STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N034001	A. BUILDING: _____ B. WING _____	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 the licensure resurvey for the above named facility conducted on 06/17/25 and 06/18/25.	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: K.A.R. 26-41-202 (a) (1) (2) The facility reported a census of 10 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Administrator failed to ensure the "Negotiated Service Agreements'" (NSA)'s contained a description of services the residents would	S3085		

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

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S3085	Continued From page 1 receive and identification of the provider of each service for R1, R2, and R3. Findings included: - Record review for R1 revealed an admission date of 03/06/25 with diagnoses of dementia, essential hypertension, non-infective gastroenteritis and colitis, depression, unspecified atrial fibrillation, sick sinus syndrome, rheumatoid arthritis, and herepesviral iridocyclitis. Review of R1's combined "Functional Capacity Screen" (FCS) / "Negotiated Service Agreement" (NSA) dated 03/06/25 revealed R1 required supervision with bathing. The FCS/NSA identified R1 required "oversight help only". R1 was independent with dressing, toileting, transferring, and walking/mobility. R1 lacked the ability to manage her own medications. The FCS/NSA revealed "A caregiver" was needed to administer medications, and the "staff" would provide the service. R1 was marked as having impaired long-term memory and decision making. R1 was able to make herself understood and she understood others. R1 was marked at risk for falls, impaired hearing, wandering and socially inappropriate disruptive behavior. The FCS/NSA identified the facility Nurse would prepare and administer all medications per physicians' orders. The section titled "Ordered Therapies and Treatments" lacked identification of an outside provider. Review of R1's "Health Service Plan" (HSP) instructed facility "Certified Medication Aides'"	S3085		

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S3085	Continued From page 2	S3085		

(CMA)'s and "Licensed Nurses"' (LN) to manage R1's medications. The HSP identified R1 had "Moderate impairment of long- and short-term memory - may appear to function on surface but detailed conversation reveals problems reminders required. It was identified R1 had "Socially inappropriate at times" and R1 wandered.

R1's FCS/NSA lacked a description of services the facility would provide for impaired decision making, socially inappropriate disruptive behavior, falls, impaired hearing and wandering.

Review of R1's electronic "Medical Record" under the "Miscellaneous" tab revealed a document titled Medication Note signed by the "Advanced Practice Registered Nurse" (APRN), revealed the outside provider saw the R1 at the facility for medication management.

R1's FCS/NSA lacked the documentation of R1 receiving services from an outside provider.

- Record review for R2 revealed an admission date of 10/02/24 with diagnoses of hypertension, major depressive disorder, unspecified dementia, macular degeneration, and repeated falls.

Review of R2's combined "Functional Capacity Screen" (FCS) / "Negotiated Service Agreement" (NSA) dated 04/25/25 revealed R2 would receive physical assistance from "Staff" for bathing, dressing, and toileting. R2 was independent with transferring and walking/mobility. R2 lacked the ability to manage her own medications and it was marked that the facility "Staff" would mange R2's

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	N034001	A. BUILDING: _____ B. WING _____	06/18/2025

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S3085	Continued From page 3	S3085		

medications. R2 was occasionally incontinent and had impaired short-term memory, long-term memory, memory recall and decision making. R2 was sometimes able to make herself understood and she sometimes understood others. R2 was marked at risk for falls, wandering, and impaired decision making. The FCS/NSA identified the facility Nurse would prepare and administer all medications per physicians' orders. The section titled "Ordered Therapies and Treatments" lacked identification of an outside provider.

R2's FCS/NSA lacked a description of services for falls, wandering and impaired decision making.

Review of R2's "Health Service Plan" (HSP) instructed facility CMA's and LN's to manage and administer R2's medications, and monitor for wandering, and to contact the behavioral health provider with any concerns regarding R2's behavior and cognition.

R2's FCS/NSA lacked the documentation of R2 receiving services from an outside provider.

- Record review for R3 revealed an admission date of 11/25/24 with diagnoses of essential hypertension, major depressive disorder, malignant neoplasm of prostate, Non -ST Elevation (NSTEMI) myocardial infarction, unspecified combined systolic and diastolic congestive heart failure, cellulitis of bilateral orbits, and hordeolum of eyelid.

Review of R3's combined "Functional Capacity Screen" (FCS) / "Negotiated Service Agreement"

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S3085	Continued From page 4	S3085		

(NSA) dated 03/24/25 revealed R3 required physical assistance from staff for with bathing, dressing, and toileting. R3 was independent with his walker with transferring, and walking/mobility. R3 required physical assistance from facility staff with the management of his medications and to perform his simple treatments. R3 was occasionally incontinent, and he was cognitively intact. R3 was able to make himself understood and he understood others. R3 was marked at risk for falls. The FCS/NSA identified the facility Nurse would prepare and administer all medications per physicians' orders.

R3's FCS/NSA lacked a description of services for falls.

Review of R3's "Health Service Plan" (HSP) instructed facility staff to provide supervision when R3 was getting in/out of the shower and provide physical assistance with dressing the "lower body" in the morning and at night. Under the section titled "Medications" facility staff were instructed to manage "multiple medications (oral, topical, and nasal) at bedside for self-administration without concern.

Review of R3's electronic "Medical Record" under the "Miscellaneous" tab revealed a document titled Medication Note dated 05/21/25 and signed by the APRN revealed she saw R3 at the facility for medication management.

R3's FCS/NSA lacked the documentation of R3 receiving services from the outside providing behavioral health APRN.

Interview on 06/17/25 at approximately 04:00 PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3085	Continued From page 5 with Director of Nursing B and Administrator A confirmed the facility's HSP's are not signed by the responsible party's and the combined FCS/NSA do not provide a description for services the residents would receive, and identification of the APRN who came to the facility to provide behavioral health medication management services. The Administrator failed to ensure the NSA's contained a description of services the residents would receive and identification of the provider of each service for R1, R2, and R3.	S3085		
S3171 SS=E	26-41-204 (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: K.A.R. 26-41-204 (i) The facility reported a census of 10 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Administrator failed to ensure all healthcare services were provided to residents in accordance with acceptable standards of practice for R1 and R3. Findings included: - Record review for R1 revealed an admission	S3171		

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S3171	Continued From page 6 date of 03/06/25 with diagnoses of dementia, essential hypertension, non-infective gastroenteritis and colitis, depression, unspecified atrial fibrillation, sick sinus syndrome, rheumatoid arthritis, and herepesviral iridocyclitis. Review of R1's combined "Functional Capacity Screen" (FCS) / "Negotiated Service Agreement" (NSA) dated 03/06/25 revealed R1 required supervision with bathing. The FCS/NSA identified R1 required "oversight help only". R1 was independent with dressing, toileting, transferring, and walking/mobility. R1 lacked the ability to manage her own medications. The FCS/NSA revealed "A caregiver" was needed to administer medications, and the "staff" would provide the service. R1 was marked as having impaired long-term memory and decision making. R1 was able to make herself understood and she understood others. R1 was marked at risk for falls, impaired hearing, wandering and socially inappropriate disruptive behavior. The FCS/NSA identified the facility Nurse would prepare and administer all medications per physicians' orders. Review of R1's "Health Service Plan" (HSP) instructed facility "Certified Medication Aides'" (CMA)'s and "Licensed Nurses'" (LN) to manage R1's medications. Review of R1's electronic "Medication Administration Record" (MAR) dated 06/25 revealed an order for R1's blood pressure to be obtained two times a day in the morning and in the evening. The nurse was to be notified if the diastolic blood pressure was less than 50. On 06/06/25 R1's diastolic blood pressure was	S3171		

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S3171	Continued From page 7	S3171		

documented at 48.

Review of R1's electronic "Medical Record" under the "Progress Notes" tab lacked documentation of the nurse being notified of the diastolic blood pressure being less than 50.

On 06/12/25 and 06/15/25 R1's electronic MAR lacked documentation of her blood pressure being obtained as ordered.

- Record review for R3 revealed an admission date of 11/25/24 with diagnoses of essential hypertension, major depressive disorder, malignant neoplasm of prostate, Non -ST Elevation (NSTEMI) myocardial infarction, unspecified combined systolic and diastolic congestive heart failure, cellulitis of bilateral orbits, and hordeolum of eyelid.

Review of R3's combined "Functional Capacity Screen" (FCS) / "Negotiated Service Agreement" (NSA) dated 03/24/25 revealed R3 required physical assistance from staff for with bathing, dressing, and toileting. R3 was independent with his walker with transferring, and walking/mobility. R3 required physical assistance from facility staff with the management of his medications and to perform his simple treatments. R3 was occasionally incontinent, and he was cognitively intact. R3 was able to make himself understood and he understood others. R3 was marked at risk for falls. The FCS/NSA identified the facility Nurse would prepare and administer all medications per physicians' orders.

Review of R3's "Health Service Plan" (HSP)

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S3171	Continued From page 8	S3171		

Under the section titled "Medications" facility staff were instructed to manage "multiple medications (oral, topical, and nasal) at bedside for self-administration without concern.

Review of R3's electronic "Medication Administration Record" (MAR) dated 06/25 revealed an order for Fluid Restriction; 2000 milliliters per day. Restriction as follows; Provide an 8-hour breakdown to be monitored. The following days and times lack documentation of R3's fluid restriction being acknowledged as being monitored;

On 06/12/25 at 09:00 PM
On 06/13/25 at 05:00 AM and 01:00 PM
On 06/14/25 at 05:00 AM
On 06/15/25 and 06/16/25 at 05:00 AM and 09:00 PM
On 06/17/24 at 05:00 AM.

Interview on 06/18/25 at approximately 08:55 AM with Director of Nursing (DON) B and Administrator C confirmed the electronic record for R1 lacked documentation of the blood pressure below 50 being reported to the nurse, and they continued to confirm R1's electronic record lacked documentation of her blood pressure being performed twice daily as ordered on 06/12 and 06/15/25. Administrator C and DON B further confirm R3's electronic medical record lacked documentation for being monitored every 8 hours on 06/12, 06/13, 06/14, 06/15, 06/15 and 06/16/25.

The Administrator failed to ensure all healthcare services were provided to residents in accordance with acceptable standards of

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S3171	Continued From page 9 practice for R1 and R3.	S3171		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (b) The facility reported a census of 10 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Administrator failed to ensure the "Negotiated Service Agreement" (NSA) for R3 identified who was responsible for the administration and management of selected medications when R3 was identified as capable of self-administering multiple over the counter medications that were kept at his bedside. Findings included: - Record review for R3 revealed an admission	S3186		

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S3186	Continued From page 10	S3186		

date of 11/25/24 with diagnoses of essential hypertension, major depressive disorder, malignant neoplasm of prostate, Non -ST Elevation (NSTEMI) myocardial infarction, unspecified combined systolic and diastolic congestive heart failure, cellulitis of bilateral orbits, and hordeolum of eyelid.

Review of R3's combined "Functional Capacity Screen" (FCS) / "Negotiated Service Agreement" (NSA) dated 03/24/25 revealed R3 required physical assistance from staff for with bathing, dressing, and toileting. R3 was independent with his walker with transferring, and walking/mobility. R3 required physical assistance from facility staff with the management of his medications and to perform his simple treatments. R3 was occasionally incontinent, and he was cognitively intact. R3 was able to make himself understood and he understood others. R3 was marked at risk for falls. The FCS/NSA identified the facility Nurse would prepare and administer all medications per physicians' orders.

R3's FCS/NSA lacked identification of who would manage and administer select over the counter medications.

Review of R3's "Health Service Plan" (HSP) instructed facility staff to provide supervision when R3 was getting in/out of the shower and provide physical assistance with dressing the "lower body" in the morning and at night. Under the section titled "Medications" facility staff were instructed to manage "multiple medications (oral, topical, and nasal) at bedside for self-administration without concern.

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S3186	Continued From page 11 Review of R3's electronic "Medical Record" under the "Forms" tab revealed an assessment titled Self Medication Administration. In the comments section the following medications were identified to be self-administered by R3; Nasacort Voltaren Gel Ibuprofen Mupirocin ointment Alka-Seltzer Extra Strength Canker Cover Patch Zeasorb Clotrimazole cream Hydrocortisone cream Betamethasone Cream Bio Freeze gel Nystop powder Desenex powder Loratadine Interview on 06/18/25 at approximately 08:55 AM with Administrator C and Director of Nursing B confirmed the combined FCS/NSA for R3 lacked identification of who was managing/administering select medications. The Administrator failed to ensure the NSA for R3 identified who was responsible for the administration and management of selected medications when R3 was identified as capable of self-administering multiple over the counter medications that were kept at his bedside.	S3186		
S3201 SS=D	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following:	S3201		

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S3201	Continued From page 12 (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (d) (3) (D) The facility reported a census of 10 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Administrator failed to ensure the facility's "Certified Medication Aides'" (CMA)'s and "Licensed Nurses'" (LN)'s documented the medications managed by the facility, immediately before or following the completion of the task. Findings included: - Record review for R3 revealed an admission date of 11/25/24 with diagnoses of essential hypertension, major depressive disorder, malignant neoplasm of prostate, Non -ST	S3201		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3201	Continued From page 13	S3201		

Elevation (NSTEMI) myocardial infarction, unspecified combined systolic and diastolic congestive heart failure, cellulitis of bilateral orbits, and hordeolum of eyelid.

Review of R3's combined "Functional Capacity Screen" (FCS) / "Negotiated Service Agreement" (NSA) dated 03/24/25 revealed R3 required physical assistance from staff for with bathing, dressing, and toileting. R3 was independent with his walker with transferring, and walking/mobility. R3 required physical assistance from facility staff with the management of his medications and to perform his simple treatments. R3 was occasionally incontinent, and he was cognitively intact. R3 was able to make himself understood and he understood others. R3 was marked at risk for falls. The FCS/NSA identified the facility Nurse would prepare and administer all medications per physicians' orders.

Review of R3's "Health Service Plan" (HSP) Under the section titled "Medications" facility staff were instructed to manage "multiple medications (oral, topical, and nasal) at bedside for self-administration without concern.

Review of R3's electronic "Medication Administration Record" (MAR) dated 06/25 revealed the following medications and treatments lacked documentation of being administered/performed on 06/15/25.

Atorvastatin Calcium tablet 80 milligrams at 08:00 PM
Melatonin tablet 10 milligrams at 08:00 PM
Voltaren Gel 1% apply to feet topically at bedtime

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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
S3201	Continued From page 14 Buspirone HCl tablet 5 milligrams at 08:00 PM Potassium Chloride Extended Release 25 milligrams at 08:00PM Hydroxyzine HCl 25 milligrams at 08:00 PM Interview on 08/18/25 at approximately 08:55 AM with Licensed Nurse B confirmed R3's electronic MAR lacked documentation of all medications being administered or acknowledged on 06/15/25. The Administrator failed to ensure the facility's CMA's and LN's documented the medications managed by the facility, immediately before or following the completion of the task.	S3201		
S3211 SS=F	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: K.A.R. 26-41-205 (g) (3)	S3211		

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S3211	Continued From page 15 The facility reported a census of 10 residents. Based on observation and interview the Administrator failed to ensure the Licensed Pharmacist or the "Licensed Nurse" (LN) placed the full name of the resident on the "Over -the -Counter" (OTC) medications. Findings included: - Observation on 06/17/25 at approximately 10:55 AM of the facility's medication cart located in the locked medication room revealed the following unlabeled OTC medications: In the first drawer a tube of Voltaren Gel and a tube of Hemorrhoidal Ointment had written on them in black marker "Stock". In the second drawer down a bottle of Polyethylene Glycol lacked the full name of the resident. In the third down the following was observed; A bottle of Geri Lanta lacked the full name of the resident. Two bottles of Reguloid Psyllium Husk lacked the full name of the resident. One bottle of Ferosal had a label from the pharmacy that read the facility name and identified the medication as "House Stock". In the fourth drawer down was a box of Anti Diarrheal 2 milligram tablets, and one bottle of Geri Care Milk of Magnesia. The top right drawer of the cart was labeled "Stock". The following OTC medications were	S3211		

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S3211	Continued From page 16 observed in the drawer; One bottle of Geri Care daily multivitamin One bottle of Acetaminophen 325 milligrams One bottle of Acetaminophen 500 milligrams One bottle of Aspirin 325 milligrams Two bottles of Low Dose Aspirin 81 milligrams One bottle of Oyster Shell Calcium 500 milligrams One bottle of stool softener 100 milligrams Two bottles of Vitamin B with B-12 One bottle of Vitamin C 500 milligrams One bottle of Allergy Relief 25 milligrams with a pharmacy label that identified the medication as "House Stock". One bottle of Acetaminophen 650 milligrams One bottle of Ibuprofen One bottle of Melatonin One bottle of Natures Blend Folic Acid 100 micrograms One bottle of Red Omega Krill Oil In the third drawer down on the right side of the medication cart were the following OTC medications; One bottle of Ferosul with a pharmacy label that identified the medication as "House Stock". One box of Anti Diarrheal 2 milligram tablets One bottle of Calcium 600 with Vitamin D 10 micrograms One bottle of Aspirin 325 milligrams One bottle of Fish Oil 1000 milligrams One bottle of Mucus Relief Two bottles of Low Dose Aspirin 81 milligrams One bottle of Acetaminophen 325 milligrams Interview on 06/17/25 at approximately 11:00 AM with "Director of Nursing" (DON) B confirmed all	S3211		

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S3211	Continued From page 17 OTC medications were to be labeled with the resident's full name. Interview on 06/18/25 at approximately 08:55 AM with Administration C confirmed she was "unsure" if the assisted living facility had a medication labeling policy. The Administrator failed to ensure the Licensed Pharmacist or the LN placed the full name of the resident on the OTC medications.	S3211		
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: K.A.R. 26-41-206 (d)	S3298		

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S3298	Continued From page 18 The facility reported a census of 10 residents. Based on interview and record review the Administrator failed to ensure the facility meals were served at the proper temperature. Findings included: - Observation on 06/17/25 at approximately 09: 45 AM of the facility kitchen revealed a binder labeled Food Temperatures. Record review of the documents titled "Production Sheet" located in the Food Temperature binder revealed the following days and mealtimes in 06/25 that the documents lacked documentation of the facility dietary staff obtaining food temperatures prior to the food being served: 06/01 Lunch, Dinner 06/02 Breakfast, Lunch, Dinner 06/03 Dinner 06/04 Dinner 06/05 Dinner 06/06 Breakfast, Dinner 06/07 Dinner 06/08 Dinner 06/09 Breakfast, Lunch, Dinner 06/10 Breakfast, Dinner 06/11 Breakfast, Lunch, Dinner 06/12 Dinner 06/13 Dinner 06/14 Breakfast, Lunch, Dinner 06/15 Breakfasts, Lunch, Dinner 06/16 Breakfast, Lunch, Dinner	S3298		

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S3298	Continued From page 19 Review of the facility provided policy titled "Monitoring Food Temperatures for Meal Service" revised 04/06/20 revealed the following; 1. Prior to serving a meal, food temperatures will be taken and documented for all hot and cold foots to ensure proper serving temperatures. 2. the temperature for each food item will be recorded on the "Food Temperature Log". Interview on 06/17/25 at approximately 09:45 AM with Dietary Manager A confirmed the facility meals were prepared on the facility's long term care kitchen and transported to the assisted living kitchen using an insulated food cart that did not have an electronic control to maintain the food temperatures. Dietary Manager A continued to confirm the dietary staff were to bring the food items over and place the pans in the steam table and obtain food temperatures and record them prior to serving the resident the food. The Administrator failed to ensure the facility meals were served at the proper temperature.	S3298		