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	N087073	A. BUILDING: _____ B. WING _____	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLEN CARR HOUSE	1433 N HAMILTON DRIVE DERBY, KS 67037

(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 Re-Licensure Survey with complaint investigations 192001, 194899, 197864, 198501 for the above named Assisted Living Facility conducted on 04/13/26, 04/14/26 and 04/15/26.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.	S3028		

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

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S3028	Continued From page 1	S3028		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-101(f)(3)

The facility reported a census of 56 residents (R). The sample included five residents. Based on interview and record review the executive director failed to report allegations of neglect to the department within 24 hours for one (R3) of five sampled residents.
Findings included:

- R3 moved into the facility on 01/08/26 with diagnosis of alcohol abuse, and diabetes mellitus type II.

R3's "Functional Capacity Screen" dated 01/09/26 identified he needed physical assistance with all activities of daily living, was unable to manage his medications, and had impaired cognition.

R3's "Negotiated Service Agreement/Service Plan" dated 01/09/26 described assistance staff needed to provide with activities of daily living and to provide reminders throughout the day as he demonstrated inappropriate judgement related to safety and had memory deficit.

Review of R3's Nursing progress notes dated 01/16/26 at 05:00 PM revealed staff came out of a resident's room and observed R3 with the kitchen cleaning bucket up to his mouth that contained spic and span and water. Staff immediately took the bucket away and called the

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S3028	Continued From page 2 nurse on call, physician was notified, and resident rinsed his mouth and gave him two glasses of water to drink immediately. Staff proceeded to monitor vitals and for any abdominal discomfort or vomiting. The documentation noted the bucket was in the kitchen sink, which is in reach of residents who are able to stand up and walk around. Review of the hot-line intake revealed the intake was completed on 01/20/26. Interview on 04/14/26 Administrative Staff A confirmed the incident happened on 01/16/26, a Friday evening and she emailed the hot-line on 01/19/26. Administrative Staff A thought she had 24 working hours to report the incident and not just 24 hours. Review of the "Reportable Events" policy dated 02/22/22 directed Executive Directors to review applicable sate regulatory abuse reporting requirements for all reportable events involving abuse, neglect, or exploitation. The Administrator failed to ensure designated staff notified the state department within 24 hours of identifying a missing resident.	S3028		
S3082 SS=E	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.	S3082		

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S3082	Continued From page 3 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-201 (d) The facility reported a census of 56 residents(R). The sample included five residents. Based on observation, record review and interview, the executive director failed to ensure designated facility staff completed three (R4, R6, R7) of five sampled residents "Functional Capacity Screen" accurately to reflect their functional ability and need for assistance. Findings included: - R4's medical record revealed she moved into the facility on 03/27/25 with diagnosis of Alzheimer's disease. R4's "Functional Capacity Screen" (FCS) dated 01/26/26 identified she needed physical assistance with mobility and transfers. It failed to include that she used a wheelchair as an assistive device for mobility. The FCS also failed to include a list of medications the resident took at the time of completion. Observation on 04/15/26 at 09:37 AM after R4 had finished eating her breakfast, Certified Medication Aide K pushed R4 to the recliner in her high-back wheelchair over to the recliner and pivot transfers her out of the wheelchair into the recliner. Interview on 04/15/26 at 09:38 AM Administrative Licensed Nurse B confirmed R4's FCS should have included her use of a wheelchair and had "see MAR" under the medication section.	S3082		

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S3082	Continued From page 4	S3082		

The executive director failed to ensure designated staff completed R4's FCS related to medications and use of a wheelchair.

- R6's medical record revealed she moved into the facility on 04/01/25 with diagnoses of dementia.

R6's "Functional Capacity Screen" (FCS) dated 01/26/26 identified R6 was independent with mobility, had impaired cognition and impaired decision making. It did not identify she had inappropriate behaviors or medications she took at time of FCS completion.

R6's "Negotiated Service Agreement / Service Plan" dated 02/20/26 included interventions related to R6 having agitation, anxiety, paranoid, and suspicious behaviors.

Observation on 04/14/26 at 10:00 AM resident up walking throughout the facility using her cane and had her wrist in her sling. She paced throughout the common area and was easily redirected if she went in another resident's room or near the back hall.

Interview on 04/14/26 at 09:45 AM Certified Medication Aide E reported R6 can get agitated more so in the evenings. She may "swat" at staff when trying to provide care but she is easily redirected or we step away for a bit some come back and provide care later.

Iterview on 04/14/26 at 02:55 PM Administrative Licensed Nurse B confirmed R6 can occasionally have inappropriate behaviors and should have

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S3082	Continued From page 5	S3082		

been marked on her FCS.

The executive director failed to ensure designated staff completed R6's FCS accurately related to her behaviors and medications.

- R7's medical record revealed she moved into the facility on 07/22/24 with diagnosis of dementia.

R7's "Functional Capacity Screen" (FCS) dated 03/12/25 identified she needed physical assistance with mobility and daily activities of daily living, and had impaired cognition. It did not identify she used a wheelchair for mobility, identify her at risk for falls, and did not include her medications at the time of the FCS.

R7's "Negotiated Service Agreement" dated 03/31/26 included interventions related to falls with the dates R7 had fallen and identified facility staff would administer medications.

Observations on 03/13/26 and on 03/14/26 while in the facility the resident sat in a wheelchair at the dining room table looking out the window.

Interview on 04/14/26 at 09:19 AM Certified Medication Aide E reported R7 recently fell and now used a wheelchair to get around.

Interview on 04/24/26 at 02:45 PM Administrative Licensed Nurse B Confirmed R7's FCS should have identified her at risk for falls, that she used a wheelchair, and included medications staff administered at the time of the FCS.

Review of the "Assessment and Service Plan

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S3082	Continued From page 6 Policy" dated 10/21/23 identified the assessment shall describe the resident's capability to perform activities of daily living and all significant impairments. It shall include medication regimen, physical status, mental and psychosocial status. The executive director failed to ensure designated staff completed R7's FCS accurately related to her use of a wheelchair, fall risk, and medications administered by facility staff.	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(1)(2)	S3085		

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S3085	Continued From page 7	S3085		

The facility reported a census of 56 residents (R). The sample included five residents. Based on observation, interview, and record review the executive director failed to ensure designated staff completed the "Negotiated Service Agreement" for two (R4, R5) of five sampled residents based on the resident's "Functional Capacity Screen" and service needs, which included a description of the services the resident received and the provider of each service.

Findings included:

- R4's medical record revealed she moved into the facility on 03/27/25 with diagnosis of Alzheimer's disease.

R4's "Functional Capacity Screen" (FCS) dated 01/26/26 identified she needed physical assistance all activities of daily living including eating and was unable to manage administration of her medications. It also identified she had impaired cognition, was at risk for falls and had impaired decision-making ability.

R4's Negotiated Agreement/Service Plan (NSA/SP) dated and signed on 02/26/26 failed to identify Hospice provided showers, that R4 received a pureed diet and used a wheelchair for mobility. It identified CG (Care Giver) and RCD (Resident Care Director) would administer medications and medical treatments.

Observation on 04/15/26 at 09:37 AM R4 had finished eating her breakfast of pureed sausage and eggs. Certified Medication Aide K pushed R4 to the recliner in her high-back wheelchair

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S3085	Continued From page 8	S3085		

over to the recliner and pivot transferd her out of the wheelchair into the recliner.

Interview on 04/15/26 at 09:11 AM Certified Medication Aide (CMA) K reported R4 received services from Hospice, they do her bathing, the CMAs administer her medications, and she uses a wheelchair for mobility around the house.

Interview on 04/15/26 at 09:25 AM Administrative Licensed Nurse B reviewed R4's NSA/SP and confirmed it did not include R4's pureed diet or wheelchair use. Administrative Licensed Nurse B also confirmed it failed to identify the Certified Medication Aides and Licensed Nurses administered her medications.

The executive director failed to ensure designated staff completed R4's NSA to include a description of services related to her pureed diet, use of a wheelchair as an assistive device, and who was qualified to administer medications and medical treatments.

- Review of R5's medical record revealed she moved into the facility on 03/06/26 with diagnosis of cognitive/communication deficit.

R5's "Functional Capacity Screen" dated 03/06/26 revealed she needed physical assistance with all activities of daily living including transfers, mobility, and management of medications. It identified she had services through a Home Health agency for wound care.

R5's Negotiated Service Agreement/Service Plan dated 03/06/26 identified she had a wound on her right heel that was managed by Home

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S3085	Continued From page 9 Health. It failed to include services for facility staff related to promoting healing of the wound and prevention of additional wounds. It identified CG (Care Giver) and RCD (Resident Care Director) would administer medications and medical treatments. Interview on 04/14/26 at 04:17 PM Administrative Licensed Nurse B confirmed the NSA/HCSP did not include interventions such as encouraging her to wear her heel boots or other interventions to promote wound healing. Licensed Nurse B also confirmed it failed to identify the Certified Medication Aides and Licensed Nurses administered her medications. Review of the "Assessment and Service Plan" policy dated 10/21/23 revealed the resident's assistance plan will contain at a minimum who will provide the care - what care they will provide and how the care is to be provided. The executive director failed to ensure designated staff completed R5's NSA/SP to identify what "Staff" were qualified to administer medications and medical treatments, and services to help in management of R5's heel wound and promote healing.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition,	S3092		

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S3092	Continued From page 10 as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d)(2) The facility reported a census of 56 residents(R). The sample included five residents. Based on interview and record review the executive director failed to ensure designated staff reviewed and revised the "Negotiated Service Agreement" for two (R4 and R6) of five sample residents when the residents had a significant change in service needs. Findings included: - R4's medical record revealed she moved into the facility on 03/27/25 with diagnosis of Alzheimer's disease. R4's "Functional Capacity Screen" (FCS) dated 01/26/26 identified she needed physical assistance all activities of daily living including eating and was unable to manage administration of her medications. It also identified she had impaired cognition, was at risk for falls and had impaired decision-making ability.	S3092		

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S3092	Continued From page 11	S3092		

R4's Negotiated Agreement/Service Plan (NSA/SP) dated and signed on 02/26/26 identified staff would help with activities of living. She required assistance to transfer using a mechanical lift and assistance of two staff, needed total assistance to feed and encouragement for food consumption.

Observation on 04/15/26 at 9:37 AM Certified Medication Aide (CMA) K pushed R4 from the table to the recliner. As CMA K put a gait belt on R4, Administrative Licensed Nurse B asked if she used the mechanical lift for transfers. CMA K responded that she has not used a mechanical lift since she had worked at the facility and that was since the middle of February. CMA K proceeded to put a gait belt on R4, moved the wheelchair close to the recliner, and then had R4 put her arms around CMA K and completed a pivot transfer into the recliner.

Interview on 04/15/26 at 09:39 AM Administrative Licensed Nurse B confirmed R4 has had a significant improvement and should have had a revision of her "Negotiated Service Agreement/Service Plan".

The executive director failed to ensure designated staff reviewed and revised R4's "Negotiated Service Agreement/Service Plan" when she had a significant improvement in service needs.

- R6 moved into the facility on 04/01/25 with diagnosis of dementia.

R6's "Functional Capacity Screen" dated 01/26/26 identified R6 needed physical

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S3092	Continued From page 12 assistance with dressing and toileting, was unable to manage her medications annd had impaired cognition. R6's "Negotiated Service Agreement/Service Plan" dated 02/20/26 identified staff would provide assistance with dressing, obtaining clothes and getting dressed. Staff also needed to administer medications and to have soft lighting in room at night, and use wheelchair on bad/weak days. Review of R6's progress notes dated 03/08/26 after returning from the hospital resident was to always wear her sling due to a shoulder fracture. Review of R6's record lacked an addendum to identify the resident was to wear a splint to her left arm. Observation on 04/14/26 at 10:00 AM resident walked by surveyor using her cane and had her arm in her sling appropriately. Interview on 04/14/26 at 03:09 PM Administrative Licensed Nurse reviewed R6's record and confirmed an addendum to the "Negotiated Service Agreement/Service Plan" (NSA/SP) had not been completed. The executive director failed to ensure designated staff reviewed and revised R6's NSA/SP to identify she needed to wear a sling at all times.	S3092		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing	S3166		

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S3166	Continued From page 13 procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(e) The facility reported a census of 56 residents (R). The sample included five residents. Based on interview and record review the administrator failed to ensure three of three Certified Medication Aides (CMA) were trained by a licensed nurse and delegated the nursing procedure for obtaining blood glucose checks according to the nurse practice act and amendments thereto. Findings included: - Review of R3's record revealed he moved into the facility on 01/08/26 with diagnosis of diabetes mellites type II. R3's record included a physician's order for staff to monitor blood sugars before meals and at bedtime. R3's April Medication Administration Record (MAR) included documentation that Certified Medication Aide (CMA) E, CMA K and CMA L had initialed R3's MAR blood sugar checks.	S3166		

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S3166	Continued From page 14 Surveyor requested evidence of delegation of the nursing procedure of checking a resident's blood sugar for CMA E, CMA, K and CMA L. Interview on 04/14/26 at 12:09 PM Administrative staff A confirmed they did not have delegation/competency for the CMAs to check a resident's blood sugar. On 04/14/26 at 12:43 PM Administrative Staff A provided a report that identified five residents required staff to monitor their blood sugar checks. The executive director failed to ensure the Licensed Nurse delegated the nursing task of monitoring a resident's blood sugar, which is not included in the CMA curriculum, for three CMAs who had monitored multiple residents blood sugars. .	S3166		
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.	S3211		

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S3211	Continued From page 15 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 56 residents(R). Based on observation and interview, the executive director failed to ensure a licensed nurse or pharmacist wrote the residents' full name on all over-the-counter medications, including the original manufacturer's medication package and the medication container/tube. Findings included: - Observation on 04/13/26 at 07:05 AM in House Four, the medication cart was unlocked, and no staff were visible in the common areas. Cart inspection revealed a bottle of Aspirin 81 milligrams (mg) and a bottle of Melatonin 3 mg that lacked the residents' name on the bottle. Interview on 04/13/26 at 07:07 AM Licensed Nurse C reported the medication was to be kept locked at all times and the medications needed to have the resident's name on them. - Observation on 04/13/26 at 07:15 AM in House One, Certified Medication Aide (CMA) D unlocked the medication cart for inspection revealing a bottle of Vitamin B12, Senna Lax, and a bottle of stool softener with only a room number on them. It included a Claritin box that had the residents' full name on it but there was no name on the bottle. It also contained bottle of L-methyl folate, Vitamin C, Asparin 81mg that had a resident's first name on the bottle and a	S3211		

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S3211	Continued From page 16	S3211		

box of Arthritis Relief Cream with the resident's first name on the box and no name on the tube of cream.

Interview on 0/13/26 at 07:16 AM CMA D reported when the family brings in the bottle the CMAs put the room number on the bottle.

- Observation on 04/13/26 at 07:45 AM in House Two CMA E unlocked the medication cart for inspection revealing a bottle of Refresh eye drops that had a first name only and CMA E reported they belonged to a new resident who brought them in without a box and she did the best she could to get his name on it. The cart also included a bottle of Latanoprost eye drops, eye allergy relief drops, Extra strength Acetaminophen, Melatonin gummies all with first name only of a resident.

- Observation on 04/13/26 at 08:35 AM in House Three, CMA F unlocked the medication cart for inspection revealing a box of Clairtin, Excedrin, Biotene lozenges all with only the resident's first name on the box but no name on the medication container. It also included a bottle of Colace, and fiber gummies that did not include the resident's full name on the bottle.

Interview on 04/13/26 at 04:45 PM Administrative Licensed Nurse B confirmed over-the-counter medications needed to have a resident's full name and the nurse is to put the names on the bottles.

The executive director failed to ensure a licensed nurse or pharmacist wrote the residents' full name on over-the-counter medications including

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S3211	Continued From page 17 the packaging and the medication container.	S3211		
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. (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.	S3215		

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S3215	Continued From page 18 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(1) The facility reported a census of 56 residents. Based on observation and interview, in one of four houses the executive director failed to ensure staff stored medications securely to ensure only a licensed nurse and medication aide had access to the stored medications. Findings included: - Observation on 04/13/26 at 07:05 AM in House Four, the medication cart was unlocked, and no staff were visible in the common areas. Two staff came out of a room at the end of the hall and observed surveyor checking the medication cart. Licensed Nurse C came over to the cart while surveyor finished inspecting the cart. Interview on 04/13/26 at 07:07 AM Licensed Nurse C reported the medication cart was to be kept locked at all times. Review of the "Medication Storage Policy" dated 10/25/23 revealed all drugs and biologicals managed by the community shall be stored in a locked cabinet or locked medication cart. The executive director failed to ensure all medications in house four were stored securely in locked room, cabinet or cart to ensure only a licensed nurse or medication aide had access to the medications.	S3215		

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S3248	Continued From page 19	S3248		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(2) The facility reported a census of 56 residents. Based on interview and record review of five newly hired employees, the operator failed to	S3248		

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have evidence the facility completed a criminal background check upon hire, by the required state agency, pursuant to K.S.A.39-970 and amendments thereto for four of five newly hired staff.

The findings included:

- Review of the employee records revealed the following:

Certified Nurse Aide (CNA) I hired on 07/17/25 did not have her criminal background submitted through the "Kansas Department for Aging and Disabilities" (KDADS) until 08/07/25.

Dietary staff G hired on 11/11/25 did not have her criminal background check completed through the "Kansas Department for Aging and Disabilities" (KDADS) until 03/10/26.

Administrative Staff J hired on 11/11/25 did not have her criminal background check submitted through the "Kansas Department for Aging and Disabilities" (KDADS) until 03/10/26.

Certified Medication Aide (CMA) K did not have her criminal background check submitted through the "Kansas Department for Aging and Disabilities" (KDADS) until 03/09/26.

Interview on 04/14/26 at 09:12 AM Administrative staff M reported the criminal back ground checks are supposed to be completed upon hire and confirmed the above checks were completed late.

The executive director failed to ensure

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S3248	Continued From page 21 designated staff completed the criminal background checks upon hire through KDADS as directed by the department.	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: (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 56 residents. Based on record review and interview for all residents, the executive director failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with all staff and residents.	S3280		

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S3280	Continued From page 22 Findings included: - Interview on 04/13/26 at 01:10 PM Administrative Staff A confirmed they failed to incorporate the emergency management plan reviews with the resident council meetings. She also confirmed they were not able to find any staff in-services related to reviewing the emergency management plan with staff. Administrative staff A provided computer training for fire, workplace emergencies, and natural disasters, but confirmed they were general trainings and were not specific to the facility's emergency plan. The executive director failed to ensure disaster preparedness by failing to review their emergency management plan with all residents and staff quarterly.	S3280		
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. (3) Food provided by a resident ' s family or	S3298		

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S3298	Continued From page 23 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) The facility reported a census of 56 residents. Based on observation, interview, and record review, the executive director failed to ensure dietary staff prepared foods in a way to ensure they were prepared and served at proper temperatures. Findings included: Interview on 04/13/26 at 07:50 PM Dietary Staff G reported resident food is prepared in house one and house two and then is taken to other houses in carts. Review of the food temperature logs for each house from March 1 to April 13th revealed the following: House 1 - March - Breakfast lacked food temperatures eight days, Lunch lacked food temperatures two days, and Dinner lacked food temperature eight days. April - Breakfast lacked temperatures for two days, Lunch lacked temperatures for five days, and Dinner lacked temperatures for one day. House 2 -	S3298		

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S3298	Continued From page 24 March - Breakfast lacked food temperatures for 14 days, Lunch lacked eight days, and Dinner lacked food temperatures for 16 days. April - Breakfast lacked food temperatures for nine days, Lunch lacked five days, and dinner lacked food temperatures for eight days. House 3- March - Breakfast lacked food temperatures for 11 days, Lunch lacked seven days, and Dinner lacked food temperatures for 19 days. April - Breakfast lacked food temperatures for 7 days, Lunch lacked three days, and dinner lacked food temperatures for six days. House 4 - March - Breakfast lacked food temperatures for four days, Lunch lacked two days, and Dinner lacked food temperatures for 15 days. April - Breakfast lacked food temperatures for two days, Lunch lacked one day, and Dinner lacked food temperatures for four days. Interview on 04/13/26 at 07:50 PM Dietary Staff G reported each house should have food temperature logs because they are to take the food temperatures again once it is brought over to the house in the carts to make sure it is still up to temperature for serving. Review of the dietary guidelines for Americans 2005 recommends checking the internal temperature of cooked food to make sure food is cooked to and held at an appropriate temperature and to keep food out of the "danger zone" (40 degrees F to 140 degrees F) where bacteria can multiple rapidly.	S3298		

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S3298	Continued From page 25 The executive director failed to ensure dietary staff monitored food temperatures to ensure food was prepared and served at proper temperatures.	S3298		
S3299 SS=E	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 56 residents. Based on observation and interview the executive director failed to ensure designated staff stored food under safe and sanitary conditions in three of four houses. Findings included: - Observation on 04/13/26 at 07:05 AM in House four in the refrigerator was a plate with a bowl of soup and wilted salad, cake in a covered bowl, and a bag of what appeared to be stew without labels or dates. Interview on 04/13/26 at 07:06 AM Certified Nurse Aide H said the food was supposed to be dated and covered when staff put it in the refrigerator.	S3299		

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S3299	Continued From page 26 - Observation on 04/13/26 at 07:19AM the refrigerator contained a grilled cheese sandwich wrapped in cellophane, three pieces of chicken breast in s baggie without dates on the food items. It also contained a large bag of chopped up bacon dated 03/24, 21 days. Interview on 04/13/26 at 07:32 AM Certified Nurse Aide I reported the food was supposed to be dated and labeled when put in the refrigerator and thought it was only good for 4-6 days. - Observation on 04/13/26 at 08:29 AM the refrigerator contained three plates covered in cellophane that had eggs and sausage that were not dated. It also contained a plastic cup of some type of desert and a cup of cake that were not covered or labeled. Interview on 04/13/26 at 08:30 AM Administrative Staff J confirmed the plates were not from today and did not know when they were put in the refrigerator. She also confirmed all foods put into the refrigerator are to be covered and dated. The executive director failed to ensure designated staff stored food in a safe and sanitary manor by failing to cover food items and date food items so staff knew when to discard items.	S3299		