STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N050011	A. BUILDING: _____ B. WING _____	10/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE ESTATES	329 N KAY LANE PARSONS, KS 67357

(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 represent the findings of a resurvey for the above named Assisted Living facility conducted on 10/04/23.	S 000		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1) The facility reported a census of 18 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen"	S3085		

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

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S3085	Continued From page 1 (FCS) for resident (R)101 and R103. Findings included: - R101's medical record revealed he moved into the facility on 05/02/23. The 09/08/23 FCS identified R101 had impaired memory/recall and decision-making abilities. The 09/08/23 NSA did not address what staff were to do to address R101's impaired memory/recall and decision-making abilities. The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS. - R103's medical record revealed she moved into the facility on 01/11/23. The 01/11/23 FCS identified R103 as having triggered for falls and impaired decision-making abilities. The 01/04/23 NSA did not address what staff were to do to address R103's triggers for falls and impaired decision-making abilities. The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS.	S3085		
S3225 SS=D	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed	S3225		

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S3225	Continued From page 2 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) The facility had a census of 18 residents. Three residents were included in the sample. Based on record review and interview the operator failed to ensure a quarterly medication regimen review was completed by a licensed pharmacist at least quarterly and when a resident experienced a significant change in condition for resident (R)101. Findings included: - R101 was admitted to the facility on 05/02/23. The 09/08/23 significant change "Functional Capacity Screen" (FCS) documented R101 was unable to manage his own medications. The 09/08/23 "Negotiated Service Agreement"	S3225		

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S3225	Continued From page 3 (NSA) documented staff administered R101's medications. Review of R101's medical records failed to locate pharmacy reviews of medications since being admitted to the facility or when he experienced a significant change in condition. On 10/04/23 at 02:55 PM Administrative Staff A stated R101 experienced a significant change in condition and was placed on hospice on 09/26/23. Administrative Staff A stated the pharmacist ran out of documentation paper the last time they were at the facility performing medication reviews and told Administrative Staff A she would be back to complete the remaining resident reviews she had left to do but did not follow through with this and failed to complete a medication review for R101. A policy concerning pharmacy reviews was requested on 10/04/23 but none was provided. The operator failed to ensure medication regimen reviews were offered to R101 on a quarterly basis and when he experienced a significant change in condition.	S3225		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in	S3320		

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S3320	Continued From page 4	S3320		

existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal.

(c) New construction, modifications and equipment shall conform to the following codes and standards:

(1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and

(2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.

This REQUIREMENT is not met as evidenced by:
KAR 28-39-254 (a)

The facility reported a census of 18 residents. Based on observation and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents.

Findings included:

- Observations during initial tour on 10/04/23 revealed the following:

At approximately 09:35 AM an observation of the laundry room revealed the door was open with no staff present. An unlocked cabinet located under the sink contained the following chemicals which had "Keep Out of Reach of Children"

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S3320	Continued From page 5 warning labels: A one-gallon container of Febreze Professional fabric refresher One 15-ounce (oz.) aerosol can of Brody Chemical Disinfectant Spray One quart spray bottle of OdoBan Disinfectant Fabric and Air Freshener One spray bottle of Best Choice Glass Cleaner with Ammonia An unlocked cabinet above a washing machine contained: A one-gallon container of Sysco Classic Germicidal Ultra Bleach A 37 oz. container of Tide Hygienic Clean detergent One 150 oz. container of Purex 4 in 1 detergent One 8 oz. spray bottle of Equate Hydrogen Peroxide One 32 oz. container of Equate Hydrogen Peroxide One box of SHOUT Color Catcher dryer sheets A cabinet across from the washing machines and dryers contained the following unlocked chemicals: One 14 oz. aerosol can of Hot Shot Wasp and Hornet Killer Four 6 oz. aerosol cans of Cutter Backwoods insect repellant Four 6.25 oz. aerosol cans of Nilotron Full Release Fire, Smoke and Flood odor eliminator with a DANGER: Harmful or fatal if swallowed, vapor harmful warning label. Two aerosol cans of Magic Sizing fabric finish spray One 20 oz. aerosol can of Faultless Heavy Starch spray. One 32 oz. spray bottle of EASY-OFF cleaner,	S3320		

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S3320	Continued From page 6	S3320		

degreaser
One 1-gallon container of BioAdvanced complete insect killer

The cabinet also contained numerous other chemicals not listed here.

At 09:41 AM the unlocked beauty shop had six 6 oz. aerosol cans of OFF! Deep Woods insect repellent and two 4 oz. aerosol cans of OFF! familycare insect repellent with "Keep Out of Reach of Children" warning labels.

At 09:46 AM an unlocked "Mechanical Room" with a "This door is to remain shut at all times" sign posted on the door contained the following chemicals:
One bottle of "Amazing Liquid Fire" drain line opener with a "DANGER-POISON- Causes severe burns corrosive to eyes and skin harmful or fatal if swallowed" warning label.
A 6 oz. can of GOOF OFF Pro strength remover with a "DANGER! Extremely flammable, vapors may cause flash fire or ignite explosively, vapor harmful, harmful or fatal if swallowed, eye irritant" warning label
A 14 oz. tub of Ace Plumbers Putty with a "CAUTION: Do not take internally. If swallowed, seek immediate medical attention. KEEP OUT OF REACH OF CHILDREN" warning label
A tube of Flame Stopper 5000 flexible intumescent sealant with a "CAUTION!: Mary be harmful or fatal"
A one-quart container of Klean Stip Mineral Spirits with a "DANGER! Harmful or fatal if swallowed" warning label
A 11 oz. aerosol can of Blaster Penetrating Catalyst with a "DANGER! Flammable, vapor

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S3320	Continued From page 7 harmful, excessive inhalation may be fatal ... warning label" A 10 oz. aerosol can of Quill.com Electronic compressed-gas duster with a "KEEP OUT OF REACH OF CHILDREN" warning label A 52 oz. bottle of Bissell Pet stain & odor with a "KEEP OUT OF REACH OF CHILDREN" warning label A 1.12 gallon container of Pine-Sol Multi-Surface Cleaner with a "KEEP OUT OF REACH OF CHILDREN" warning label. On 10/04/23 at 03:20 PM Administrative Staff A stated she expected the mechanical room door to always be locked and shut and didn't know why it didn't latch. She also stated she expected the laundry room door to be closed at all times unless staff were in the room. On 10/04/23 a policy concerning chemical storage was requested from the operator but none was provided. The operator failed to ensure staff kept chemicals locked for resident safety.	S3320		