STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052008	A. BUILDING: _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT TONGANOXIE LLC	120 W 8TH ST TONGANOXIE, KS 66086

(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 citations represent the findings of a resurvey with complaint investigations 163640, 164981, 165000, 165090, 165101, 165919, 1672209, 173408, 175767, and 176324 for the above named Assisted Living facility conducted on 02/01/23 and 02/02/23.	S 000		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.	S3248		

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
	N052008	A. BUILDING: _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT TONGANOXIE LLC	120 W 8TH ST TONGANOXIE, KS 66086

(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
S3248	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(2) The facility reported a census of 31 residents. Based on record review of five newly hired employees, the executive director failed to have evidence the facility completed a criminal background check by the required state agency, pursuant to K.S.A.39-970 and amendments thereto for one of 5 newly hired staff. The findings included: - Review of the employee records revealed that "Dietary Staff " D did not have a receipt for a criminal back ground check through "Kansas Department for Aging and Disabilities" (KDADS) or have printed results of completing the background check. On 02/02/22 at 12:36 PM "Administrative Staff" A reported she had received an email back that identified her submission for a criminal background check had missing or invalid information. The executive director failed to ensure designated staff completed criminal background checks through KDADS as required.	S3248		
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:	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052008	A. BUILDING: _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT TONGANOXIE LLC	120 W 8TH ST TONGANOXIE, KS 66086

(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
S3280	Continued From page 2 (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 22 residents. Based on record review and interview for all facility residents and all facility staff, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan, including all eight required potential emergencies, with all residents and facility staff. Findings include: - Review of the notebook provided by "Administrative Staff" A for review of the emergency management plan with facility staff included the following: 01/19/22 - review of winter weather, elopement,	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052008	A. BUILDING: _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT TONGANOXIE LLC	120 W 8TH ST TONGANOXIE, KS 66086

(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
S3280	Continued From page 3 and power outages and include six staff who were at the in-service. 02/23/22 - review of tornado drill with seven staff. 06/14/22 - review of elopement procedures The record lacked any additional review of the emergency management plan with employees. Review of the resident council minutes provided by "Administrative Staff" A included a review on 01/10/23 with resident signatures of the review. However, review of the previous resident council minutes for 2022 lacked evidence that the emergency management plan had been reviewed with residents on a quarterly basis. On 02/02/23 at 03:01 PM "Administrative Staff" A acknowledged the emergency management plan had not been reviewed with residents and staff quarterly. The administrator failed to ensure emergency preparedness by the failure to complete quarterly reviews of the facility's emergency management plan, including all eight required potential emergencies, with all residents and facility staff.	S3280		
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 existing buildings shall comply with building and fire codes, ordinances and regulations enforced	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052008	A. BUILDING: _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT TONGANOXIE LLC	120 W 8TH ST TONGANOXIE, KS 66086

(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
S3320	Continued From page 4 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 31 residents (R). The sample included three residents and two closed record reviews. Based on observations, interview, and record review the executive director failed to ensure their plan for monitoring all exterior entries and exits was monitored as planned and in working order. The facility had a fenced in courtyard that had two gates that were not locked. The south exit gate led to an area that was not maintained and posed potential significant injury to a resident should they exit through that gate. On 05/22/22 R3 wanted to leave out the front door and could not open the door so she went to the patio courtyard with staff observing from the inside of the facility. "Administrative Licensed Nurse" B stood where she could see the north gate but did not know there was a south gate along the fence.	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052008	A. BUILDING: _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT TONGANOXIE LLC	120 W 8TH ST TONGANOXIE, KS 66086

(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
S3320	Continued From page 5	S3320		

When R3 did not come back around the patio walkway "Administrative Licensed Nurse" B went out to look and did not see R3. and "Administrative Licensed Nurse" B directed additional staff to look for the resident and when "Administrative Licensed Nurse" B went around the front of the facility the resident was in the adjacent vacant lot headed toward the street. After R3 exited through the courtyard gate, the executive director failed to ensure all exit doors alarmed and were functioning properly and all exit gates were secure. This failure put residents identified at risk for elopement in an unsafe environment due to the doors not alarming or paging across the walkies and not securing the exit gate to the unmaintained area.

Findings included:

- The facility reported a census of 31 residents. On 02/01/23 at 05:55 PM "Administrative Licensed Nurse" B identified two residents as moderate risk for elopement. All other residents were identified as minimal risk for elopement.

During tour of the facility the following observations were made:
On 02/01/23 at 11:42 AM The North hall front porch door included a sign that read, "Emergency Exit Only - push until alarm sounds, door can be opened in 15 seconds". When surveyor pushed the door, it opened immediately, no alarm sounded, and no one came to check if the door had been opened and someone had exited

On 02/01/23 at 11:45 AM, further West is a door labeled "exit stairs". Surveyor opened that door

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052008	A. BUILDING: _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT TONGANOXIE LLC	120 W 8TH ST TONGANOXIE, KS 66086

(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
S3320	Continued From page 6	S3320		

and there was a courtyard exit door with the same Emergency Exit Sign posted. It also did not alarm when opened. Surveyor proceeded to walk around the back patio area. and The Northwest part of the fence was open and did not have a gate. The southwest gate did not have a lock on it. Surveyor opened the southwest gate to an area that was not maintained, had multiple shrub stumps and a ledge with at drop off of at least 10 feet.

On 02/01/23 at 02:17 PM, the Southeast door (front porch area) - was posted "Emergency Exit Only - push until alarm sounds, door can be opened in 15 seconds". At the top of the door is a "Magnetic Lock" that had a green light. The door opened immediately when pushed, without an audible alarm sounding.

On 02/01/23 at 02:19 PM the Southwest hall had a door labeled "Exit stairs". The surveyor opened that door and observed another exit door to the courtyard. The exit door had the same emergency exit sign on it and as soon as the surveyor pushed on the bar of the door, an alarm sounded. The surveyor continued to push on the door, it opened after 15 seconds, and the alarm continued to sound. At 02:39 PM, as the alarm continued to sound, no staff responded to the alarm. Surveyor then walked up the hall to the corner that leads to the dining room and the alarm could barely be heard. As surveyor walked a few steps toward the dining room the alarm sound faded out completely.

On 02/01/23 at 02:42 PM "Administrative Staff" A and "Administrative Licensed Nurse" B reported staff knew when a resident or anyone else went

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052008	A. BUILDING: _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT TONGANOXIE LLC	120 W 8TH ST TONGANOXIE, KS 66086

(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
S3320	Continued From page 7	S3320		

out one of the exit doors because it would alarm and come across their walkies.

On 02/01/23 surveyor explained findings of the exit doors and that only one door alarmed. "Administrative Licensed Nurse" B confirmed the Northeast door by the front porch was not locked and did not alarm when opened. Surveyor asked for a walkie used by staff and "Administrative Staff A provided one. "Administrative Staff " A and Surveyor went to check the Southwest door. As "Administrative Staff" A was turned the corner to go down the hall she acknowledged she could hear the alarm sounding. She had the key to turn off the alarm and reset it. When she pushed on the door, it triggered the alarm and opened the door at which time it did not come across the pager as it was supposed to.

On 02/01/23 at 02:46 PM "Administrative Staff" A reported maintenance staff checked the door, and the device that connects the door to the pagers, had a dead battery, resulting in failure of alarm notifications to reach the pagers.

On 02/01/23 at 02:47 PM the Northwest exit door which leads to the patio did not come across the pager. Maintenance staff then proceeded to check all exit doors to ensure the batteries were working. All exit doors came across the walkie when opened. He also turned on the magnetic locks on all of the exit doors except for the front door and the main courtyard door. Both the front door and the courtyard door came across the walkies when opened.

On 02/01/23 at 02:53 PM "Certified Medication Aide" (CMA) D reported if a resident or anyone

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052008	A. BUILDING: _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT TONGANOXIE LLC	120 W 8TH ST TONGANOXIE, KS 66086

(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
S3320	Continued From page 8	S3320		

goes out one of the doors it comes across the walkies.

On 02/01/23 at 02:55 PM "Administrative Licensed Nurse" B reported an elopement risk assessment is completed on all residents. R3 was not initially at risk for elopement and was later at a low risk. Suddenly she was wanting to leave the facility and started to get agitated. Nurse B let her go out the patio and walk in the courtyard thinking it would help calm her. Nurse B could see the North gate to the courtyard fence. Nurse B stated she waited for a little while, just a few minutes, and when R3 didn't came back around on the sidewalk she went outside to check and R3 was not in the courtyard. Nurse B went along the fence and saw the South gate, looked out the gate, did not see her and looked over the drop off and she wasn't there. Nurse B went back in and out the front door and saw R3 over on the adjacent property to the South headed for the street. She explained that when she saw staff coming to get her, she started walking faster and was at the ditch by the street when staff got to her. Nurse B stated she had asked the previous maintenance staff to put something on that South gate to secure it. Per observation during tour there was nothing on the gate to prevent anyone else from being able to go out that gate and into the unmaintained area.

On 02/02/23 at 02:23 PM "Administrative Staff" A brought in a notebook that was her "new" system for monitoring doors. She acknowledged all the exit doors are to be checked daily but lacked evidence to show staff had checked doors daily to ensure they were alarming and coming across

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052008	A. BUILDING: _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT TONGANOXIE LLC	120 W 8TH ST TONGANOXIE, KS 66086

(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
S3320	Continued From page 9 the walkies when someone opened the door. Review of the "Elopement/Missing Resident" policy and procedure revised on 12/05/22 included the following prevention measures: "Routine checks of alarmed doors, awareness of the potential for residents to wander and elope...""Communities will conduct a daily check of alarmed doors that will be completed by the "Wellness Department". This check is to confirm that alarmed doors are activated and working correctly. This daily check is documented on the "Elopement/Missing Resident Doors/Gates Log and retained in a binder in the executives Director's office for a rolling twelve months..""A post-elopement review will be conducted to analyze what happened and how it might be prevented from happening again for the specific resident and other residents. The review should include egress analysis, door alarm functions, and response." After R3 left the facility through an unsecure gate that led to the South side of the facility, which was not maintained, had multiple shrub stumps, a ledge with a drop off of at least 10 feet, and posed a risk of possible significant injury to a resident should they exit through that gate, the Executive director failed to ensure that the exit doors were checked daily to ensure that alarmed doors were activated and working correctly and failed to ensure the courtyard gate that led to the unsafe area was secured to prevent the risk of another resident exiting through the gate resulting in potential risk for significant injury.	S3320		