STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089036	A. BUILDING _____ B. WING _____	07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING HILLS ASSISTED LIVING APARTMENTS	2410 SW URISH ROAD 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 Assisted Living facility conducted on 07/19/22 - 07/20/22.	S 000		
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 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: 3298 KAR 26-41-206 (d) The facility had a census of 25 residents. All 25 residents ate food served from the same kitchen. The operator failed to ensure food items were served at the proper temperature by not monitoring and documenting food temperatures prior to serving residents. Findings included:	S3298		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089036	A. BUILDING _____ B. WING _____	07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING HILLS ASSISTED LIVING APARTMENTS	2410 SW URISH ROAD 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
S3298	Continued From Page 1 - Interview on 07/20/22 at 09:18 AM Administrative Staff A stated staff did not keep food temperature logs at the assisted living satellite kitchen. Administrative Staff A stated staff at the main kitchen located at the long-term care facility across the street where the food was prepared monitored food temperatures just prior to sending the food to the assisted living facility. Administrative Staff A stated the warming table was turned on prior to the food being delivered and the food was served immediately upon arrival from the long-term care kitchen. On 07/20/22 at 11:40 AM food arrived from the long-term care kitchen. Administrative Staff A set the food on top of the warming table. Administrative Staff A measured the temperature of the food and all food temperatures measured in an acceptable range of greater or equal to 135 degrees Fahrenheit (F) or higher except for the sliced roast turkey which had a temperature of 132 F. On 07/20/22 at 12:20 PM, after the last plate of food was served to a resident, Administrative Staff A checked the temperature of the sliced roast which was found to be 90 F. On 07/20/22 at 11:29 AM Resident (R) 721 stated that every now then the food was a little cold. On 07/20/22 at 01:36 PM R720 stated the food could be warmer. Stated that in the morning the food seemed to be a little chilly. On 07/20/22 at 01:51 PM Hospitality Aide B stated she never documented food temperatures on a temperature log.	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089036	A. BUILDING _____ B. WING _____	07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING HILLS ASSISTED LIVING APARTMENTS	2410 SW URISH ROAD 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
S3298	Continued From Page 2 The August 2017 Kansas Department of Agriculture publication, "Focus on Food Safety" p. 19 documented, "Proper holding temperatures must be maintained during display, storage and transportation. Cold foods must be maintained at an internal temperature of 41 F or below. Hot foods must be maintained at an internal temperature of 135 F or higher." The 04/06/20 "Serving Temperatures for Hot and Cold Foods" policy documented, foods will be served at the following temperatures to ensure a safe and appetizing dining experience ...Hot foods must be held greater or equal to 135 (degrees) F (140 F per KS regulations) and cold foods less than or equal to 41 (degrees) F prior to serving. The operator failed to ensure food items were 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 by: 3299 KAR 26-41-206 (e) The facility had a census of 25residents. All 25 residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to ensure foods stored in the refrigerators	S3299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089036	A. BUILDING _____ B. WING _____	07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING HILLS ASSISTED LIVING APARTMENTS	2410 SW URISH ROAD 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
S3299	Continued From Page 3 were kept at 41 degrees Fahrenheit (F) or lower according to Food Safety Guidelines. Findings included: - On 07/20/22 at 09:15 AM the assisted living satellite kitchen refrigerator temperature measured 32 F and the freezer temperature measured -20 F. There was no refrigerator/freezer temperature log found. On 07/20/22 at 09:18 AM Administrative Staff A stated staff did not keep a log of refrigerator/freezer temperatures. The Kansas Department of Agriculture "Focus on Food Safety" revised August 2017 p. 19 documented, "Proper holding temperatures must be maintained during display, storage and transportation. Cold foods must be maintained at an internal temperature of 41F or below." The 04/27/20 "Refrigerator/Freezer Temperatures" policy documented, "Dining Services will be responsible for taking temperatures on all ...refrigerators and freezers, and recording temperatures on temperature report logs daily, during each shift." The operator failed to ensure food items were stored under safe and sanitary conditions by failing to document refrigerator/freezer temperatures	S3299		