STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023026	A. BUILDING: _____ B. WING _____	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR LIVING ANNEX	3911 W 13TH STREET LAWRENCE, KS 66049

(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 home plus facility conducted on 09/11/24.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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 26-42-202(a)(1) The facility reported a census of five residents with three included in the sample. Based on record review and interview the administrator failed to ensure the "Negotiated Service Agreements" (NSA) for Residents (R)1, R2, and R3 described the services they received based on their "Functional Capacity Screens" (FCS). Findings included:	S5105		

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

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S5105	Continued From page 1 - Record review for R1 revealed an admission date of 10/05/21 with a diagnosis of senile degeneration of brain. The 03/25/24 FCS identified R1 was unable to perform management of treatments; had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties; was rarely or never understandable and rarely or never understood others during communication; and had impaired vision and impaired decision-making. The 03/17/24 NSA failed to describe the services she received for management of treatments, assistance with cognitive difficulties, assistance with communication, assistance with impaired vision, and assistance with impaired decision-making. On 09/11/24 at approximately 01:11 PM Administrative Nurse B confirmed R1's NSA failed to describe the services provided based on her FCS. The operator failed to ensure the NSA for R1 described the services provided based on her FCS. - Record review for R2 revealed an admission date of 12/07/22 with diagnoses of dementia and depression. The 03/17/24 FCS identified R2 was unable to perform management of treatments; had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties; was rarely or never understandable and rarely or never understood others during communication; and was at risk for falls and had	S5105		

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S5105	Continued From page 2 impaired decision-making The 03/17/24 NSA failed to describe the services she received for management of treatments, assistance with cognitive difficulties, assistance with communication, prevention of falls, and assistance with impaired decision-making. On 09/11/24 at approximately 01:11 PM Administrative Nurse B confirmed R2's NSA failed to describe the services provided based on her FCS. The operator failed to ensure the NSA for R2 described the services provided based on her FCS. - Record review for R3 revealed an admission date of 10/01/20 with diagnoses of dementia, hyperlipidemia, and colostomy. The 09/06/24 FCS identified R3 was unable to perform management of treatments, was at risk for falls, had impaired vision, impaired hearing, and impaired decision-making. The 09/06/24 NSA failed to describe the services he received for management of treatments, prevention of falls, assistance with impaired vision, assistance with impaired hearing, and assistance with impaired decision-making. The 08/16/24 03:17 PM nurse progress note by Licensed Nurse D documented R3 has a colostomy that requires assist of one. On 09/11/24 at approximately 01:11 PM Administrative Nurse B confirmed R3's NSA failed to describe the services provided based on his FCS.	S5105		

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S5105	Continued From page 3 On 09/12/24 at approximately 11:00 AM Administrative Nurse B stated that staff complete wafer and bag changes for R3's colostomy. She confirmed this service is not on R3's NSA. The operator failed to ensure the NSA for R3 described the services provided based on his FCS.	S5105		
S5186 SS=F	26-42-206 (d) Dietary Services Menus (d) The menus shall be planned in advance and in accordance with the dietary guidelines adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(d) The facility reported a census of five residents. Based on record review and interview the operator failed to ensure menus were planned in advance and in accordance with the dietary guidelines adopted by reference in K.A.R. 26-39-105. Findings included: - A current menu was requested which the facility failed to provide. On 09/11/24 at approximately 09:00 AM Certified Nurse Aide C confirmed no menu is available. She stated "I do not make a menu. I just decide what to make each day." The operator failed to ensure menus were	S5186		

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S5186	Continued From page 4 planned in advance and in accordance with the dietary guidelines adopted by reference in K.A.R. 26-39-105.	S5186		
S5190 SS=F	26-42-206 (d) Dietary Services (d)(1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(d)(1) The facility reported a census of five residents. Based on record review and interview the operator failed to ensure menus were available to each resident on at least a weekly basis. Findings included: - A current menu was requested which the facility failed to provide. On 09/11/24 at approximately 09:00 AM Certified Nurse Aide C confirmed no menu is available. She stated "I do not make a menu. I just decide what to make each day." The operator failed to ensure menus were available to each resident on at least a weekly basis.	S5190		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and	S5192		

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S5192	Continued From page 5 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: KAR 26-42-206(e) The facility reported a census of five residents. Based on record review and interview the operator failed to ensure breakfast was served at the proper temperature every day. Findings included: - Review of the food temperature log provided by the facility for the months of August and September of 2024 revealed the log lacked evidence of documentation staff obtained food temperatures before serving food to the residents for all morning meals. On 09/11/24 at approximately 11:09 AM Certified Nurse Aide C confirmed the food temperature log lacked evidence of documentation food was served at proper temperature for each morning meal in August and September. She stated, "I	S5192		

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S5192	Continued From page 6 have never done temperatures at breakfast." The facility's undated Safe Cooking Temperatures policy reads hot foods shall be kept at temperatures above 140 degrees Fahrenheit and cold foods should be kept at temperatures of 40 degrees Fahrenheit or less. The Kansas Department of Agriculture's "Focus on Food Safety" booklet page 14 documented food preparation critical temperatures as "minimum hot holding temperature of 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F." The operator failed to ensure food was served at the proper temperature.	S5192		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of five residents. The facility had a main kitchen where food was stored and prepared. Based on observation and interview the operator failed to ensure foods were stored under safe conditions.	S5195		

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S5195	Continued From page 7 Findings included: - Observation on 09/11/24 at 08:58 AM revealed a refrigerator and freezer in the facility's main kitchen which contained food items for the residents. Items found unsealed and/or undated were an undated box of Melt N Dip, one bowl of grapes unsealed and undated, and one 32-ounce bag of shredded cheddar cheese dated "8/30." - Observation on 09/11/24 at 09:02 AM revealed the storage refrigerator in the facility's dining area which contained food items for the residents. Items found were opened and undated including a 64-ounce jug of orange juice and one 96-ounce jug of apple juice. - Observation on 09/11/24 at 09:30 AM revealed unsealed and undated foods in the facility's farthest west cabinet in kitchen which contained food items for the residents. The following items found were opened and undated: One bag Clancy's original potato chips One bag Lay's barbeque chips One bag Chex Mix One bag Simply smartfood sea salt popcorn One bag Clancy's corn chips The following items were found unsealed: One box cream of wheat One box thin wheat original crackers One box Great Value Raisin Bran One box Vanilla Wafers One box Honey Nut Cherrios One box Millville Bran Flakes	S5195		

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S5195	Continued From page 8 On 09/11/24 at 09:30 AM Certified Nurse Aide (CNA) C confirmed the foods listed were undated and/or unsealed. She stated she would expect the unsealed items to be sealed by tape and all items dated on the date they were opened. A policy for food storage was requested and the facility failed to provide. The August 2017 Kansas Department of Agriculture's "Focus on Food Safety" booklet page 20 documented foods must be date marked if it is prepared on-site or commercially processed and opened. Foods must be marked with the date by which food is to be consumed or discarded and they can be held for seven days in adequate refrigeration. The United States Department of Health and Human Services' Food Code dated 2009, 3-305.11 documented that food shall be protected from contamination by storing the food where it is not exposed to splash, dust or other contamination. The operator failed to ensure foods were stored under safe conditions.	S5195		
S5315 SS=D	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in 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	S5315		

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S5315	Continued From page 9 store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home 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 home. (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 26-42-205(h)(4) The facility reported a census of five residents. Based on observation and interview the operator failed to ensure that all medications and biologicals are stored in accordance with federal and state laws and regulations and medications are not administered beyond the manufacturer's recommended date of expiration. Findings included:	S5315		

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S5315	Continued From page 10 - Record review for Certified Nurse Aide C revealed her second step of Tuberculosis skin testing was administered on 05/10/24 with Lot # 68154. - Observation on 09/11/24 at 10:10 AM revealed a locked refrigerator in the medication room. Administrative Nurse B unlocked the refrigerator to reveal one undated vial of tuberculin Lot # 68154. The vial reads to discard opened unused product after 30 days. On 09/11/24 at approximately 10:16 AM Administrative Nurse B confirmed the tuberculin was undated and stated that it should have been dated for 03/25/24. The operator failed to ensure that all medications and biologicals are stored in accordance with federal and state laws and regulations and medications are not administered beyond the manufacturer's recommended date of expiration.	S5315		