STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE TOPEKA, KS 66604

(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 complaints 189533, 188377, and 188325 at the above named assisted living facility conducted on 09/23/24 and 09/24/24.	S 000		
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 38 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 four over-the-counter (OTC) medications in the morning medication cart and five OTC medications in overflow baskets. Findings included:	S3211		

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
	N089035	A. BUILDING: _____ B. WING _____	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE TOPEKA, KS 66604

(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
S3211	Continued From page 1 - Observation on 09/23/24 at 11:34 AM revealed the morning medication cart contained the following OTC medications were not labeled with resident's full name: One bottle vitamin B12 100 micrograms (mcg), 270 softgels, One bottle fish oil 1000 milligrms, 65 softgels, One bottle milk of magnesia, 26 fluid ounces, and One bottle magnesium citrate, 10 fluid ounces. On 09/23/24 at approximately 11:36 AM Licensed Nurse D confirmed the OTC medications were not labeled with resident's full names. - Observation on 09/23/24 at 11:44 AM revealed overflow medication baskets contained the following OTC medications were not labeled with residents' full names: One box Imodium, 12 caplets One bottle calcium 600 mcg plus vitamin D3 20 mcg, 120 tablets One bottle vitamin D3 1000 international units, 300 tablets Two bottles acetaminophen 500 milligrams, 100 tablets On 09/23/24 at approximately 11:46 AM Licensed Nurse D confirmed five OTC medications in the overflow baskets were not labeled with residents' full names. A medication storage policy was requested which the facility failed to provide. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of	S3211		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE TOPEKA, KS 66604

(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
S3211	Continued From page 2 nine OTC medications.	S3211		
S3215 SS=E	26-41-205 (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 store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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 facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S3215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE TOPEKA, KS 66604

(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
S3215	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 38 residents. Based on observation and interview the administrator failed to ensure all medications and biologicals were stored in accordance with each manufacturer's recommendations or those of the pharmacy provider. Findings included: - Observation on 09/23/24 at 11:34 AM revealed the morning medication cart had two opened and used insulin glargine pens. One pen for R5 lacked a date to indicate when it was opened. The other pen for R2 was dated as opened on 08/07/24. The pens contained instructions to "Use within 28 days after initial use." On 09/23/24 at approximately 11:38 AM Licensed Nurse D confirmed the two insulin glargine pens were opened and partially used. One was expired and the other not dated. - Observation on 09/23/24 at approximately 11:40 AM revealed the morning medication cart had one box of ondansetron ODT 4 milligrams, 30 tablets for R6 with expiration date of 08/13/24 and one tube diclofenac sodium 1%, 100 grams for R7 with expiration date 09/06/23. On 09/23/24 at approximately 11:41 AM Licensed Nurse D confirmed the two medications were expired. On 09/23/24 at 03:08 PM a policy for medication labeling and storage was requested, and the facility failed to provide.	S3215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE TOPEKA, KS 66604

(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
S3215	Continued From page 4 The administrator failed to ensure all medications and biologicals were stored in accordance with each manufacturer's recommendations or those of the pharmacy provider.	S3215		
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 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 38 residents. Based on interview and record review the administrator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with residents for quarter two of 2023 and	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE TOPEKA, KS 66604

(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
S3280	Continued From page 5 residents and staff for quarter three of 2023. Findings included: - Review of the facility's emergency plan records lacked evidence of documentation quarterly reviews were completed with residents during the second quarter of 2023 and with staff and residents during the third quarter of 2023. On 09/23/24 at 01:21 PM Administrative Staff A confirmed the facility's record lacked documentation for reviews of the emergency management plan completed with staff and residents for every quarter of 2023. The facility's "Emergency & Disaster" policy dated 01/22/24 explains that the administrator will ensure a quarterly review of the facility's plan will be reviewed with employees and residents. The administrator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with all staff and residents for two of four quarters in 2023.	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	S3299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE TOPEKA, KS 66604

(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 6 by: KAR 26-41-206(e) The facility reported a census of 38 residents. The facility had a kitchen where food was stored, prepared, and served to all residents. Based on observation and interview the administrator failed to ensure food items were stored under safe conditions. Findings included: - Observation on 09/23/24 at 10:50 AM in the kitchen revealed one bag of mini marshmallows, 453 grams unsealed and undated and three storage containers of cereal lacking labels identifying what was inside and the date opened in the cabinets. On 09/23/24 at approximately 10:52 AM Dietary Staff C confirmed the marshmallows were unsealed and undated and the cereals lacked labels identifying what was inside and a date the food was opened or prepared. - Observation on 09/23/24 at 10:54 AM in the kitchen revealed two refrigerator spaces and two freezer spaces that contained food items for the residents. The white refrigerator contained the one five-pound bag of shredded parmesan cheese and one five-pound bag of shredded cheddar cheese that were unsealed and lacked a date the food was opened. The white freezer contained a pie crust without any covering. The stainless-steel refrigerator contained the	S3299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE TOPEKA, KS 66604

(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 7	S3299		

following items: one five pound container of cottage cheese opened, used and undated; one five pound container of sour cream opened, used and undated; one bowl of mashed potatoes undated; one bag of spinach unsealed and undated; and one bag of celery unsealed and undated.

The stainless-steel freezer contained one brown bag of what appeared to be potato wedges unsealed and undated.

On 09/23/24 at approximately 10:58 AM Dietary Staff C confirmed the nine food items were unsealed and/or lacked a date the food was opened.

- Observation on 09/23/24 at 11:03 AM in the food storage area that contained food items for the residents revealed an opened, unsealed and undated bag of elbow macaroni.

On 09/23/24 at approximately 11:04 AM Dietary Staff C confirmed the food item was opened, unsealed and undated.

On 09/23/24 at 03:08 PM a policy for food storage was requested and the facility failed to provide.

The Kansas Department of Agriculture's "Focus on Food Safety" booklet Pages 19 and 20 explain that foods prepared on-site or commercially must be date marked after the original container was opened and held under refrigeration. Foods should be covered to maintain cold holding temperature and should not be held for more than seven days in adequate refrigeration.

The administrator failed to ensure foods were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE TOPEKA, KS 66604

(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 8 stored under safe conditions.	S3299		
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 38 residents. Based on observation and interview the administrator 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.	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE TOPEKA, KS 66604

(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
S3320	Continued From page 9 Findings included: - Observation on 09/23/24 at 11:12 AM in the public bathroom revealed an unlocked cabinet that contained two aerosol spray cans of Lysol disinfectant spray with labels that said, "Keep out of reach of children." - Observation on 09/23/24 at 11:15 AM revealed an unlocked decorative cabinet across from the bird enclosure that contained two aerosol spray cans of Lysol disinfectant spray with labels that said, "Keep out of reach of children." - Observation on 09/23/24 at 11:28 AM revealed an unlocked cabinet in the whirlpool room that contained two aerosol spray cans of Lysol disinfectant spray with labels that said, "Keep out of reach of children." On 09/23/24 at 11:28 AM Administrative Staff A confirmed chemicals were not stored in locked areas. On 09/23/24 at 03:08 PM a policy for chemical storage was requested and the facility failed to provide. The administrator 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 locked areas.	S3320		