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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints 187877, 187986, 188026, 188030, 189523, 190070, 190821, 190962, and 191027 at the above named assisted living facility conducted on 10/07/24 through 10/10/24.	S 000		
S3080 SS=E	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The facility reported a census of 73 residents with nine residents included in the sample. Based on record review and interview the administrator failed to ensure a licensed nurse recorded all findings of Resident (R) 3 and R9's functional capacity on a screening form, (FCS). Findings included:	S3080		

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

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S3080	Continued From page 1 - Record review for R3 revealed an admission date of 10/12/22 with diagnoses of chronic obstructive pulmonary disease, asthma, anxiety, unsteadiness and seizures. The 06/29/24 FCS failed to identify R3's cognition level. The 06/29/24 Negotiated Service Agreement (NSA) identified R3 had no impairment with cognition. On 10/09/24 at 10:26 AM Administrative Staff A confirmed the cognition section on R3's FCS was left blank. The administrator failed to ensure a licensed nurse recorded all findings of R3's functional capacity on a screening form. - Record review for R9 revealed an admission date of 03/05/24 with diagnoses of hypertension, multiple sclerosis, Parkinson's, repeated falls, and depression. The 07/02/24 FCS failed to identify R9's ability to manage treatments. The 07/02/24 NSA listed R9 received assistance with breathing as needed for treatments. On 10/09/24 at 10:26 AM Administrative Staff A confirmed the management of treatments section of R9's FCS was left blank. The administrator failed to ensure a licensed nurse recorded all findings of R9's functional capacity on a screening form.	S3080		

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S3082	Continued From page 2	S3082		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The facility reported a census of 73 residents with nine residents included in the sample. Based on interview and record review the administrator failed to ensure designated facility staff ensured the Functional Capacity Screen (FCS) for Resident (R) 7 accurately reflected her functional capacity for cognition. Findings included: - Record review for R7 revealed an admission date of 01/08/19 with diagnoses of vertigo, hemiplegia, hypothyroidism, diabetes mellitus type two, and cerebral vascular accident. The 07/04/24 FCS documented R7 as having no difficulty with short-term memory, long-term memory, memory/recall, or decision making. The 07/04/24 Negotiated Service Agreement (NSA) recorded R7 as having mild impairment with short-term memory and long-term memory with interventions of reminding and giving directions. She had frequent judgement issues and needs protection and supervision because of unsafe or inappropriate decisions.	S3082		

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S3082	Continued From page 3 On 10/09/24 at approximately 03:14 PM Certified Nurse Aide F stated R7 had difficulty with memory at times. She called law enforcement multiple times to ask for assistance to the bathroom. On 10/10/24 at 08:47 AM Licensed Nurse G confirmed R7 had difficulty with short-term and long-term memory at times and required reminders. She had inappropriate behaviors and made poor decisions. The administrator failed to ensure designated facility staff ensured the FCS for R7 accurately reflected her functional capacity for cognition.	S3082		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service.	S3085		

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S3085	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1) The facility reported a census of 73 residents with nine residents included in the sample. Based on interview, observation, and record review the administrator failed to ensure the Negotiated Service Agreement (NSA) was fully developed based on the resident's Functional Capacity Screen (FCS), service needs, and preferences for resident (R)3, R4, R5, and R6 including a description of the services the resident received. Findings included: - Record review for R3 revealed an admission date of 10/12/22 with diagnoses of chronic obstructive pulmonary disease, asthma, anxiety, unsteadiness, and seizures. The 06/29/24 FCS identified R3 was at risk of falls and unsteadiness. The 06/29/24 NSA for R3 failed to identify what services R3 received for fall prevention. On 10/09/24 at approximately 03:54 PM Administrative Nurse B confirmed R3's NSA failed to describe the services provided for prevention of falls. The administrator failed to ensure R3's NSA described the services she received based on her FCS. - Record review for R4 revealed an admission date of 09/03/24 with a diagnosis of seizures. The 09/03/24 FCS identified R4 was unable to	S3085		

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S3085	Continued From page 5	S3085		

perform management of medications; was frequently incontinent; and was identified at risk for falls.

The 09/03/24 NSA identified R4 received minimal assistance with medications and failed to provide services for incontinence or fall prevention.

Review of nurse note dated 10/03/24 at 07:26 AM revealed the resident stated he had sustained a fall with injury and resident was transported to local hospital.

Observation on 10/07/24 at 05:48 PM of R4's apartment doorway revealed a sign for staff to complete wellness checks every hour.

On 10/10/24 at approximately 11:36 AM Licensed Nurse (LN) C stated the intervention after the fall was to do more checks and encourage R4 to use his call light. LN C stated that staff administer all of his medications.

On 10/10/24 at approximately 11:40 AM LN C confirmed R4's NSA was inaccurate for services of medication management and failed to describe the services provided for incontinence and prevention of falls.

The administrator failed to ensure R4's NSA described the services he received based on his FCS.

- Record review for R5 revealed an admission date of 04/14/23 with diagnoses of atrial fibrillation, heart failure, depression, and absolute glaucoma.

The 07/06/24 FCS identified R5 had impaired hearing.

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S3085	Continued From page 6 The 09/03/24 NSA for R5 failed to describe services he received for impaired hearing. Interview on 10/10/24 at 09:11 AM R5 stated he has a hard time hearing. On 10/10/24 at approximately 11:36 AM LN C stated when she talks to R5 she talks directly at him, slow, and sometimes have to repeat. On 10/10/24 at approximately 11:42 AM LN C confirmed R5's NSA failed to describe the services provided for impaired hearing. The administrator failed to ensure R5's NSA described the services he received based on his FCS. - Record review for R6 revealed an admission date of 12/28/23 with diagnoses of dizziness, overactive bladder, hypertension, and hypothyroidism. The 07/07/24 FCS identified R6 as risk of falls. The 07/07/24 NSA failed to list services R6 received for fall prevention. Observation on 10/10/24 at 10:55 AM revealed R6 with buttock close to edge of wheelchair. Therapy staff assisted resident to reposition to prevent a fall. On 10/09/24 at approximately 03:54 PM Administrative Nurse B confirmed R6's NSA failed to describe the services provided to prevent falls. The administrator failed to ensure R6's NSA described the services he received based on his	S3085		

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S3085	Continued From page 7 FCS.	S3085		
S3101 SS=F	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 73 residents with nine residents included in the sample. Based on interview and record review the administrator failed to ensure that each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreement for all residents. Findings included: - Record review for Resident (R) 1, R2, R3, R4, R5, R6, R7, R8 and R9 revealed the NSAs lacked signatures by the resident and/or legal representatives. On 10/09/24 at 10:26 AM Administrative Staff A stated all NSAs within the electronic health record (EHR) were done when "go live" occurred. He confirmed all NSAs lacked signatures by either the resident or their legal representative. The administrator failed to ensure that each	S3101		

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S3101	Continued From page 8 individual involved in the development of the NSA signed the agreements for all residents.	S3101		
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: KAR 26-41-204(d) The facility reported a census of 73 residents with nine residents included in the sample. Based on record review and interview the administrator failed to ensure the Negotiated Service Agreement (NSA) for all residents listed the licensed nurse responsible for implementing and supervising their Healthcare Service Plans (HSP). Findings included: - Record review for Resident (R)1, R2, R3, R4, R5, R6, R7, R8 and R9 revealed the NSAs failed to name the licensed nurse responsible for implementing and supervising the HSPs. On 10/09/24 at 10:26 AM Administrative Staff A confirmed the NSAs within the new electronic medical record did not list the licensed nurse responsible for the HSPs. On 10/09/24 at 10:56 PM Administrative Nurse B confirmed she had not seen or documented	S3165		

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S3165	Continued From page 9 anywhere within the new NSAs that she was the licensed nurse responsible for the HSPs. The administrator failed to ensure all residents' NSAs named the licensed nurse responsible for implementing and supervising their HSPs.	S3165		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 73 residents with nine included in the sample. Based on interview and record review the administrator failed to ensure a licensed nurse performed an assessment to determine if Resident (R) 2, R3,	S3175		

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S3175	Continued From page 10	S3175		

and R5 could self-administer medications safely.

Findings included:

- Record review for R2 revealed an admission date of 12/14/20 with diagnoses of chronic obstructive pulmonary disease, asthma, anxiety, and depression.

The 04/13/24 Functional Capacity Screen (FCS) identified R2 needed physical assistance with management of medications.

The 04/13/24 Negotiated Service Agreement (NSA) identified R2 received total assistance with medication administration.

Review of R2's orders revealed levalbuterol was ordered on 04/20/23.

Observation 10/09/24 at 12:42 PM of R2's apartment revealed levalbuterol medication in pharmacy labeled box with label that said "unsupervised self-administration" on her kitchenette counter.

R2's record lacked evidence of documentation a medication self-administration assessment to administer levalbuterol was completed.

- Record review for R3 revealed an admission date of 10/12/22 with diagnoses of chronic obstructive pulmonary disease, asthma, anxiety, and seizures.

The 06/29/24 FCS identified R3 was able to perform management of medications.

The 06/29/24 NSA identified R3 was independent with medication administration.

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S3175	Continued From page 11 R3's record lacked evidence of documentation a medication self-administration assessment to administer any of her medications was completed. On 10/10/24 at 08:27 AM a self-administration assessment was requested. On 10/10/24 at 11:06 AM Administrative Staff A confirmed R3's record lacked a medication self-administration assessment. - Record review for R5 revealed an admission date of 04/14/23 with diagnoses of heart failure, depression and absolute glaucoma. The 07/06/24 FCS identified R5 was able to perform management of medications. The 07/06/24 NSA identified R5 was independent with medication administration. R5's record lacked evidence of documentation a medication self-administration assessment to administer any of his medications was completed. Observation on 10/10/24 at 09:11 AM in R5's apartment revealed medication bottles in multiple places in apartment without labels. On 10/10/24 at approximately 09:15 AM R5 stated he administered all his own medications. On 10/10/24 at 08:27 AM a self-administration assessment was requested. On 10/10/24 at 11:06 AM Administrative Staff A confirmed R5's record lacked a medication self-administration assessment.	S3175		

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S3175	Continued From page 12 The administrator failed to ensure a licensed nurse performed an assessment to determine if R2, R3 or R5 could self-administer medications safely.	S3175		
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 73 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of fourteen over-the-counter (OTC) medications in the medication carts. Findings included:	S3211		

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S3211	Continued From page 13 - Observation on 10/07/24 at 02:32 PM revealed the C side medication cart two contained the following OTC medications not labeled with residents' full names: One tube diclofenac sodium topical gel 1%, 3.53 ounces One bottle Metamucil fiber gummies, 72 gummies One bottle D-Mannose 1300 milligram, 100 capsules On 10/07/24 at approximately 02:35 PM Certified Medication Aide (CMA) D confirmed the OTC medications were not labeled with a resident's full name. - Observation on 10/07/24 at 02:44 PM revealed the C side medication cart three contained the following OTC medication was not labeled with resident's full name: One container Metamucil fiber, 425 grams On 10/07/24 at approximately 02:45 PM CMA D confirmed the OTC medication was not labeled with a resident's full name. - Observation on 10/07/24 at 03:03 PM revealed the nurse's medication cart contained the following OTC medications were not labeled with residents' full names: One card ondansetron 4 milligram ODT, 4 tablets Three cards loperamide 2 milligram, 6 tablets per card One bottle Phillips magnesium 500 milligram laxative caplets, 24 caplets One bottle simethicone 125 milligram per softgel, 12 softgels	S3211		

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S3211	Continued From page 14 One tube hydrocortisone cream 1%, 1 ounce One tube pimecrolimus cream 1%, 30 grams On 10/07/24 at approximately 03:07 PM Licensed Nurse C confirmed the OTC medications were not labeled with residents' full names. - Observation on 10/07/24 at 03:38 PM revealed the A side medication cart one contained the following OTC medication was not labeled with resident's full name: One bottle acetaminophen 500mg caplets, 400 caplets On 10/07/24 at approximately 03:40 PM CMA E confirmed the OTC medication was not labeled with a resident's full name. - Observation on 10/07/24 at 03:43 PM revealed the A side medication cart two contained the following OTC medication was not labeled with resident's full name: One bottle darolutamide 300 milligram tablet, 120 film-coated tablets On 10/07/24 at approximately 03:44 PM CMA E confirmed the OTC medication was not labeled with a resident's full name. The facility's "Policy: Over the Counter Medications (OTC)" policy dated 12/22 states the licensed nurse will place the resident's first and last name on the medication container. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of fourteen OTC medications.	S3211		

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(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
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(2) The facility reported a census of 73 residents. Based on observation and interview the administrator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container of four medications. Findings included: - Observation on 10/07/24 at 02:32 PM revealed the side C medication cart two contained the following prescription medications which were not labeled with a resident's full name, furthermore a pharmacy affixed label: One Trelegy Ellipta (fluticasone furoate 200 microgram/umeclidinium 62.5 microgram/vilanterol 25 microgram) inhaler, 30 doses One Incruse Ellipta (umedidinium 62.5 microgram) inhaler, 30 blisters On 10/07/24 at approximately 03:05 PM Certified Medication Aide D confirmed the inhalers were not labeled with a pharmacist affixed label.	S3213		

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S3213	Continued From page 16 - Observation on 10/07/24 at 03:03 PM revealed the nurse's medication cart contained the following prescription medications which were not labeled with a resident's full name, furthermore a pharmacy affixed label: Two Lantus (glargine) insulin 100 international units per milliliter, 3 milliliter pens On 10/07/24 at approximately 03:05 PM Licensed Nurse (LN) C confirmed the insulin pens were not labeled with a pharmacist affixed label. The administrator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
S3215 SS=E	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.	S3215		

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S3215	Continued From page 17 (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 administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 73 residents. Based on observation and interview the administrator failed to ensure all medications and biologicals were stored in accordance with each manufacturer's recommendations or those of the pharmacy provider. Findings included: - Observation on 10/07/24 at 03:03 PM revealed the nurse's medication cart had opened and used insulin pens as follows: One Lantus (glargine) 100 international units (IU) per milliliter (ml) pen, 3 ml for Resident (R) 10 opened 09/08/24 One insulin lispro 100 IU per ml pen, 3 ml for R10 with no date opened One Lantus (glargine) 100 IU per ml pen, 3 ml for	S3215		

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S3215	Continued From page 18 R1 opened 09/04/24 One Humalog 100 IU per ml pen, 3 ml for R2 opened 08/11/24 One Humulin N 100 IU per ml pen, 3 ml for R2 was undated One Admelog SoloStar (lispro) 100 IU per ml pen, 3 ml undated Two Lantus (glargine) 100 IU per ml pens, 3 ml each undated with no resident's name The pens' label instructions were to "Use within 28 days after initial use." On 10/07/24 at approximately 03:05 PM Licensed Nurse (LN) C confirmed the insulin pens were opened, had been used, and were still intended to be used. She verified that each pen was either undated or expired. - Observation on 10/07/24 at approximately 03:18 PM revealed the nurse's medication cart had one bottle nitroglycerin 0.4 milligram tablets for R11 expired 12/12/18 per pharmacy label, one albuterol sulfate HFA 90 microgram inhaler for R12 with instruction to discard after 08/16/24 per pharmacy label, and one bottle polyethylene glycol 238 grams with use by date on pharmacy label of 02/08/24. On 10/07/24 at approximately 03:22 PM LN C confirmed the three medications were expired. - Observation on 10/07/24 at approximately 03:22 PM revealed the nurse's treatment cart had the following medications outdated: One bottle Desenex powder 2%, 43 grams for R3 expired 7/2024 per manufacturer date on bottle One bottle nystatin powder 100,000 units per gram, 60 grams for R13 with manufacturer	S3215		

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S3215	Continued From page 19 expiration date of 11/30/23 One bottle nystatin powder 100,000 units per gram, 30 grams for R14 with expiration date of 3/17/24 per pharmacy label On 10/07/24 at approximately 03:32 PM LN C confirmed three medications were expired. On 10/10/24 at 08:27 AM a policy for medication labeling and storage was requested, which the facility failed to provide. The administrator failed to ensure all medications and biologicals were stored in accordance with each manufacturer's recommendations or those of the pharmacy provider.	S3215		
S3225 SS=F	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: KAR 26-41-205(l)	S3225		

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S3225	Continued From page 20 The facility reported a census of 73 residents with nine included in the sample. Based on interview and record review the administrator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for all residents. Findings included: On 10/09/24 at 04:10 PM the last two pharmacy reviews were requested. On 10/10/24 at 08:27 AM quarterly pharmacy reviews for the previous year were requested. On 10/10/24 at 11:00 AM a local provider was making rounds and noted to have a stack of pharmacy reviews, some dated May of 2024. She states that she was just given them and told the completed ones had been misplaced. On 10/10/24 at 12:21 PM Administrative Staff A confirmed he failed to provide the pharmacy reviews. The administrator failed to ensure at least quarterly medication regimen reviews were conducted for all residents.	S3225		
S3260 SS=F	26-41-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings;	S3260		

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S3260	Continued From page 21 (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(4) The facility reported a census of 73 residents with nine included in the sample. Based on interview and record review the administrator failed to ensure all resident's records contained all completed (FCS) functional capacity screens. Findings included: - On 10/09/24 at 10:26 AM functional capacity screens completed prior to the current screens were requested for all sampled residents. On 10/09/24 at approximately 10:28 AM	S3260		

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S3260	Continued From page 22 Administrative Staff A stated all previous FCS for all residents were documented in a previous electronic medical record of which no staff had access anymore. Staff is not able to look and see what residents had an FCS completed, what day, or the reason for the FCS. The administrator failed to ensure the resident's records contained all completed functional capacity screens for all residents.	S3260		
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 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: KAR 26-41-104(d)(3) The facility reported a census of 73 residents.	S3280		

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S3280	Continued From page 23 Based on record review and interview the administrator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the facility's emergency management plan (EMP) with all staff and residents. Findings included: - Review of the facility 03/14/24 EMP quarterly review revealed it was signed by 26 staff members. Review of the facility 05/03/24 EMP quarterly review revealed it was signed by 18 staff members. Review of the facility 07/18/24 EMP quarterly review failed to be signed by 38 of 61 staff members. The facility failed to provide documentation regarding emergency management plan reviews with residents since the last survey. Interview on 10/09/24 at 02:14 PM with Administrative Staff A confirmed not all staff has reviewed EMP quarterly and the facility follows regulations regarding frequency of reviews. The administrator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the facility's emergency management plan with all staff and residents.	S3280		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and	S3299		

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S3299	Continued From page 24 cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 73 residents. The facility had a main kitchen where food was stored, prepared and served to all residents. Based on observation and interview the administrator failed to ensure food items were stored under safe conditions. Findings included: - Observation on 10/07/24 at 01:55 PM in the kitchen revealed a walk-in refrigerator that contained food items for the residents. The following food items lacked a date the food was opened. One gallon container of red French dressing One gallon container barbecue sauce One two-pound container of prepared horseradish One gallon container of cole slaw dressing One gallon container of real mayonnaise The following items lacked labels identifying what was inside and a date prepared: One tray individual sized containers of a brown substance One tray individual sized containers of a yellow substance One gallon jug of a white liquid with orange juice	S3299		

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S3299	Continued From page 25 label One gallon pitcher of dark brown liquid On 10/07/24 at approximately 02:16 PM Dietary Staff H confirmed the food items lacked labels identifying what was inside and/or a date the food was opened or prepared. The Kansas Department of Agriculture's "Focus on Food Safety" booklet Page 20 explains that commercially prepared foods must be date marked after the original container was opened and held under refrigeration. Foods prepared on site must be labeled and date marked for consumption or discarded within 24 hours. The facility's "Food Storage" policy dated 01/2024 indicated that any food or beverage prepared or container opened must be clearly marked to indicate date opened or date the item should be discarded or consumed. The administrator failed to ensure foods were stored under safe conditions.	S3299		