STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075007	A. BUILDING: _____ B. WING _____	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBUD PLAZA ASSISTED LIVING	205 WEST 9TH STREET ONAGA, KS 66521

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named assisted living facility conducted on 11/13/24.	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)(2) The facility reported a census of 17 residents with three residents included in the sample. Based on interview, observation, and record review the operator 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 resident (R)1, R2 and R3 including a description of the services	S3085		

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S3085	Continued From page 1	S3085		

the resident received and the provider of each service.

Findings included:

- Record review for R1 revealed an admission date of 08/14/20 with diagnoses including Alzheimer's disease, diabetes mellitus type two, open angle glaucoma, and benign prostatic hyperplasia.

The 02/14/24 FCS identified R1 was unable to perform management of medications and treatments, was occasionally incontinent of bladder, had difficulty with short-term and long-term memory, is at risk of falls, and had impaired vision.

The 02/14/24 NSA acknowledged facility staff provided management of medications, management of treatments, and fall prevention. The NSA failed to list what services and the provider of the service R1 received for his bladder incontinence, difficulty with memory, impaired vision or prevention of injury from falls.

The 02/14/24 Healthcare Service Plan (HSP) identified R1 needed encouragement to wear shoes when ambulating and reminders to keep floors free of trip hazards to prevent falling. R1 wore glasses. The HSP failed to provide any interventions for assistance with incontinence or cognition.

Review of nurse note dated 03/21/24 at 09:24 AM documented the provider ordered physical and occupational therapy due to two recent falls.

Review of nurse note dated 01/27/24 at 07:42 PM documented the resident was at dining room

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S3085	Continued From page 2	S3085		

table and "here for breakfast." Staff reoriented R1.

Observation on 11/13/24 at 12:37 PM of R1 sitting in recliner in his room revealed R1 not wearing his glasses. He stated, "they are here somewhere."

On 11/13/24 at approximately 01:08 PM Administrative Staff A confirmed R1's NSA failed to describe the services provided and provider of services for bladder incontinence, memory difficulty, impaired vision, or prevention of falls.

The operator failed to ensure R1's NSA described the services he received, and the provider of the service based on his FCS.

- Record review for R2 revealed an admission date of 10/04/24 with diagnoses of osteoarthritis, osteoporosis, anxiety, depression, thyrotoxicosis, and macular degeneration.

The 10/04/24 FCS identified R2 had impaired vision, impaired hearing, and was at risk for falls.

The 10/04/24 NSA for R2 failed to provide services or provider of service for impaired hearing, impaired vision, or prevention of falls.

The 10/04/24 HSP for R2 failed to identify any services provided for impaired hearing, impaired vision, or prevention of falls.

During an interview of R2 on 11/13/24 at 12:30 PM surveyor had to speak loudly for R2 to hear. R2 stated she just got new glasses and receives injections in her eyes to improve vision. R2 stated housekeeping came regularly to pick up and keep floors clean.

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	N075007	A. BUILDING: _____ B. WING _____	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3085	Continued From page 3 On 11/13/24 at approximately 01:08 PM Administrative Staff A confirmed R2's NSA failed to describe the services provided for impaired hearing, impaired vision, and prevention of falls. The operator failed to ensure R2's NSA described the services she received, and the provider of the service based on her FCS. - Record review for R3 revealed an admission date of 09/01/22 with diagnoses including diabetes mellitus type 2, chronic obstructive pulmonary disease, obesity, diastolic heart failure, glaucoma, dementia, and Parkinson's. The 02/26/24 FCS identified R3 required physical assistance with management of medications, management of treatments, and at risk of falls and/or unsteadiness. The 02/26/24 NSA identified R3 was provided medication management as a nursing service and fall prevention without listing who is providing the service. The NSA failed to document services provided or provider of the service for management of treatments. The 02/26/24 HSP documented R3's medications were administered per physician orders by staff and to ensure apartment is free of clutter, failing to mention who is responsible. The HSP documented R3 uses a bi-pap. On 11/13/24 at approximately 01:08 PM Administrative Staff A confirmed R3's NSA failed to describe the services provided for management of treatments and prevention of falls.	S3085		

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S3085	Continued From page 4 The operator failed to ensure R3's NSA described the services he received, and the provider of the service based on his FCS.	S3085		
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 17 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of thirteen over-the-counter (OTC) medications in the medication cart. Findings included: - Observation on 11/13/24 at 09:33 AM revealed the cart contained the following OTC medications were not labeled with residents' full names:	S3211		

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S3211	Continued From page 5 One bottle iron 36 milligram (mg), 90 veggie capsules One bottle methylcobalamin 5000 microgram (mcg), 60 chewable tablets Two bottles vitamin D3 2,000 international units, 200 softgels One bottle melatonin 5mg, 100 tablets One bottle aspirin 325mg, 500 tablets One bottle colon health probiotic, 48 capsules One bottle magnesium 400mg, 250 tablets One bottle calcium citrate + D3 12.5mcg/630mg, 60 tablets One bottle B12 1000mcg, 60 tablets One bottle ferrous sulfate 65mg, 100 tabs One bottle fish oil 1200mg, 200 softgels One bottle centrum women vitamins, 120 tablets On 11/13/24 at approximately 09:40 AM Administrative Staff A confirmed the OTC medications were not labeled with a residents' full names. The facility's "Medication Brought to Facility by Resident or Family Member" policy dated 1/4/2018 states medication containers were to be clearly labeled in a manner consistent with facility guidelines for medications. The operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of thirteen OTC medications.	S3211		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by	S3280		

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S3280	Continued From page 6 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 17 residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the facility's emergency management plan with all staff and residents. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, bomb threat, natural gas leak, lack of electrical or water service, and missing resident. Review of the facility's quarterly reviews of the emergency management plan with staff revealed	S3280		

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S3280	Continued From page 7 the following reviews with staff: On 07/31/23, the facility failed to review the plan with 3 of 9 staff. On 12/19/23, the facility failed to review the plan with 5 of 12 staff. On 02/15/24, the facility failed to review the plan with 16 of 23 staff. On 04/25/24, the facility failed to review the plan with 16 of 23 staff. On 06/25/24, the facility failed to review the plan with the same 16 of 23 staff. On 08/22/24, the facility failed to review the plan with 16 of 23 staff. On 10/23/24, the facility failed to review the plan with 16 of 23 staff. The facility failed to provide documentation regarding emergency management plan reviews with residents for the third quarter of 2023. The facility failed to provide documentation regarding emergency management plan reviews with residents for the fourth quarter of 2023. The facility failed to provide documentation regarding emergency management plan reviews with residents for the first quarter of 2024. The facility failed to provide documentation regarding review of fire, flood, severe weather, explosion, natural gas leak, lack of electrical or water service, and missing resident for the second quarter of 2024. The facility failed to provide documentation regarding emergency management plan reviews with residents for the third quarter of 2024. The 11/13/24 at 01:42 PM an Emergency	S3280		

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S3280	Continued From page 8 Management Plan quarterly reviews policy was requested which the facility failed to provide. The operator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the facility's emergency management plan with all staff and residents.	S3280		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and 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 26-41-206(d) The facility reported a census of 17 residents. The facility had a kitchen where food was stored, prepared and served to all residents. Based on interview and record review, the operator failed to	S3298		

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S3298	Continued From page 9 ensure food was served at the proper temperature. Findings included: - Observation on 11/13/24 at 09:30 AM of kitchen notebook revealed a monthly food temperature log for November that lacked documentation of 11 of 12 dinner meals' food temperatures. Review of the food temperature log for October revealed food temperatures were not recorded for four of thirty-one lunch meals and eight of thirty-one dinner meals. On 11/13/24 at approximately 01:39 PM Administrative Staff A confirmed the food temperature logs were not completed. The Kansas Department of Agriculture's "Focus on Food Safety" booklet page 14 documented "minimum hot holding temperature is 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F." The facility's "Infection Control during Food Preparation" policy dated 06/29/23 documented food internal temperatures were taken for 15 seconds to ensure the proper cooked temperature was met; food temperatures were checked prior to serving and throughout service; and temperatures were recorded on the temperature log. The operator failed to ensure food was served at the proper temperature.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage	S3299		

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S3299	Continued From page 10 (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 reported a census of 17 residents. The facility had a kitchen where food was stored and prepared for all residents. Based on observation and interview the operator failed to ensure food items were stored under safe conditions and failed to ensure containers of cleaning supplies were not stored in the area food items were stored, prepared or served. Findings included: - Observation on 11/13/24 at 09:17 AM in the kitchen revealed two refrigerators that contained food items for the residents. The salad refrigerator contained one five-pound container cottage cheese and one clear container of shredded cheese that lacked a date the food was opened. A one-and-a-half-pound container of sour cream was dated "8-14," longer than the 7 day consumption/discard time period. On 11/13/24 at approximately 09:24 AM Certified Nurse Aide B confirmed the two food items lacked labels identifying the date the food was opened and the sour cream date of "8-14."	S3299		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3299	Continued From page 11	S3299		

The drink refrigerator contained one zippered bag of sliced cheddar cheese undated when opened and a sandwich lacking a date it was prepared.

On 11/13/24 at approximately 09:27 AM Certified Nurse Aide (CNA) B confirmed the cheese lacked the date the food was opened and the sandwich lacked a date it was prepared.

- Observation on 11/13/24 at 09:17 AM in the serving area revealed cabinets that contained food items for the residents. One unlocked, upper cabinet to the far right near the entry to the area, contained one bag of bread was unsealed and undated. A 65 towelette container of Caviwipes was located in the cabinet.

On 11/13/24 at approximately 09:18 AM CNA B confirmed the bread was unsealed and the chemical should not be in the cabinet.

The facility's "Infection Control during Food Preparation" policy dated 06/29/23 documented leftovers, re-used food, or potentially hazardous foods were to be dated, labeled, covered and stored appropriately.

The facility's "Infection Control - Food and Supply Purchasing & Storage" policy dated 06/29/23 documented cleaning materials should be stored in a manner to not contaminate food and in an enclosed locked area.

The Kansas Department of Agriculture's "Focus on Food Safety" booklet Page 19 and 20 explained that commercially prepared foods must be date marked after the original container was opened and held under refrigeration. Foods prepared on site must be labeled and date marked for consumption or discarded within 24

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S3299	Continued From page 12 hours. The operator failed to ensure food items were stored under safe conditions and failed to ensure containers of cleaning supplies were not stored in the area food items were stored, prepared or served.	S3299		