STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N081007	A. BUILDING: _____ B. WING _____	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEYBROOK ASSISTED LIVING	2029 LITTLE KITTEN AVENUE MANHATTAN, KS 66503

(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 represents the findings of a resurvey with attached complaints 196184, 196091, and 196074 at the above named assisted living facility conducted on 07/14/25 and 07/15/25.	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: KAR 26-41-202(a)(1)(2)(3) The facility reported a census of 29 residents with three residents included in the sample. Based on interview, observation, and record	S3085		

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

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S3085	Continued From page 1	S3085		

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 the resident received, the provider of each service, and the payer of the service if supplied by an outside provider.

Findings included:

- Record review for R1 revealed an admission date of 09/23/24 with diagnoses including dementia, edema, and hypothyroidism.

The 05/04/25 FCS identified R1 required physical assistance with bathing, dressing, toileting, and management of medications; required supervision with transfers, walking/mobility, and eating; was incontinent of bladder; had short-term memory, long-term memory, memory/recall, and decision-making difficulties; and had impaired vision, impaired hearing, impaired decision-making, and wandering problems.

The 05/04/25 NSA acknowledged facility staff provided assistance with bathing, dressing, toileting, and management of medications; supervised and cued R1 with transfers and mobility. R1 received assistance from staff every two hours for incontinence. The NSA failed to describe services provided for cognition difficulties and impaired decision-making.

The last updated 05/05/25 "Service Plan Report" which was the facility's Healthcare Service Plan

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(HSP) instructed staff to break tasks into small tasks to support short term memory deficits and keep routine as constant as possible for cognition.

On 07/15/25 at 11:22 AM R1 had one to one attention with redirection and orientation while ambulating throughout facility.

On 07/15/25 at 01:36 PM R1 was sitting at chair in dining area participating in activity. Certified Medication Aide C asked questions multiple times to assist with decisions.

On 07/15/25 at 11:35 AM Administrative Nurse B confirmed R1's NSA failed to describe the services provided for cognition difficulties and impaired decision-making.

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 09/25/24 with diagnoses of Hashimoto's disease, memory loss, thyrotoxicosis, diabetes mellitus type two, dementia, hypertension, and depression.

The 01/21/25 FCS identified R2 required physical assistance with bathing; needed supervision with dressing, toileting, mobility, and eating; was independent with transfers; required assistance with management of medications and treatments; was frequently incontinent of bladder; and was at risk for falls. R2 had no cognition or communication difficulties.

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The 01/21/25 NSA identified R2 transferred independently; was supervised for dressing and toileting; staff assisted with bathing; staff administered, ordered, and prepared medications. The NSA failed to describe services provided for prevention of falls.

The 03/13/25 NSA addendum to add psychotherapeutic services from an outside provider failed to include the payer of the service.

The HSP failed to instruct staff how to prevent R2 from falling.

On 07/15/25 at 02:28 PM R2's room was cluttered with clear walkways.

On 07/15/25 at 12:11 PM Administrative Nurse B confirmed R2's NSA failed to describe the services provided for prevention of falls and the addendum failed to list the payer of therapy services.

The operator failed to ensure R2's NSA described the services she received, the provider of the service based on her FCS, and the payer of service when provided by outside provider.

- Record review for R3 revealed an admission date of 03/31/25 with diagnoses including diabetes mellitus type 2, atrial fibrillation, morbid obesity, and fibromyalgia.

The 05/19/25 FCS identified R3 required physical assistance with bathing, dressing, toileting, transfers, management of medications, and management of treatments; needed

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supervision with walking/mobility and eating; was frequently incontinent of urine; had memory/recall difficulty; and had no communication difficulty. R3 was at risk of falls, had impaired vision, impaired hearing, and impaired decision-making.

The 05/19/25 NSA identified R3 was provided assist with bathing, dressing, transfers, and toileting by staff. Staff managed medications, supervised walking/mobility, cued with eating, anticipated needs and encouraged activity participation to reduce falls, and assisted with bladder incontinence management. The NSA failed to provide services for impaired vision, impaired hearing, and impaired decision-making.

The 05/21/25 NSA addendum listed therapy services with home health without payer of service.

The 07/14/25 NSA addendum documented R3 would be seen by local wound care company without identifying the payer of the service.

On 07/15/25 R3 stated letters and items have to be larger for her to see and read, she needs to see the face of someone trying to communicate with her to help with cognitive impairment.

On 07/15/25 at 12:11 PM Administrative Nurse B confirmed R3's NSA failed to describe the services provided for impaired vision, impaired hearing, and impaired decision-making. The addendums further failed to list the payer of therapy and wound services.

On 07/15/25 at 02:10 PM Administrative Staff E

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S3085	Continued From page 5 confirmed the facility does not have a policy regarding NSAs. The operator failed to ensure R3's NSA described the services she received, and the provider of the service based on her FCS, and the payer of services when provided by outside providers.	S3085		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 29 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure that each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreement for Residents (R) 1 and R2. Findings included: - Record review for R1 revealed an admission date of 09/23/24 with diagnoses including dementia, edema, and hypothyroidism.	S3101		

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S3101	Continued From page 6 The 05/04/25 FCS identified R1 required physical assistance with bathing, dressing, toileting, and management of medications; required supervision with transfers, walking/mobility, and eating; was incontinent of bladder; had short-term memory, long-term memory, memory/recall, and decision-making difficulties; and had impaired vision, impaired hearing, impaired decision-making, and wandering problems. The 05/04/25 NSA acknowledged facility staff provided assistance with bathing, dressing, toileting, and management of medications; supervised and cued R1 with transfers and mobility. R1 received assistance from staff every two hours for incontinence. The NSA failed to describe services provided for cognition difficulties and impaired decision-making. The 05/04/25 NSA lacked signature by R1 or his legal representative. On 07/15/25 at 11:35 AM Administrative Nurse B confirmed R1's NSA lacked a signature by R1 or his legal representative. - Record review for R2 revealed an admission date of 09/25/24 with diagnoses of Hashimoto's disease, memory loss, thyrotoxicosis, diabetes mellitus type two, dementia, hypertension, and depression. The 01/21/25 FCS identified R2 required physical assistance with bathing; needed supervision with dressing, toileting, mobility, and eating; was independent with transfers; required	S3101		

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S3101	Continued From page 7 assistance with management of medications and treatments; was frequently incontinent of bladder; and was at risk for falls. R2 had no cognition or communication difficulties. The 01/21/25 NSA identified R2 transferred independently; was supervised for dressing and toileting; staff assisted with bathing; staff administered, ordered, and prepared medications. The NSA failed to describe services provided for prevention of falls. The 01/21/25 NSA lacked signature by R2 or her legal representative. On 07/15/25 at 01:53 PM Administrative Nurse B confirmed R2's NSA lacked a signature by R2 or her legal representative. On 07/15/25 at 02:10 PM Administrative Staff E confirmed the facility does not have a policy regarding NSAs. The operator failed to ensure that each individual involved in the development of the NSA signed the agreement for R1 and R2.	S3101		