STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089033	A. BUILDING: _____ B. WING _____	03/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEGGY KELLY HOUSE I	2111 SW RANDOLPH AVE TOPEKA, KS 66614

(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 are the result of a licensure re-survey with attached complaint conducted at the above named home plus facility in Topeka Kansas on 3/20/17 and 3/21/17.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall	S 225		

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

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S 225	Continued From page 1 execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(3) The facility reported a census of 10 residents. The sample included 3 residents and 1 closed review resident. Based on record review and interview for one sampled resident #322, the operator failed to ensure at the time of admission, to execute with the resident or the resident's legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. Findings included: - Record review for resident #322 revealed an admission date of 1/19/17 with diagnoses of: Alzheimer's disease, depression, hypertension, seizures, repeated falls, gait abnormalities, gastroesophageal reflux disease, hypokalemia.	S 225		

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S 225	Continued From page 2 Functional Capacity Screen dated 1/19/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications. Resident is unable to manage treatments, is incontinent and has cognitive and communication problems. Resident is at risk for wandering and has impaired decision making abilities. Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 1/20/17 recorded resident to receive staff assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Review of resident admission agreement dated 1/19/17 lacked signature of responsible party. Interview on 3/20/17 at 10:15am with licensed nurse #A stated resident admission agreement has been completed but not signed by resident's durable power of attorney/responsible party. For resident #322, the operator failed to ensure at the time of admission, to execute with the resident or the resident's legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.	S 225		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the	S5126		

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S5126	Continued From page 3	S5126		

agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-202(h)

The facility reported a census of 10 residents. The sample included 3 residents and 1 closed record review. Based on record review and interview for 1 (#322) of 3 residents sampled, the operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement.

Findings included:

- Record review for resident #322 revealed an admission date of 1/19/17 with diagnoses of: Alzheimer's disease, depression, hypertension, seizures, repeated falls, gait abnormalities, gastroesophageal reflux disease, hypokalemia.

Functional Capacity Screen dated 1/19/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications. Resident is unable to manage treatments, is incontinent and has cognitive and communication problems. Resident is at risk for wandering and has impaired decision making abilities.

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S5126	Continued From page 4 Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 1/20/17 recorded resident to receive staff assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. NSA/HCSP was signed by licensed nurse #A. NSA/HCSP lacked signature of resident's durable power of attorney for health care (DPOAH). Interview on 3/21/17 at 10:15am with licensed nurse #A confirmed resident is unable to sign due to confusion and NSA/HCSP lacked signature of responsible party/DPOAH. For resident #322 the operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement.	S5126		
S5335 SS=F	28-39-437 Construction (a) Each home-plus 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. This REQUIREMENT is not met as evidenced by: KAR 28-39-437	S5335		

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S5335	Continued From page 5	S5335		

The facility reported a census of 10 residents. The sample included 3 residents and one closed review resident. Based on observation and interview for all cognitively impaired residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured throughout the facility.

Findings included:

On 3/20/17 at 11:20am and at 11:55am during facility tour, with facility operator, observed in the facility laundry room, entrance door unlocked with latch taped open with duct tape, the following chemicals:

On the top of the washing machine:
5- 150 ounce (oz) Purex laundry detergent
1 quart Calgon water softener.
In an unlocked closet:
2- 2#4oz soft scrub with bleach, cleaner
1 gallon Clear View glass and mirror cleaner
12oz can WD 40 spray
6 cans 21 oz comet powder
1 quart Febreeze fabric freshener

On 3/20/17 at 12:05pm located under the open concept kitchen sink in a cabinet with broken child protection latches:

2- 38 oz dawn dish soap
1.79quart Cascade with Clorox
21 oz comet cleanser
1 quart Zep odor and fabric eliminator
1 quart Dawn power dissolver.

Review of resident roster recorded all residents of

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S5335	Continued From page 6 the facility have cognitive impairment. For all cognitively impaired residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured throughout the facility.	S5335		