STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N081006	A. BUILDING: _____ B. WING _____	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF MANHATTAN	1923 LITTLE KITTEN AVE MANHATTAN, KS 66502

(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 for the above named assisted living facility conducted on 07/16/25.	S 000		
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 35 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 Resident (R) 1, R2, and R3. Findings included: - Record review for R1 revealed an admission date of 09/28/21 with a diagnosis of atrial fibrillation. The 05/06/25 Functional Capacity Screen (FCS) identified R1 required physical assistance with bathing and management of medications and	S3101		

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

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S3101	Continued From page 1 treatments; required supervision with dressing, toileting, transfers, mobility, and eating; was usually continent of bladder; had memory/recall difficulty; and was at risk for falls. The 05/06/25 NSA identified facility staff provided physical assistance with bathing; management of medications and treatments; and provide a safe environment to prevent falls. The NSA documented R1 "participated in screen." The 05/06/25 NSA lacked signature by R1 or her legal representative. - Record review for R2 revealed an admission date of 06/05/25 with a diagnosis of Parkinsonism. The 07/07/25 FCS identified R2 required physical assistance with bathing, dressing, toileting, transferring, mobility, eating, and management of medications and treatments; was occasionally incontinent of bladder; had memory/recall difficulty; and was at risk for falls. The 07/07/25 NSA identified facility staff provided physical assistance with bathing, dressing, toileting, transferring, mobility, eating, and management of medications and treatments; changed incontinent products; and anticipated needs and familiarized with routine to prevent falls. The NSA documented R2 "participated in screen." The 07/07/25 NSA lacked signature by R2 or his legal representative. - Record review for R3 revealed an admission	S3101		

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S3101	Continued From page 2 date of 09/26/23 with diagnoses of chronic kidney disease and macular degeneration. The 07/01/25 FCS identified R1 required physical assistance with bathing, dressing, eating, and management of medications and treatments; required supervision with mobility; was occasionally incontinent of bladder; had long term memory difficulty; and had impaired vision. The 07/01/25 NSA identified facility staff provided physical assistance with bathing, dressing, eating, and management of medications and treatments; kept routine constant for memory difficulty; and reported changes with incontinence. The NSA failed to list services provided for impaired vision. The NSA documented R3 "participated in screen." The 07/01/25 NSA lacked signature by R3 or her legal representative. On 07/16/25 at 01:40 PM Administrative Nurse B confirmed R1, R2 and R3's NSAs lacked signatures by the resident or their legal representative. The operator failed to ensure that each individual involved in the development of the NSA signed the agreement for R1, R2, and R3.	S3101		
S3299 SS=F	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.	S3299		

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S3299	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 35 residents. The facility had a main kitchen where food was stored and prepared for all residents. Based on observation and policy review the operator failed to ensure food items were stored under safe conditions. Findings included: - Observation on 07/17/25 at 11:37 AM in the kitchen revealed a pantry room that contained two freezers with food items for the residents. One temperature log was taped to the wall which did not identify which space. The "ice cream, meats, and shakes" freezer seal was broken and did not seal without weight sitting on top of lid. There was greater than an inch of frost on all sides of freezer which also covered part of where the freezer lid should sit. The thermometer was found in bottom of freezer covered in thick frost and read -12 degrees Celsius. The "vegetable" freezer failed to have a thermometer. On 07/17/25 at 11:37 AM Administrative Staff A confirmed the first freezer was not sealing, the vegetable freezer did not have a thermometer,	S3299		

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S3299	Continued From page 4 and a second temperature log was missing. - Observation on 07/17/25 at 11:40 AM in the pantry were wire shelves which held an opened and unsealed bag of rice dated as opened 07/17 with a piece of tape hanging from side. On 07/17/25 at 11:40 AM Administrative Staff A confirmed the bag of rice was opened that morning and unsealed. The operator failed to ensure foods were stored under safe conditions.	S3299		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care 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. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual,"	S3320		

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S3320	Continued From page 5 health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 35 residents. Based on observation and interview the operator failed to ensure the facility was maintained to protect the health and safety of the residents and personnel by ensuring areas serving food were cleaned. Findings included: - Observation on 07/17/25 at 11:32 AM the white cabinets in the kitchen had grease spots, dust, and food particles stuck to surfaces. At 11:41 AM a can of food, an aerosol can lid, uncooked macaroni, dust, food particles, and a thick, sticky substance was on the floor. On 07/17/25 at 11:44 AM Administrative Staff A confirmed the cabinets and floor were not clean. The operator failed to ensure the building was maintained to protect the health and safety of the residents and personnel by ensuring areas serving food were cleaned and sanitary.	S3320		