STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089069	A. BUILDING: _____ B. WING _____	12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF TOPEKA	6732 SW 17TH STREET TOPEKA, KS 66615

(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 an initial survey with complaint #184407 and 184702 at the above named Assisted Living conducted on 12/20/23, 12/21/23 and 12/26/23.	S 000		
S3030 SS=F	26-41-101 (g) Availability of Policies and Procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(g) The operator reported a census of 54 residents. Based on observation the operator failed to ensure a notice of availability of policies and procedures related to resident services was posted in a place readily accessible to residents. Findings included: - On 12/21/23 at 03:45 PM during the initial tour of the facility a notice of availability of policies and procedures was not located. The operator failed to ensure a notice of availability was posted in a place readily	S3030		

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

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S3030	Continued From page 1 accessible to residents.	S3030		
S3050 SS=F	26-41-101 (k) Ombudsman (k) Ombudsman. Each administrator or operator shall ensure the posting of the names, addresses, and telephone numbers of the Kansas department on aging and the office of the long-term care ombudsman with information that these agencies can be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the facility. The administrator or operator shall ensure that this information is posted in an area readily accessible to all residents and the public. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(k) The facility reported a census of 54 residents. Based on observation the facility failed to ensure a copy of the ombudsman contact information was posted in a common area for residents and the public to examine. Findings included: - On 12/21/23 at 03:45 PM during the initial tour of the facility a notice of availability of policies and procedures was not located. The operator failed to ensure a copy of the ombudsman information was available in a	S3050		

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S3050	Continued From page 2 common area for residents and any other individuals wishing to examine them.	S3050		
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 54 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)102 and R103.	S3085		

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S3085	Continued From page 3 Findings included: - R102's medical record revealed he moved into the facility on 11/08/23. The 12/11/23 FCS identified R102 as having triggered for bladder incontinence, treatment management and communication. The 12/11/23 NSA did not address staff interventions to address R102's bladder incontinence, treatment management and communication impairments. On 12/26/23 at 04:10 PM Administrative Nurse B stated the R102's NSA did not address all triggered items from the FCS. The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS. - R103's medical record revealed she moved into the facility on 04/03/23. The 09/30/23 FCS identified R103 required physical assistance with transfers and with management of treatments. The 10/14/23 NSA did not address the use of a bed assist device for transfers and did not address management of treatments. On 12/26/23 at 03:40 PM Administrative Nurse B stated R103's NSA did not address all that triggered on the FCS and did not mention the use of a bed assist device.	S3085		

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S3085	Continued From page 4 The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS.	S3085		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the 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 26-41-202(h) The facility reported a census of 54 residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)102, and R103 was signed by all individuals involved in the development of the NSA. Findings included: - R102's medical record revealed the resident moved into the facility on 11/08/23. The 12/11/23 NSA documented signatures for the nurse who helped develop the NSA but was not signed by a family member or the "Durable	S3101		

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S3101	Continued From page 5 Power of Attorney" (DPOA). On 12/26/23 at 04:10 PM Administrative Nurse B stated R102's NSA did not have signatures of all who helped to developed it. The operator failed to ensure R102's NSA was signed by all individuals involved in the development of the NSA. - R103's medical record revealed the resident moved into the facility on 04/03/23. The 10/14/23 NSA documented signatures for the nurse who helped develop the NSA but was not signed by a family member or DPOA. On 12/26/23 at 03:40 PM Administrative Nurse B stated R103's NSA did not have signatures of all who helped to developed it. The operator failed to ensure R103's NSA was signed by all individuals involved in the development of the NSA.	S3101		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d)	S3165		

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S3165	Continued From page 6 The facility reported a census of 54 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)102, R103 and R104. Findings included: - R102's medical record revealed he moved into the facility on 11/08/23. R102's most recent NSA was completed on 12/11/23. On 12/26/23 at 04:10 PM Administrative Nurse B stated the NSA did not identify who the nurse responsible for the implementation and supervision of the health services care plan was. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R102. - R103's medical record revealed she moved into the facility on 04/03/23. R103's most recent NSA was completed on 10/14/23. On 12/26/23 at 03:40 PM Administrative Nurse B stated the NSA did not identify who the nurse	S3165		

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S3165	Continued From page 7 responsible for the implementation and supervision of the health services care plan was. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R103. - R104's medical record revealed he moved into the facility on 12/04/23. R104's most recent NSA was completed on 12/04/23. On 12/26/23 at 03:54 PM Administrative Nurse B stated the NSA did not identify who the nurse responsible for the implementation and supervision of the health services care plan was. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R104.	S3165		
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	S3211		

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S3211	Continued From page 8 place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 54 residents. Based on observation and record review the operator 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: - On 12/20/23 at 01:11 PM, an observation of the assisted living "PRN/Overflow" cart revealed the following medications did not have the full name of a resident written on them: Resident (R)105- One tube of Biofreeze Gel 3 fluid ounces An observation of the main medication cart revealed the following medications did not have the full name of a resident written on them: R106- One bottle of Kroger GentleLAX An observation of the medication room revealed the following medications did not have the full name of a resident written on them: R107- One bottle of Bausch and Lomb PreserVision AREDS 2	S3211		

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S3211	Continued From page 9 The medication room also contained: One bottle of Kroger Extra Strength Antacid tablets not identified as belonging to a resident. An observation on 12/20/23 at 01:42 PM of the memory care unit medication room revealed the following medications that did not have the full name of a resident on it: R102- Two bottles of Spring Valley Melatonin 5 milligrams (mg.) One bottle of Spring Valley Melatonin 3 mg. One bottle of Nature's Bounty Melatonin 3 mg. One bottle of Equate Daily Fiber The 09/22/22 "Medication Storage" policy did not include anything about a licensed nurse or pharmacist labeling over the counter medications with the full name of a resident. The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by:	S3213		

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S3213	Continued From page 10 KAR 26-41-205 (g)(2) The facility reported a census of 54 residents. Based on observation and record review the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - Observation on 12/20/23 at 01:11 PM revealed the assisted living main cart, "PRN / Overflow" cart and medication room contained numerous prescription medication containers stored in the original packaging which were not labeled with a resident's full name. Observation on 12/20/23 at 01:42 PM revealed the memory care unit medication room contained prescription medication containers stored in the original packaging which were not labeled with a resident's full name. The 09/22/22 "Medication Storage" policy did not mention that each prescription medication container stored in the original packaging was to be labeled with the resident's full name. The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
S3215 SS=F	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	S3215		

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S3215	Continued From page 11 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 54 residents. Based on observation and interview, the operator	S3215		

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S3215	Continued From page 12 failed to ensure resident medications were stored in accordance with each manufacturer's recommendations. Findings included: - Observation on 12/20/23 at 01:42 PM the memory care unit medication room had a refrigerator with had one open vial of Tuberculin solution not dated with instructions: Once opened the vial should be discarded after 30 days. On 12/20/23 at 01:48 PM Administrative Nurse B acknowledged the Tuberculin solution was opened and not dated. The operator failed to ensure medications were stored in accordance with each manufacturer's recommendations.	S3215		
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	S3280		

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S3280	Continued From page 13 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 54 residents. Based on record review for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 12/20/23 review of documentation of quarterly reviews of the emergency management plan provided by Administrative Staff A revealed the third quarter of 2023 lacked documentation of review with staff and no documentation of quarterly reviews with residents was provided for the 2023. The operator failed to ensure disaster and emergency preparedness by failing to perform quarterly reviews of the emergency management plan with employees and residents.	S3280		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all	S3299		

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S3299	Continued From page 14 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 had a census of 54 residents. All 54 residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by ensuring food was dated according to food safety guidelines. Findings included: - On 12/20/23 at 03:09 PM an observation of the dietary kitchen revealed the refrigerator closest to the dishwashing area contained 14 dessert cups on a cookie sheet that were not covered and not dated. The refrigerator opposite the cookstove had covered containers of spinach, cheese, and hamburger patties that were not dated or labeled. There was a tray of sandwich fixings consisting of lettuce, tomato, and onion that were covered but not dated. There was a metal bowl containing what appeared to be batter with a ladle in it that was not dated or labeled. The August 2017 "Focus on Food Safety" published by the Kansas Department of Agriculture states food, "Must be date marked if it	S3299		

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S3299	Continued From page 15 is prepared on-site... ready-to-eat...Held for more than 24 hours. Mark the date by which food is to be consumed or discarded..." The operator failed to ensure food items were stored under safe and sanitary conditions.	S3299		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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 (7) transferring a resident with an infectious	S3305		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089069	A. BUILDING: _____ B. WING _____	12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF TOPEKA	6732 SW 17TH STREET TOPEKA, KS 66615

(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
S3305	Continued From page 16 disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: KAR 26-41-207 (b)(4) The facility had a census of 54 residents. All 54 residents ate food prepared in the same kitchen. The operator failed to ensure sanitary conditions for food service by not ensuring hot water temperature and chemical strengths were documented daily. Findings included: - Review of the August 2023 "Temperature / Sanitizer Log" revealed missing documentation of hot water temperatures and chemical strength were no documented on: 08/18/23 for breakfast and lunch. 08/09/23 for breakfast and lunch. 08/10/23 for breakfast and lunch. 08/11/23 for dinner. 08/12/23 for dinner. 08/15/23 for lunch. 08/16/23 for lunch. 08/17/23 hot water for lunch. 08/18/23 hot water for lunch. Review of the September 2023 "Temperature / Sanitizer Log" revealed missing documentation	S3305		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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
S3305	Continued From page 17 of hot water temperatures and chemical strength were no documented on: 09/03/23 for lunch. 09/04/23 for breakfast and lunch. Review of the October 2023 "Temperature / Sanitizer Log" revealed missing documentation of hot water temperatures and chemical strength were no documented on: 10/28/23 for dinner. 10/29/23 for breakfast and lunch. 10/30/23 for breakfast, lunch, and dinner. 10/31/23 for breakfast, lunch, and dinner. Dietary staff was unable to provide a "Temperature / Sanitizer Log" for November 2023. On 12/21/23 at 01:25 PM Dietary Staff C stated the "November Temperature/ Sanitizer" log was completed and put in the binder but could not locate it. The operator failed to ensure sanitary conditions in the kitchen by failing to ensure documentation of hot water and chemical sanitizer strength was logged daily.	S3305		