STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089018	A. BUILDING: _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOPEKA PRESBYTERIAN MANOR	4712 SW 6TH AVE TOPEKA, KS 66606

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #184202 at the above named Residential Health Care Facility conducted on 06/26/24 and 06/27/24.	S 000		
S3085 SS=F	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: 3085 KAR 26-41-202(a)(1) The facility census equaled 21 residents with three residents sampled. Based on record review and interview for three residents (R102, 103, 104) the administrator failed to ensure the "Negotiated Service Agreement" (NSA) completed for residents who required health care services, is	S3085		

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

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S3085	Continued From page 1	S3085		

done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provided a service.

Findings included:

- R102's medical record revealed she moved into the facility on 02/24/23.

The 02/22/24 NSA did not identify the provider of each service and each party responsible for payment of outside resources.

On 06/27/24 at 10:19 AM Administrative Nurse A stated services such as pharmacy, podiatry, dentist, physical therapy/occupational therapy were billed to the resident's insurance and then the resident was responsible for any remaining bill as private pay. Administrative Nurse A acknowledged the NSA did not identify providers of outside services or payer source.

The administrator failed to ensure R102's NSA was fully developed to include the provider of each service and identify each party responsible for payment if outside resources provided a service.

- R103's medical record revealed he moved into the facility on 04/08/24.

The 04/08/24 NSA did not identify the provider of each service and each party responsible for payment of outside resources.

On 06/27/24 at 10:19 AM Administrative Nurse A

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S3085	Continued From page 2 stated services such as pharmacy, podiatry, dentist, physical therapy/occupational therapy were billed to the resident's insurance and then the resident was responsible for any remaining bill as private pay. Administrative Nurse A acknowledged the NSA did not identify providers of outside services or payer source. The administrator failed to ensure R103's NSA was fully developed to include the provider of each service and identify each party responsible for payment if outside resources provided a service. -R104's medical record revealed she moved into the facility on 04/06/22. The 04/04/24 NSA included a category titled "Outside Agency" but did not include any information on providers of outside services or payor sources. On 06/27/24 at 10:19 AM Administrative Nurse A stated services such as pharmacy, podiatry, dentist, physical therapy/occupational therapy were billed to the resident's insurance and then the resident was responsible for any remaining bill as private pay. Administrative Nurse A acknowledged the NSA did not identify providers of outside services or payer source. The administrator failed to ensure R104's NSA was fully developed to include the provider of each service and identify each party responsible for payment if outside resources provided a service.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions	S3092		

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S3092	Continued From page 3 (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, 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: 3092 KAR 26-41-202(d)(4) The facility reported a census of 21 residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure designated staff revised a "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) when resident (R)103 started physical therapy service and again when he discharged from physical therapy services. Findings included: - R103's medical record revealed he moved into the facility on 04/08/24. The most current NSA/HCSP available in R103's medical records was dated 04/08/24 completed	S3092		

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S3092	Continued From page 4 upon admission to the facility. Review of R103's medical records revealed: An order dated 04/29/24 for Physical therapy evaluation and treatment. An order dated 06/13/24 to discharge from physical therapy. On 06/27/24 at 10:19 AM Administrative Nurse A stated R103 used to receive services for physical therapy but was discharged on 06/13/24. Administrative Nurse A stated R103's NSA was not revised to include physical therapy services. The administrator failed to ensure designated staff revised the NSA/HCSP when R103 started physical therapy services and again when R103 was discharged from physical therapy services.	S3092		
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 5 This REQUIREMENT is not met as evidenced by: 3211 KAR 26-41-205 (g)(3) The facility reported a census of 21 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of "over-the-counter " (OTC) medications for four residents. Findings included: - Observation on 06/26/24 at 10:44 AM of the "Floor Two/Three" medication cart revealed the following OTC medications not labeled with the full name of the resident: Resident (R)105: One bottle of Equate Complete Multivitamin One bottle of Citrucel Calcium Supplement R106: One bottle of Equate ClearLax Observation of the medication room overflow cabinet revealed the following OTC medications not labeled with the full name of the resident: R102: One bottle of Nature's Bounty Acidophilus Probiotic One bottle of Nature's Made Vitamin C 500 milligrams (mg.) One bottle of Nature's Bounty Cranberry R105: One bottle of Nature's Bounty Iron 65 mg.	S3211		

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S3211	Continued From page 6 R107: One bottle of Zarbee's Children Sleep with Melatonin One bottle of Nature's Made B12 One bottle of Senna-S The 11/23/21 "Medication Storage" policy documented, "Residents who have over the counter (OTC) medications will be labeled by a pharmacist or licensed nurse to include their full name..." The administrator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: 3310	S3310		

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S3310	Continued From page 7 KAR 26-41-207(c) The facility reported a census of 21 residents. Based on record review and interview the administrator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Resident (R)102 admitted to the facility on 02/24/23. Review of medical records revealed R102 did not have the first step of the two-step TB Skin Test (TST) completed until 04/03/23 which was 31 days late. The first step read as not positive on 04/05/23. The second step of the two-step TST was administered on 04/10/23 two days early. On 06/26/24 at 02:25 PM Administrative Nurse A stated the two-step TST was deferred till April 2023 but did not know why. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." The administrator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		

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S3320	Continued From page 8	S3320		
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 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: 3320 KAR 28-39-254 (a) The facility reported a census of 21 residents. Based on observation and interview the administrator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included:	S3320		

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S3320	Continued From page 9 - Observations made while conducting a facility tour on 06/26/24 revealed the following unlocked chemicals with a "WARNING" or "KEEP OUT OF REACH OF CHILDREN" warning label: At 09:34 AM an unlocked ,but lockable, closet on the 100 Hall contained the following chemicals: One 12 fluid ounce (fl. oz.) bottle of TarnX Tarnish Remover One 2.5 fl. oz. bottle of Kiwi Color Shine One 33.8 fl. oz. bottle of Instant Power Hair Clog Remover At 09:39 AM an unlocked, but lockable, storage closet to the right of room 118 contained a 66.6 oz. container of Member's Mark Ultimate Clean Dishwasher Pacs At 09:49 AM a supply closet with a keypad lock located across from room 119 contained: Eight containers of Super Sani-Cloth Germicidal Disposable Wipes One large container of RX Destroyer, Ready to Use Drug Disposal with a WARNING label Three small containers for RX Destroyer Ready to Use Drug Disposal At 10:00 AM an unlocked but lockable "Crafts Room" contained the following chemicals: One 22 fl. oz. spray bottle of Lysol with Hydrogen Peroxide Multi-Purpose Cleaner One 32 fl. oz. spray bottle of Clorox Healthcare Hydrogen Peroxide Cleaner Disinfectant One partially full one-gallon container of Sysco	S3320		

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S3320	Continued From page 10 Reliance Liquid Green Pot and Pan Detergent One six oz. bottle of Studio Selections Regular Nail Polish Remover One six oz. bottle of Equate Nail Polish Remover One 13.5 oz. spray can of Scotch Permanent Spray Adhesive Two 18 oz. spray cans of Nu-View Equipment Cleaner One 32 fl. oz. bottle of Equate Hydrogen Peroxide Topical Solution On 06/26/24 at 09:54 AM Administrative Nurse A stated the storage closets outside of the residents' rooms belonged to the residents. She notified housekeeping that these closets should be locked and will tell the residents not to store chemicals in these closets. The administrator failed to ensure staff kept chemicals locked for resident safety.	S3320		