STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N021008	A. BUILDING: _____ B. WING _____	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF ABILENE ASSISTED LIVING	1102 N VINE STREET ABILENE, KS 67410

(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 citations represent the findings of a resurvey with a complaint (#189809) at the above named facility conducted on 01/22/25.	S 000		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) The census equaled 33 residents. The sample included 3 residents. Based on record review and interview for 1 sampled Resident (R)1, Administrator A failed to ensure all medications and treatments were administered in accordance with professional standards of practice.	S3200		

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

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S3200	Continued From page 1 Findings included: - Record review for R1 revealed admission date of 04/18/13 with diagnoses of Diabetes Mellitus type II, hypertension, hypothyroidism and heart failure. Review of R1's "FCS (Functional Capacity Screen)/ NSA (Negotiated Service Agreement)" dated 07/23/24 recorded the resident required physical assistance with management of medications and treatments and further recorded staff were responsible for services provided. Review of R1's "Service Plan" dated 07/24/24 recorded facility staff ordered, prepared, reordered and administered medications to R1 and monitored for side effects. Record review of facility self-reported investigation in addition to review of "Emergency Department Report" obtained from the facility dated 08/06/24 revealed Certified Medication Aide (CMA) F administered R1 another resident's medications (R4) on 08/03/24 during the morning medication pass. The medications R1 received included Cardizem (medication to treat blood pressure and chest pain), Seroquel (antipsychotic), Acidophilus (probiotic), Calcium (dietary supplement), Centrum Silver (vitamin), Cetirizine (antihistamine), Cranberry (dietary supplement), Fish Oil (dietary supplement), Plaquenil (immunosuppressive drug) and Cymbalta (antidepressant). Per signed physician orders dated 06/04/24, R1 did not have a signed physician order to take	S3200		

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S3200	Continued From page 2 Cardizem, Seroquel, Calcium, Centrum Silver, Cetirizine, Fish Oil or Plaquenil. Record review of facility's self-reported investigation revealed CMA F notified Licensed Nurse (LN) B of medication error, R1 was then transferred to the local hospital's emergency department via Emergency Medical Services, where she was admitted for observation and released on 08/05/24. Facility medication administration policy requested on 01/22/25 at 03:47 PM and Administrator A stated they did not have a facility policy. Administrator A failed to ensure all medications and treatments were administered in accordance with professional standards of practice.	S3200		
S3298 SS=E	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	S3298		

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S3298	Continued From page 3 required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (d) The census equaled 33 residents. Based on record review and interview for all residents living in the facility and receiving meal services, Administrator A failed to ensure the facility staff served food at the proper temperature. Findings included: - During the initial tour on 01/22/25, facility food temperature monitoring logs were requested in the kitchen. "Daily Food Production/ Substitution Log/ Temperature Log" was obtained for January 2025 from Administrator A. Record lacked breakfast food temperatures for the following dates: 01/09/25, 01/11/25, 01/12/25, 01/13/25, 01/16/25, 01/17/25, 01/20/25 and 01/21/25 Record lacked lunch food temperatures for the following dates: 01/09/25, 01/11/25, 01/12/25, 01/16/25, 01/17/25, 01/20/25 and 01/21/25 Record lacked supper food temperatures for the following dates: 01/09/25, 01/10/25, 01/11/25, 01/12/25, 01/15/25, 01/16/25, 01/20/25 and 01/21/25	S3298		

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S3298	Continued From page 4 Interview on 01/22/25 at 10:50 AM with Administrator A confirmed the "Daily Food Production/ Substitution Log/ Temperature Log" for January 2025 was not completed accurately for each meal. Electronic interview on 01/23/25 at 10:45 AM with Administrator A confirmed all residents eat at the facility unless other circumstances arise. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. Facility food temperature monitoring policy requested on 01/22/25 at 03:47 PM and Administrator A stated they did not have a facility policy. For all residents of the facility, Administrator A failed to ensure facility staff served food at the proper temperature.	S3298		
S3299 SS=E	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 by:	S3299		

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S3299	Continued From page 5 KAR 26-41-206 (e) The census equaled 33 residents. Based on record review and interview for all residents receiving meal services, Administrator A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 01/22/25 at 10:35 AM of the laundry room revealed two freezers containing food. The "Resource: Refrigerator/ Freezer Temperature Log" posted to the outside of the freezers revealed the following dates were missing for the morning and evening checks: 01/02/25, 01/03/25, 01/04/25, 01/05/25, 01/06/25, 01/10/25, 01/13/25, and 01/15/25 - Observation during the initial tour on 01/22/25 at 10:50 AM of the facility kitchen revealed a freezer containing food. The "Resource: Refrigerator/ Freezer Temperature Log" posted to the outside of the freezer revealed the following dates were missing for the morning and evening checks: 01/10/25, 01/11/25, 01/12/25, 01/13/25, and 01/15/25 Interview on 01/22/25 at 10:35 AM with Administrator A confirmed the "Resource: Refrigerator/ Freezer Temperature Log" for the two freezers in the laundry room containing food were not completed daily. Interview on 01/22/25 at 03:30 PM with Administrator A confirmed the "Resource:	S3299		

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S3299	Continued From page 6 Refrigerator/ Freezer Temperature Log" for the freezers in the kitchen was not completed daily. Electronic interview on 01/23/25 at 10:45 AM with Administrator A confirmed all residents eat at the facility unless other circumstances arise. Facility food storage policy requested on 01/22/25 at 03:47 PM and Administrator A stated they did not have a facility policy. For all residents of the facility, Administrator A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		
S3310 SS=D	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207 (c)	S3310		

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S3310	Continued From page 7 The census totaled 33 residents. The sample included 3 residents and review of 5 newly hired employee. Based on record review and interview for 1 of 3 sampled Residents (R)1, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - Review of R1's record revealed he admitted to the facility on 12/29/23. Record lacked documentation of TB testing and a TB questionnaire completed. Interview on 01/22/25 at 01:42 PM with Administrator A, Licensed Nurse (LN) B and Regional Nurse C confirmed unable to locate documentation of TB testing and a TB questionnaire completed upon admission for R3. Facility TB policy requested on 01/22/25 at 03:47 PM and Administrator A stated they did not have a facility policy. The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		