STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089080	A. BUILDING: _____ B. WING _____	06/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BOGART HOUSE LLC II	3535 SW 6TH ST TOPEKA, KS 66606

(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 the licensure resurvey for the above named facility conducted on 06/21/22.	S 000		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of three residents with all included in the sample. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)621 identified the responsible person for administration and management of selected medications administered. Findings included: - Record review for R621 revealed an admission date of 04/22/10 with the following diagnosis: diabetes mellitus. The 09/01/21 Functional Capacity Screen (FCS) identified R621 required supervision with	S5286		

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

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S5286	Continued From page 1 medication management. The 09/01/21 Negotiated Service Agreement (NSA) documented in a handwritten addendum R621 was on insulin but lacked identification of the person responsible for administration and management of insulin and other medications. The 02/21/22 facility's "Medication Self-Administration Form" documented R621 was physically and cognitively competent to obtain his own blood glucose levels and administer his own insulin injections. Observation on 06/21/22 at 02:15 PM revealed R621 ambulated self about the house and climbed the stairs without difficulty and sat down at a table in the dining area and conversed with state surveyor. His speech was difficult to understand. On 06/21/22 at 03:15 PM Certified Medication Aide (CMA) B stated the facility's "Medication Self-Administration Form" documented R621 could administer his own insulin which she understood was adequate. She was not aware identification of the person responsible for administering select medications was to be included on the "NSA." The operator failed to ensure the "NSA" for R621 identified who was responsible for administration and management of insulin.	S5286		