STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089002	A. BUILDING: _____ B. WING _____	08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK CREEK SENIOR LIVING	3224 SW 29TH STREET 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 represents the findings of a resurvey with attached complaint 189301 at the above named assisted living facility conducted on 08/27/24 and 08/28/24.	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 29 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for	S3085		

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

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S3085	Continued From page 1 resident (R)1, R2 and R3. Findings included: - Record review for R1 revealed he was admitted to the facility on 06/13/24. The 06/13/24 FCS identified R1 required assistance with toileting, management of medications, management of treatments, and had impaired vision. The 06/13/24 NSA failed to describe services R1 received for continence, management of medications other than intramuscular injections, management of treatments and for impaired vision. On 08/27/24 at approximately 02:21 PM Administrative Staff A confirmed R1's NSA failed to describe the services provided for continence, management of medications other than intramuscular injections, management of treatments and for impaired vision. The administrator failed to ensure R1's NSA described the services he received based on his FCS. - Record review for R2 revealed she was admitted to the facility on 03/07/24. The 03/07/24 FCS identified R2 required assistance with management of bladder incontinence, management of medications, and management of treatments. The FCS indicated that she had impaired vision and impaired hearing. The 03/07/24 NSA failed to describe services R2	S3085		

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S3085	Continued From page 2	S3085		

received for continence, management of medications other than intramuscular injections, management of treatments, for impaired vision and impaired hearing.

On 08/27/24 at approximately 02:21 PM Administrative Staff A confirmed R2's NSA failed to describe the services provided for continence, management of medications other than intramuscular injections, management of treatments, for impaired vision and impaired hearing.

The administrator failed to ensure R2's NSA described the services she received based on her FCS.

- Record review for R3 revealed he was admitted to the facility on 06/13/24.

The 06/13/24 FCS identified R3 required assistance with toileting, management of medications, management of treatments, and had impaired vision.

The 06/13/24 NSA failed to describe services R1 received for continence, management of treatments, for impaired vision and impaired hearing.

On 08/27/24 at approximately 02:21 PM Administrative Staff A confirmed R3's NSA failed to describe the services provided for continence, management of treatments, for impaired vision and impaired hearing.

The administrator failed to ensure R3's NSA described the services he received based on his FCS.

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S3211	Continued From page 3	S3211		
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 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 29 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of one over-the-counter (OTC) medications in the shower room/beauty shop cabinet, one in the north medication cart, and three in the south medication cart. Findings included: - Observation on 08/27/24 at 09:48 AM revealed the shower room/beauty shop cabinet contained one tube of remedy zinc oxide 4oz, an OTC medication, was not labeled with a resident's full	S3211		

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S3211	Continued From page 4 name. On 08/27/24 at approximately 09:51 AM Staff E confirmed the OTC medication was not labeled with a resident's full name. - Observation on 08/27/24 at 10:18 AM revealed the north medication carts contained one bottle of Preservision 120 caps, an OTC medication, was not labeled with a resident's full name. On 08/27/24 at approximately 10:20 AM "Certified Medication Aide" (CMA) C confirmed the OTC medication in the north medication cart was not labeled with a resident's full name. - Observation on 08/27/24 at 10:21 AM revealed the south medication cart contained the following OTC medications were not labeled with residents' full names: One tube of Zinc oxide paste, 4 oz (ounces) One bottle chlorahexidine 4oz One tube pain relieving cream 4oz On 08/27/24 at approximately 10:23 AM CMA D confirmed three OTC medications in the south medication cart were not labeled with residents' full names. The facility's undated "Policy for labeling insulin PENS and OTC bottles" policy stated "OTC bottles ...not lid must be labeled with resident's full name." The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of five OTC medications.	S3211		

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S3320	Continued From page 5	S3320		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 29 residents. Based on observation and interview the operator failed to ensure the facility was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas. Findings included:	S3320		

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S3320	Continued From page 6 - Observation on 08/27/23 at 09:48 AM of the shower room/beauty shop space revealed an unlocked cabinet that contained one bottle of 16.9oz Fabuloso multi-purpose cleaner, four cans of disinfectant deodorizer, and one spray bottle Hillyard spray clean HD with labels that said "Keep out of reach of children." On 08/27/23 at approximately 09:48 PM Staff E confirmed chemicals were not stored in locked areas. The facility's undated policy titled "Hazardous Materials" documented that "All potentially hazardous materials used in facility will be in locked cabinet or closet or kept with staff when in use." The operator failed to ensure the building was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within a locked areas.	S3320		