STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B081005	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNDATION PARK 4925	4925 COLBERT HILLS DR MANHATTAN, KS 66503

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S 000	INITIAL COMMENTS The following represents the findings of an initial survey for the above named home plus facility conducted on 05/01/25.	S 000		
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 five residents with three included in the sample and one closed record review. Based on observation, interview, and record review the operator failed to ensure the Negotiated Service Agreement (NSA) for Residents (R)1, R2, and R3 described the services they received based on their Functional Capacity Screen (FCS) and to identify the	S5105		

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

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provider of the services.

Findings included:

- Record review for R1 revealed an admission date 04/20/25 with diagnoses of atrial fibrillation, macular degeneration, limited eyesight, limited hearing, and seizures.

The 04/20/25 FCS identified R1 required physical assistance with bathing, dressing, toileting, and transfers; supervision with walking/mobility; was independent with eating; was unable to perform management of medications and treatments; was frequently incontinent; had no cognition or communication difficulties; and had problems of falls, impaired vision and impaired hearing.

The 04/20/25 NSA failed to describe the services and the provider of the service she received for bathing, dressing, toileting, transfers, management of medications and treatments, prevention of falls, impaired vision, or impaired hearing.

The 04/20/25 Healthcare Service Plan (HSP) instructed one person to assist R1 with bathing, dressing, and toileting; standby assist with transfer and mobility; and staff managed medications and changed Purewick system daily for incontinence. The HSP failed to instruct staff to assist R1 with fall prevention, vision assistance, or hearing assistance.

Observation on 05/01/25 at 01:53 PM Administrative Staff A talked directly to R1's face and loud and clear for hearing and

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understanding.

On 05/01/25 at 01:51 PM R1 stated she only had 20% of her hearing and has some trouble even with hearing aids. R1 stated that sometimes questions were repeated for understanding. She stated it is important to have items directly in front of face for seeing and understanding what is in front of her.

On 05/01/25 at 02:06 PM Certified Medication Aide C stated R1 requires questions or prompts directly into ear and loudly. CMA C stated she shows R1 items centered in front of face and close for her to see.

On 05/01/25 at approximately 02:22 PM Administrative Staff A confirmed R1's NSA failed to describe the services provided and provider of the service based on her FCS.

- Record review for R2 revealed an admission date of 04/14/25 with diagnoses of impaired memory and anxiety.

The 04/14/25 FCS identified R2 required supervision with bathing; was unable to perform management of medications and treatments; was occasionally incontinent; and had short term memory, long term memory, memory/recall, and impaired decision-making difficulties.

The 04/14/25 NSA failed to describe the services R2 received for bathing, management of medications and treatments, incontinence, short and long-term memory deficiencies, memory/recall, and impaired decision-making.

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S5105	Continued From page 3 On 05/01/25 at approximately 01:54 PM R2 pointed to a locked cabinet in her room which contained all her medications. She stated that facility staff assist her by administering all her medications. R2 stated that she is offered choices regarding foods she is served at mealtimes. On 05/01/25 at approximately 02:22 PM Administrative Staff A confirmed R2's NSA failed to describe the services provided and provider of the service based on her FCS. Record review for R3 revealed an admission date of 02/01/25 with diagnoses of dementia, depression, and insomnia. The 02/01/25 FCS identified R3 required supervision with dressing; physical assistance with bathing and toileting; was unable to perform management of medications and treatments; had short term memory, memory/recall, and impaired decision-making difficulties; and had problems with vision impairment, falls, and wandering. The 02/01/25 NSA failed to describe the services R3 received for bathing, dressing, management of medications and treatments, short-term memory deficiencies, memory/recall, and impaired decision-making, prevention of falls, impaired vision, or wandering. On 05/01/25 at approximately 10:45 AM observed R3 wandering the hall, kitchen, and living room. CMA C asked R3 to attend activity. On 05/01/25 at approximately 01:40 PM R3 stated that staff administer all his medications	S5105		

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S5105	Continued From page 4 and that they are kept in a locked cabinet in his room. R3 stated that he is provided choices of food he is served at mealtimes and that he often walks around the facility. On 05/01/25 at approximately 02:25 PM Administrative Staff A confirmed R3's NSA failed to describe the services provided and provider of the service based on his FCS. The facility's "Negotiated Service Agreement and Health Service Plan Policy and Procedures" policy states that the administrator/operator of the facility will ensure each resident has a Negotiated Services Agreement and Health Services Plan to outline the services to be rendered to the resident, who will deliver the services, and the cost of the services to each resident residing at the facility. The operator failed to ensure the NSAs for R1, R2, and R3 described the services they received based on their FCS and to identify the provider of the services.	S5105		
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. (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	S5195		

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S5195	Continued From page 5 by: KAR 26-42-206(f) The facility reported a census of five 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 05/01/25 at 10:38 AM revealed a refrigerator/freezer, cabinetry, and an adjoining pantry in the kitchen contained food items for all residents. The refrigerator contained the following food items: One container of moldy turkey lunchmeat undated when opened One container of ham lunchmeat undated when opened One 36-ounce bottle of Kroger Thousand Island dressing with best by date 03/24/25 One open 36-ounce bottle of Kroger ranch dressing undated One open 64-ounce carton of Kroger French vanilla coffee creamer undated with label that read discard within 14 days after opening One open 64-ounce carton of Kroger hazelnut coffee creamer undated with label that read discard within 14 days after opening One opened 13-ounce cannister of Kroger Heavy whipped cream undated Kitchen cabinetry contained the following food items: One 40-ounce container of creamy peanut butter	S5195		

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opened and undated
One eight-ounce container of ranch seasoning and dip mix opened and undated
One 24-ounce container of Local Honey, with no best by date, opened and undated
One 32-ounce bag of light brown sugar unsealed and undated
One 32-ounce bag of powdered sugar unsealed and undated
One container of tartar sauce with best by date 04/19/25

On 05/01/25 at 10:43 AM Certified Nurse Aide (CNA) B confirmed refrigerator and cabinet foods were unlabeled, unsealed, and/or past their date of use.

The pantry contained the following food items:

One 13-ounce bag of brown gravy mix unsealed and undated
One 36-ounce long grain & wild rice blend unsealed and undated
One five- pound box buttermilk pancake mix unsealed and unlabeled
One 18.2-ounce box raisin bran cereal unsealed and undated
One 10-ounce bag marshmallows unsealed and undated

On 05/01/25 at 11:13 AM CNA B confirmed pantry food items were unsealed and undated.

On 05/01/25 at 11:15 AM Administrative Staff A stated all foods should be labeled with an opened date and secured with chip clips if opened.

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S5195	Continued From page 7 The facility's undated "Dietary Service Policy and Procedures" policy stated food will be stored under safe and sanitary conditions. The administrator failed to ensure food items were stored under safe conditions.	S5195		
S5335 SS=F	28-39-437 Construction (a) Each home-plus 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. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a) The facility reported a census of five residents. Based on observation and interview the administrator failed to ensure the building was maintained to protect the health and safety of all residents by ensuring all chemicals were stored within a locked area. Findings included: - Observation on 05/01/25 at approximately 10:23 AM revealed an unlocked cabinet in the unlocked laundry which contained the following chemicals:	S5335		

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S5335	Continued From page 8 One one-quart spray bottle Diversey glass & multi-surface cleaner One one-quart spray bottle Waxie no streak glass & surface cleaner One 21.5 fluid ounce bottle of Oxi Clean stain remover One box six-count washer cleaner tablets On 05/01/25 at approximately 10:26 AM Administrative Staff A confirmed the chemicals were not securely locked. Observation on 05/01/25 at approximately 10:45 AM revealed an unlocked cabinet under the kitchen sink which contained the following chemicals: One one-quart spray bottle Waxie glass and surface cleaner One 9.7-ounce aerosol can Kroger furniture polish On 05/01/25 at approximately 10:49 AM Administrative Staff A confirmed the chemicals were not securely locked and she expected them to be in the housekeeping closet. The facility's undated "Environmental Services Policy and Procedures" stated housekeeping supplies were kept in a locked closet with a floor or service sink. The administrator failed to ensure the building was maintained to protect the health and safety of all residents by ensuring all chemicals were stored within a locked area.	S5335		
S9999	Final Observations	S9999		

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S9999	Continued From page 9 KSA 39-928 Kansas Statute scope and severity F Upon receipt of an application for license, the licensing agency with the approval of the state fire marshal shall issue a license if the applicant is fit and qualified and if the adult care home facilities meet the requirements established under this law. The licensing agency, the state fire marshal, and the county, city-county or multicounty health departments or their designated representatives shall make such inspections and investigations as are necessary to determine the conditions existing in each case and a written report of such inspections and investigations and the recommendations of the state fire marshal and the county, city-county or multicounty health department or their authorized agents shall be filed with the licensing agency. The licensing agency and the state fire marshal may designate and use county, city-county or multicounty health departments and local fire and safety authorities as their agents in making such inspections and investigations as are deemed necessary or advisable. Such local authorities are hereby authorized, empowered and directed to perform such duties as are designated. A copy of any inspection reports required by this section shall be furnished to the applicant. A license, unless sooner suspended or revoked, shall remain in effect upon filing by the licensee, and approval by the licensing agency and the state fire marshal or their duly authorized agents, of an annual report upon such uniform dates and containing such information in such form as the licensing agency prescribes and payment of an	S9999		

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annual fee. Each license shall be issued only for the premises and persons named in the application and shall not be transferable or assignable. It shall be posted in a conspicuous place in the adult care home. If the annual report is not so filed and annual fee is not paid, such license is automatically canceled. Any license granted under the provisions of this act shall state the type of facility for which license is granted, number of residents for which granted, the person or persons to whom granted, the date and such additional information and special limitations as are deemed advisable by the licensing agency.

This requirement is not met as evidenced by:

The facility reported a census of five residents. Based on observation and interview the administrator failed to meet the requirements established by law by posting the license in a conspicuous place.

- Findings included:

Observation on 05/01/25 at approximately 10:20 AM upon entrance to the facility revealed a license was not posted in a conspicuous location.

At approximately 10:23 AM Administrative Staff A confirmed a license was not posted.

The administrator failed to meet the requirements established by law by posting the license in a conspicuous place.