STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023023	A. BUILDING: _____ B. WING _____	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUIL HAVEN LLC	3109 W 26TH STREET LAWRENCE, KS 66047

(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 10/23/24.	S 000		
S5171 SS=D	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(i) The facility reported a census of eight residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure a licensed nurse completed an assessment for the ability to use bed rails safely without risk of entrapment and to confirm the bed rails were not a restraint for Resident (R) 1. Findings included: - Record review for R1 revealed an admission date of 07/01/24 with diagnoses of hypertension, anemia, obesity, diabetes mellitus type 2, and atrial fibrillation. The 07/01/24 Functional Capacity Screen identified R1 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, management of medications, and mangement of treatments. He was marked for falls and impaired vision. The 07/01/24 Negotiated Service Agreement for	S5171		

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
	B023023	A. BUILDING: _____ B. WING _____	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUIL HAVEN LLC	3109 W 26TH STREET LAWRENCE, KS 66047

(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
S5171	Continued From page 1 R1 identified facility staff would provide assistance to complete bathing, dressing, toileting, transfers; assist of one person for walking/mobility and transfers to prevent falls; and staff managed and administered all medications and treatments. Staff kept glasses clean for impaired vision. Review of R1's record revealed a bed rail assessment which documented an upper quarter rail on the left side of the bed for use during transferring and repositioning. The assessment lacked documentation of the rail on right side of bed, the trapeze, an assessment of the safety of the devices, R1's ability to use the bed assist device safely without risk of entrapment, and to confirm the bed rails were not a restraint. Observation on 10/23/24 at 12:05 PM revealed bilateral bed rails were attached to R1's bed as well as a trapeze. On 10/23/24 at approximately 03:04 PM Administrative Staff A confirmed the bed rail assessment in R1's record failed to include the other rail, trapeze, and safety assessment. The operator failed to ensure an assessment was completed for the ability to use bed rails safely without risk of entrapment and to confirm the bed rails were not a restraint for R1.	S5171		
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.	S5195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023023	A. BUILDING: _____ B. WING _____	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUIL HAVEN LLC	3109 W 26TH STREET LAWRENCE, KS 66047

(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
S5195	Continued From page 2 (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 eight residents. The facility had a main kitchen refrigerator, a storage room freezer and refrigerator, and a freezer in the medication room where food was stored. Based on observation and interview the operator failed to ensure foods were stored under safe conditions. Findings included: - Observation on 10/23/24 at 09:41 AM revealed a refrigerator was in the facility's storage closet which contained food items for the residents. A thermometer was located within the refrigerator. No refrigerator log was present. On 10/23/24 at 01:51 PM Administrative Staff A confirmed there was no temperature log for the storage refrigerator. The August 2017 Kansas Department of Agriculture's "Focus on Food Safety" booklet page 19 documented cold foods must be maintained at an internal temperature of 41 degrees Fahrenheit (F) or below. The operator failed to ensure foods were stored under safe conditions.	S5195		