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 _____	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEGGY KELLY HOUSE I	2111 SW RANDOLPH AVENUE 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 represent the findings of a resurvey for the above named residential health care facility conducted on 12/12/24.	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) The facility reported a census of 10 residents with three residents included in the sample. Based on interview, observation, and record review the operator failed to ensure the Negotiated Service Agreement (NSA) was fully developed based on the resident's Functional	S3085		

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

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S3085	Continued From page 1	S3085		

Capacity Screen (FCS), service needs, and preferences for resident (R)1, R2 and R3 including a description of the services the resident received.

Findings included:

- Record review for R1 revealed an admission date of 07/17/24 with diagnoses including dementia, nontraumatic intracerebral hemorrhage, hearing loss, anemia, and morbid obesity.

The 07/17/24 Functional Capacity Screen (FCS) identified R1 had difficulty with short-term memory, long-term memory, memory/recall, decision making and identified at risk for impaired decision making.

The 07/17/24 Negotiated Service Agreement (NSA) documented to remind resident to go to dining room for meals. The NSA failed to identify services staff provided to R1 for long-term memory, memory/recall, or decision-making difficulties.

Review of nurse note dated 09/18/24 at 10:48 AM documented the resident did not want to stand after toileting and staff encouraged to stand for perineal care to be completed.

Observation on 12/12/24 at approximately 02:59 PM R1 asked to be put to bed. Staff reminded R1 of time of day.

On 12/12/24 at approximately 01:10 PM Licensed Nurse D confirmed R1's NSA failed to describe the services provided for cognition and

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S3085	Continued From page 2 decision-making difficulties. The operator failed to ensure R1's NSA described the services she received, and the provider of the service based on her FCS for cognition and impaired decision making. - Record review for R2 revealed an admission date of 09/24/24 with diagnoses of dementia, dyshidrosis, and cataracts. The 10/29/24 FCS identified R2 had difficulty with short-term memory, long-term memory, memory/recall, decision making and identified at risk for impaired decision making. The 10/29/24 NSA documented to remind resident to go to dining room for meals. The NSA failed to identify services staff provided to R2 for long-term memory, memory/recall, or decision-making difficulties. Review of nurses note dated 12/05/24 at 03:24 PM revealed the resident did not like to sit in recliner and elevate legs to decrease swelling or have ointment put on to decrease dryness to feet. Observation on 12/12/24 at approximately 11:05 AM R2 approached Administrative Staff B crying and having delusion. Licensed Nurse D redirected R2 and provided distractive activity. On 12/12/24 at approximately 01:10 PM Licensed Nurse D confirmed R2's NSA failed to describe the services provided for cognition and decision-making difficulties.	S3085		

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S3085	Continued From page 3 The operator failed to ensure R2's NSA described the services she received, and the provider of the service based on her FCS for cognition and impaired decision making. - Record review for R3 revealed an admission date of 10/29/20 with diagnoses including dementia, transient ischemic attack, heart disease, encephalopathy, and cerebral infarction. The 08/05/24 FCS identified R3 had difficulty with short-term memory, memory/recall, and decision making. The 08/05/24 NSA identified R3 was administered medications per physician's orders for cognition. The NSA failed to identify services staff provided to R3 for decision-making difficulties. On 12/12/24 at 01:06 PM Licensed Nurse D stated that staff reorient and redirect R3 when she has memory difficulties. On 12/12/24 at approximately 01:10 PM Licensed Nurse D confirmed R3's NSA failed to describe the services provided for decision-making difficulties. The operator failed to ensure R3's NSA described the services she received, and the provider of the service based on her FCS for decision-making difficulties.	S3085		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared	S3298		

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S3298	Continued From page 4 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 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 10 residents. The facility had a main kitchen where food was stored, prepared and served. Based on interview and record review, the operator failed to ensure food was served at the proper temperature. Findings included: - Observation on 12/12/24 at 11:03 AM of the kitchen revealed a notebook which contained weekly food temperature logs beginning each Sunday. Review of the food temperature logs for the	S3298		

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S3298	Continued From page 5 weeks of 08/04/24 through 12/08/24 revealed food temperatures were not recorded for 93 of 126 breakfast meals, 96 of 126 lunch meals, and 100 of 126 supper meals. On 12/12/24 at approximately 11:10 AM Administrative Staff B confirmed the food temperature logs were not completed. The Kansas Department of Agriculture's "Focus on Food Safety" booklet documented "minimum hot holding temperature is 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F." A policy for taking food temperatures was requested on 12/12/24 at 01:16 PM which the facility failed to provide. At 02:43 PM Administrative Staff A confirmed the facility did not have a policy for taking food temperatures to ensure food was prepared and served at a safe temperature. The operator failed to ensure food was prepared and served at the proper temperature.	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	S3299		

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S3299	Continued From page 6 by: KAR 26-41-206(e) The facility reported a census of 10 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 12/12/24 at 10:41 AM in the storage area revealed one refrigerator and three freezer spaces that contained food items for the residents. Refrigerator space #4 contained one container of sliced red potato salad with egg and one 32-fluid ounce container of ranch dressing that lacked labels identifying a date the food was opened. Two five-pound containers of chicken salad had best by date of 12/10/24. On 12/12/24 at approximately 10:46 AM Administrative Staff B confirmed the food items lacked labels identifying a date the food was opened or food was expired. Observation on 12/12/24 at 10:51 AM in the kitchen refrigerator that contained food items for the residents revealed the following food items: One container 16-ounce beef base with opened date of "8/11" best by date read 5/21/24 One container 16-ounce chicken base with date opened of "9-8" and best by date read 4/25/24 Two bottles 32 fluid ounce vanilla caramel coffee	S3299		

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creamer with date opened of "11/18" with label that read discard within 14 days after opening
One bottle 32 fluid ounce hazelnut coffee creamer with date opened of "11/18" with label that read discard within 14 days after opening
One bottle 32 fluid ounce Italian sweet crème coffee creamer with date opened of "11/18" with label that read discard within 14 days after opening
One bottle 13 ounces whipped topping with best by date of January 2024
One squeeze bottle Mayo 12 fluid ounces undated
One zippered bag of sliced cheese, some dried and firm dated 10/11/24

On 12/12/24 at approximately 11:01 AM Certified Medication Aide G confirmed the food items were past the date of consumption or expired.

A policy for food storage was requested on 12/12/24 at 01:16 PM which the facility failed to provide. At 02:43 PM Administrative Staff A confirmed the facility did not have a policy for food storage.

The Kansas Department of Agriculture's "Focus on Food Safety" booklet Page 20 explains that commercially prepared foods must be date marked after the original container was opened and held under refrigeration. Food can be held for seven days in adequate refrigeration.

The operator failed to ensure foods were stored under safe conditions.