STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B081003	A. BUILDING: _____ B. WING _____	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNDATION PARK 4915	4915 COLBERT HILLS DR MANHATTAN, KS 66503

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named home plus facility conducted on 12/31/24.	S 000		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(g) The facility reported a census of 12 residents. Based on observation and interview the administrator failed to ensure a notice of the availability of the facility's policies and procedures was posted in a place accessible to all residents. Findings included: - Observation on 12/31/24 at approximately 09:41 AM during the initial tour revealed a notice that the facility's policies and procedures available was not posted. On 12/31/24 at 11:03 AM Administrative Staff A confirmed a notice of the facility's policies and procedures available was not posted. The administrator failed to ensure a notice of the	S5029		

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

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S5029	Continued From page 1 availability of the facility's policies and procedures was posted in a place accessible to all residents.	S5029		
S5050 SS=F	26-42-101 (k) Ombudsman (k) Ombudsman. Each administrator or operator shall ensure the posting of the names, addresses, and telephone numbers of the Kansas department on aging and the office of the long-term care ombudsman with information that these agencies can be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the home. The administrator or operator shall ensure that this information is posted in a common area accessible to all residents and the public. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(k) The facility reported a census of 12 residents. Based on observation and interview the administrator failed to ensure the ombudsman and the department's names, addresses, and telephone numbers were posted in a common area accessible to all residents and the public. Findings included: - Observation on 12/31/24 at approximately 09:41 AM during the initial tour revealed the ombudsman and the department's names, addresses, and telephone numbers were not posted in a common area. On 12/31/24 at 11:03 AM Administrative Staff A	S5050		

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S5050	Continued From page 2 confirmed the ombudsman and the department's names, addresses, and telephone numbers were not posted in a common area. The administrator failed to ensure the ombudsman and the department's names, addresses, and telephone numbers were posted in a common area accessible to all residents and the public.	S5050		
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)(2) The facility reported a census of 12 residents with three included in the sample. Based on interview, observation, and record review the administrator	S5105		

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S5105	Continued From page 3	S5105		

failed to ensure the Negotiated Service Agreement (NSA) for Residents (R)1, R2, and R3 described the services they received, and the provider of each service based on their Functional Capacity Screens (FCS).

Findings included:

- Record review for R1 revealed an admission date of 08/06/24 with a diagnosis of Parkinson's.

The 08/06/24 FCS identified R1 required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; unable to perform management of medications or treatments; was occasionally incontinent; was sometimes understandable; was at risk for falls; and had impaired vision.

The 08/06/24 NSA failed to describe the services he received for bathing, dressing, toileting, transfers, walking/mobility, falls, bladder incontinence, communication, and impaired vision, and the provider of each service.

The 11/06/24 Health Service Plan (HSP) instructed staff to assist R1 with one-to-one assistance for bathing, dressing, toileting, transfers, and walking/mobility. The HSP documented staff administered medications and treatments; R1 had foley catheter; and R1 could communicate in parts when given time. The HSP failed to instruct staff how to prevent falls or assist R1 with impaired vision.

On 12/31/24 at approximately 03:18 PM R1 took many attempts at answering and a long time to answer questions. He stated two staff help him to get in and out of the shower and one staff assisted with transfers and the rest of his

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S5105	Continued From page 4	S5105		

activities of daily living. He stated that after his last fall he was instructed to use his call light more often for needs.

On 12/31/24 at 03:52 PM Certified Medication Aide (CMA) B stated R1 was frequently reminded to use the call light for needs to prevent falls.

- Record review for R2 revealed an admission date of 10/15/24 with a diagnosis of hypertension.

The 10/15/24 FCS identified R2 required supervision with bathing and dressing; was independent with toileting, transfers, and mobility; was frequently incontinent; and had impaired vision and impaired hearing. The FCS failed to state R2's level of cognition.

The 10/15/24 NSA failed to describe the services she received for incontinence, impaired vision, and hearing.

The 10/15/24 HSP detailed R2 received one-to-one assistance with bathing and dressing, and standby assistance with toileting, transfers and mobility. R2 was assisted as needed by staff for catheter care. The HSP documented that R2 had short-term memory impairment.

- Record review for R3 revealed an admission date of 11/27/23 with diagnoses of urinary retention, Parkinson's, hypotension, eczema, and depression.

The 11/27/24 FCS identified R3 required physical assistance with bathing and dressing; was independent with toileting, transfers, and walking/mobility; was unable to perform management of medications or treatments; had short-term memory, long-term memory,

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S5105	Continued From page 5 memory/recall, and decision-making difficulties; and had impaired hearing and impaired decision-making. The 11/27/24 NSA failed to describe the services he received and provider of service for bathing, dressing, short-term memory, long-term memory, memory/recall, decision-making, and impaired hearing. The 11/23/24 HSP instructed staff to provide one person assistance to R3 with bathing, dressing, and toileting at times. The HSP documented that R3 is hard of hearing and easily reoriented. The "Health Status Note" on 12/27/24 at 07:47 AM documented R3 has periods of confusion and forgetfulness, and he is easily reoriented. The "Health Status Note" on 12/08/24 at 12:35 PM documented R3 needs to be reminded to use his walker. On 12/31/24 at 02:32 PM R3 was reminded by CMA B to take and use his walker when ambulating back to his room. On 12/31/24 at 03:52 PM CMA B stated R3 was given options each morning regarding clothing choices. When he was confused, he was redirected. On 12/31/24 at 02:40 PM Administrative Staff A confirmed R1, R2, and R3's NSA's failed to describe the services provided and provider of service based on their FCS. The administrator failed to ensure the NSA for R1, R2, and R3 described the services provided and the provider of each service based on their	S5105		

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S5105	Continued From page 6 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 12 residents. Based on record review and interview the administrator 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 planned menu was requested which the facility failed to provide. On 12/31/24 at 11:06 AM Administrative Staff A confirmed menus are not planned in advance. The administrator 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.	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.	S5190		

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S5190	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-42-206(d)(1) The facility reported a census of 12 residents. Based on record review and interview the administrator 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 12/31/24 at approximately 09:00 AM Administrative Staff A confirmed no menu is available. The administrator 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 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	S5192		

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S5192	Continued From page 8 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 12 residents. Based on record review and interview the administrator failed to ensure food was served at the proper temperature. Findings included: Review of the food temperature log provided by the facility for the month of February through December of 2024 revealed the log lacked evidence of documentation staff obtained food temperatures before serving food to the residents for 334 of 334 breakfast meals, 155 of 334 lunch meals, and 163 of 334 dinner meals. On 12/31/24 at approximately 10:15 AM Administrative Staff A confirmed the food temperature log lacked evidence of documentation food was served at proper temperature for each meal from February through December of 2024. The Kansas Department of Agriculture's "Focus on Food Safety" booklet documented "minimum hot holding temperature is 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F." The administrator failed to ensure food was	S5192		

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S5192	Continued From page 9 served at the proper temperature.	S5192		