 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046051 | A. BUILDING: _____ B. WING _____ | 11/29/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAMAR COURT ASSISTED LIVING COMMUNITY | 11909 LAMAR OVERLAND PARK, KS 66209 |

| (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 |
|---|---|---|---|---|
| S3261 | Continued From page 9<br>wounds for management of treatments.<br><br>The 08/13/23 "Nursing Progress Note" documented R4 admitted to the facility with skin dressings on both lower legs.<br><br>Review of R4's record revealed lack of evidence of documentation of skin monitoring and interventions by licensed facility staff including wound sizes (length, width, and depth), odor, tissue characteristics (including drainage, granulation) and any signs of infection.<br><br>The administrator failed to ensure licensed staff documented symptoms of skin issues and action taken and results of the action for R4 upon admission and thereafter. | S3261 | | |
| S3298 SS=F | 26-41-206 (d) Food Preparation<br><br>(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.<br>(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.<br>(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.<br>(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. | S3298 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046051 | A. BUILDING: _____ B. WING _____ | 11/29/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAMAR COURT ASSISTED LIVING COMMUNITY | 11909 LAMAR OVERLAND PARK, KS 66209 |

| (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 |
|---|---|---|---|---|
| S3298 | Continued From page 10<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-206(d)<br><br>The facility reported a census of 65 residents. The facility had a main kitchen where food was stored, prepared, and served. Based on interview and record review, the administrator failed to ensure food was served at the proper temperature.<br><br>Findings included:<br><br>- On 11/27/23 at approximately 02:23 PM a food temperature log was requested which the facility failed to provide<br><br>On 11/27/23 at approximately 02:23 PM Dietary Staff C confirmed the lacked evidence of documentation foods were served at safe temperatures.<br><br>The Kansas Department of Agriculture's "Focus on Food Safety" booklet documented "minimum hot holding temperature is 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F.<br><br>The facility's undated "Cooking and Cooling" policy documented dietary staff would ensure foods were cooked thoroughly to reach the appropriate internal temperature specific to each food item.<br><br>The administrator failed to ensure food was | S3298 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046051 | A. BUILDING: _____ B. WING _____ | 11/29/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAMAR COURT ASSISTED LIVING COMMUNITY | 11909 LAMAR OVERLAND PARK, KS 66209 |

| (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 |
|---|---|---|---|---|
| S3298 | Continued From page 11<br>served at the proper temperature. | S3298 | | |
| S3299 SS=F | 26-41-206 (e) (1) Facility Food Storage<br><br>(e) Food storage. Facility staff shall store all food under safe and sanitary conditions.<br>(1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-206(e)<br><br>The facility reported a census of 65 residents. The facility had a main kitchen where food was stored, prepared, and served. Based on observation and interview the administrator failed to ensure foods in the kitchen were stored under safe conditions.<br><br>Findings included:<br><br>- Observation on 11/27/23 at approximately 02:23 PM revealed a walk-in refrigerator and walk-in freezer in the facility's main kitchen that contained food items for all residents.<br><br>Temperature logs for the refrigerator and freezer were requested which the facility failed to provide.<br><br>On 11/27/23 at approximately 02:23 PM Dietary Staff C confirmed the kitchen lacked evidence of documentation of refrigerator and freezer | S3299 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046051 | A. BUILDING: _____ B. WING _____ | 11/29/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAMAR COURT ASSISTED LIVING COMMUNITY | 11909 LAMAR OVERLAND PARK, KS 66209 |

| (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 |
|---|---|---|---|---|
| S3299 | Continued From page 12<br>temperatures.<br><br>The Kansas Department of Agriculture's "Focus on Food Safety" booklet documented "maximum cold holding temperature is 41 degrees Fahrenheit (F)."<br><br>The facility's undated "Food Storage (Dry, Refrigerated, and Frozen)" policy documented dietary staff were to keep potentially hazardous foods out of the temperature danger zone which was between 41-135 degrees F.<br><br>The administrator failed to ensure foods were stored under safe conditions. | S3299 | | |