STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N081007	A. BUILDING: _____ B. WING _____	11/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEYBROOK ASSISTED LIVING	2029 LITTLE KITTEN AVENUE MANHATTAN, KS 66503

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints (#179778, 179997, 182091 and 182855 at the above named Assisted Living conducted on 10/31/23 and 11/01/23.	S 000		
S3085 SS=D	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 32 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service	S3085		

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

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S3085	Continued From page 1 Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)104. Findings included: - R104's medical record revealed the resident moved into the facility on 05/18/23. The 10/11/23 FCS identified R104 had impaired and decision-making abilities and exhibited inappropriate behaviors. The 10/11/23 NSA did not address what staff were going to do to address R104's impaired decision-making abilities or his inappropriate behaviors. On 11/01/23 at 01:27 PM Administrative Nurse B stated if R104 had inappropriate behaviors staff would try to redirect him or would let him go out to smoke which usually helps to calmed him down but acknowledged these interventions were not included in the NSA. The operator failed to ensure R104's NSA was fully developed to include all items that triggered on the FCS.	S3085		
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	S3280		

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S3280	Continued From page 2	S3280		

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 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 32 residents. Based on record review and interview 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 10/31/23 documentation provided by Administrative Staff A revealed a lack of evidence that quarterly reviews of the emergency management plan were completed with facility staff and residents. Documentation was missing for the third and fourth quarters of 2022 and second quarter of 2023 for reviews with staff and documentation was missing for the third and

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S3280	Continued From page 3 fourth quarters of 2022 with residents. The facility 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 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 32 residents. All 32 residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by ensuring foods were stored in sealed packaging and ensuring raw meats were stored below ready-to-eat foods according to food safety guidelines. Findings included: - Observation of the satellite kitchen refrigerator revealed a bag of yellow cheese that was not sealed on top and was open to air. There was a "Cooks" brand package of bone-in ham steak	S3299		

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S3299	Continued From page 4 (thawed) located on the second shelf up from the bottom directly above the opened package of cheese. According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, page 13 documented, "Store cooked, ready-to-eat foods above raw animal foods." 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	S3305		

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S3305	Continued From page 5 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 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 32 residents. All 32 residents ate food prepared in the same kitchen. The operator failed to ensure sanitary conditions for food service by not keeping surfaces clean and free of debris and by not ensuring cabinets were functional and in good repair for sanitary storage of dishes. Findings included: - Observation on 11/01/23 at 10:20 AM revealed the kitchen cabinets showed some wear on the finish not providing a cleanable surface. There was a missing piece on the bottom drawer just to the left of the cookstove. The drawer just above it needed to be repaired. There was some light-colored debris on the top of the dishwasher where the right-side panel of the dishwasher was raised going the full length of dishwasher	S3305		

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S3305	Continued From page 6 towards the back of the machine. The operator failed to ensure sanitary conditions in the kitchen by keeping surfaces free of debris and cabinets were functional and in good repair to provide sanitary storage of dishes.	S3305		