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 _____	11/18/2025

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

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaint 192939 at the above named assisted living facility conducted on 11/17/25-11/18/25.	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)(2) The facility reported a census of 34 residents with three residents included in the sample and one closed record review. Based on interview and record review the operator failed to ensure the Negotiated Service Agreement (NSA) was	S3085		

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

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S3085	Continued From page 1 fully developed based on the resident's Functional Capacity Screen (FCS), service needs, and preferences for resident (R)1, R2, R3, and R4 including a description of the services the resident received and the provider of each service. Findings included: - Record review for R1 revealed an admission date of 08/30/24 with diagnoses including diabetes mellitus, hypertension, and chronic kidney disease. The 08/28/25 Functional Capacity Screen (FCS) identified R1 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and management of medications and treatments; was independent with eating. She was incontinent of bladder and at risk of falls. The 08/28/25 NSA acknowledged facility staff provided assistance with bathing, dressing, mobility, and transfers. Staff provided standby assistance with toileting. The NSA failed to describe services provided for bladder incontinence and prevention of falls. The 08/28/25 "Evaluation & Service Plan" is the facility's Healthcare Service Plan (HSP) and instructed staff to provide hands on assistance with bathing, dressing, and one person assistance with transfers and mobility. The HSP notified staff R1 had one to two falls in the past three months without any interventions to prevent future falls. The HSP instructed staff to help R1 with bladder incontinence.	S3085		

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S3085	Continued From page 2 Review of Fall Investigation dated 11/19/24 revealed R1 sustained a fall while she was taking herself to the bathroom. The immediate intervention was educating the R1 to use her call pendant for assistance. The intervention put into place was for staff to instruct R1 to slow down when ambulating alone. Review of Fall Investigation dated 08/02/25 revealed R1 sustained a fall when her lift chair raised while she was sleeping. The intervention was education of chair controls and keeping them over side of chair when sleeping. Review of Fall Investigation dated 10/25/25 revealed R1 fell out of bed when rolling over. No immediate or follow-up intervention was documented. On 11/18/25 at 02:40 PM Administrative Staff A stated staff assisted R1 with her incontinence. On 11/18/25 at 11:49 AM Administrative Staff A confirmed R1's NSA failed to describe the services provided for incontinence or prevention of falls. The operator failed to ensure R1's NSA described the services she received, and the provider of the service based on her FCS. - Record review for R2 revealed an admission date of 10/14/24 with a diagnosis of obesity. The 09/17/25 FCS identified R2 required physical assistance with bathing, dressing, and management of treatments; was independent	S3085		

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S3085	Continued From page 3	S3085		

with toileting, transferring, walking, eating, and management of medications; had no cognition or communication difficulties; was incontinent of bladder; and was at risk for falls.

The 09/17/25 NSA identified R2 transferred self, used walker or wheelchair for mobility, needed staff standby assistance with toileting, and assistance with bathing and dressing. R2 managed her own medications. The NSA failed to describe services provided for prevention of falls.

The 09/17/25 HSP instructed staff to make sure R2 was wearing non-skid socks with all transfers to prevent falls.

On 11/18/25 at 11:49 AM Administrative Staff A confirmed R2's NSA failed to describe the services provided for prevention of falls.

The operator failed to ensure R2's NSA described the services she received, and the provider of the service based on her FCS.

- Record review for R3 revealed an admission date of 06/14/25 with diagnoses including diabetes mellitus type 2, chronic obstructive pulmonary disease, and cerebrovascular accident.

The 06/19/25 FCS identified R3 required physical assistance with bathing, dressing, and management of medications and treatments; was independent with eating; required supervision with toileting, transfers, walking/mobility; was continent of urine; and had no communication or cognitive difficulties. R3 was identified at risk of

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S3085	Continued From page 4	S3085		

falls and/or unsteadiness.

The 06/19/25 NSA identified R3 was provided assistance with bathing, cues and reminders with dressing and toileting, and standby assist with transfers and mobility. Staff administered medications. The NSA failed to identify services provided to prevent falls.

The 09/17/25 HSP instructed staff to make sure R3 was wearing supportive non-skid footwear and use of walker to prevent falls.

On 11/18/25 at 11:49 AM Administrative Staff A confirmed R3's NSA failed to describe the services provided for prevention of falls.

The operator failed to ensure R3's NSA described the services she received, and the provider of the service based on her FCS.

- Record review for R4 revealed an admission date of 01/29/24 with diagnoses including diabetes mellitus type 2 and Alzheimer's disease.

The 05/15/24 FCS identified R4 required physical assistance with management of medications and treatments; required supervision with bathing, dressing, and toileting; was frequently incontinent of urine; was independent with transfers, walking/mobility, and eating; and had short-term memory, long-term memory, memory/recall, and decision-making difficulties. R4 was at risk of impaired decision making, wandering, and socially inappropriate disruptive behavior.

The 01/29/24 NSA identified R4 was provided

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S3085	Continued From page 5 setup assistance with bathing and staff administered medications. The NSA failed to identify services provided for cognition difficulties, bladder incontinence, and impaired decision making. The 05/15/24 HSP instructed staff to escort and cue R4 to meals and activities, assist with incontinence, provide sorting tasks, photo albums, and walking when agitated or wandering. On 11/18/25 at approximately 02:20 PM Administrative Nurse B confirmed R4's NSA failed to describe the services provided for cognition difficulties, bladder incontinence, and impaired-decision making. The operator failed to ensure R4's NSA described the services she received, and the provider of the service based on her FCS.	S3085		
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.	S3298		

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S3298	Continued From page 6 (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)(2) The facility reported a census of 34 residents. The facility had a main kitchen where food was stored, prepared and served to all residents. Based on interview and observation, the operator failed to ensure food in cans with significant defects including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening not be used. Findings included: - Observation on 11/17/25 at approximately 01:25 PM of the food storage area revealed a canned food storage rack with one six-pound, six-ounce can of green chile sauce and one 99 fluid ounce can of pickle spears dented on the top and bottom of the can. On 11/17/25 at approximately 01:26 PM Dietary Staff C confirmed the food cans were dented. The facility's dietary policy failed to instruct staff on how to manage canned food with defects. The operator failed to ensure food in cans with significant defects including swelling, leakage,	S3298		

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S3298	Continued From page 7 punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening was not used.	S3298		
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 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 34 residents. The facility had a main kitchen where food was stored and prepared for all residents. Based on observation and interview the operator failed to ensure food items were stored under safe conditions. Findings included: - Observation on 11/17/25 at 01:08 PM in the kitchen revealed a three-door refrigerator that contained food items for the residents. The following foods were stored in this space: One zippered bag sliced white cheese without date opened or use by date One bag sliced white cheese with opened date "9/9" and no use by date One bag shredded mild cheddar and monterey	S3299		

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S3299	Continued From page 8 jack cheese without date opened One bag with squeezable whipped topping without date opened and label read "shelf life 2 weeks" One container with 4 squeezable bottles of dressings without labels identifying what is inside or date opened or prepared On 11/17/25 at approximately 01:16 PM Dietary Staff C stated she would not keep cheese longer than a month. She confirmed the food items which lacked labels identifying what was inside and/or a date the food was opened or prepared. She confirmed the sliced white cheese with a date was longer than the 7-day consumption period. The 2009 Food Code on page 85 and 86 instructed to date food when prepared or opened and commercially processed food should be marked with a use by date. The operator failed to ensure foods were stored under safe conditions.	S3299		
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 by city, county, and state jurisdictions, including	S3320		

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S3320	Continued From page 9 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 34 residents. Based on observation and interview the operator failed to ensure the facility was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas. Findings included: - Observation on 11/17/25 at 12:26 PM of the salon revealed the following unlocked cabinets that contained the following chemicals with labels that read "Keep out of reach of children." Upper Cabinet: Two 32 fluid ounce bottles crème developer One 4-ounce bag powder detergent One box eyelash and brow tint One box alkaline perm with label that read "For	S3320		

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S3320	Continued From page 10 Professional Use Only" Two zippered bags with bottles of alkaline perm Lower cabinet: One aerosol can of oil sheen and conditioning spray One 14-ounce aerosol can of blade lubricant and cleaner One 20 fluid ounce spray bottle disinfectant and cleaner One quart spray bottle of cleaner, sanitizer, and deodorizer Lower cabinet to left of sink lockable but unlocked with 1 container 240 towelettes of disinfectant cleaner towelettes On 11/17/25 at 12:46 PM Administrative Staff A confirmed chemicals were not stored in a locked area. - Observation on 11/17/25 at 12:39 PM of the second-floor public bathroom revealed the following chemicals with labels that read "Keep out of reach of children." 32 fluid ounce bottle of bathroom cleaner plastic 3 drawer storage unit One 7-ounce aerosol can of air freshener on top of mirror The operator failed to ensure the building was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas.	S3320		