STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089089	A. BUILDING: _____ B. WING _____	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY PLACE OF ROSSVILLE	590 INDUSTRIAL TRAFFIC WAY ROSSVILLE, KS 66533

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey for the above named home plus facility conducted on 08/13/25.	S 000		
S5095 SS=E	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of ten residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure the Functional Capacity Screen (FCS) for Resident (R) 1, R2, and R3 accurately reflected their functional capacities at the time of screening. Findings included: - Record review for R1 revealed an admission date of 06/14/25 with diagnoses of kidney and lung cancer. The 06/14/25 Functional Capacity Screen (FCS) identified R1 was unable to perform management of medications and treatments; required physical assistance with bathing, dressing, toileting,	S5095		

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

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S5095	Continued From page 1	S5095		

transfers, and walking/mobility; required supervision with eating; was incontinent of bladder; had short-term memory, memory/recall, and decision-making impairments; and had impaired vision, hearing, and decision-making. The FCS failed to document R1's long term memory difficulty.

The 06/14/25 combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HSP) identified facility staff provided R1 assistance with bathing, dressing, toileting, transferring, and walking/mobility; provided management of medications and treatments; gave simple instructions and assistance with cognition; and would replace batteries for hearing impairment. The NSA identified R1 with long term memory issues.

On 08/13/25 at 04:16 PM Administrative Staff A stated R1 was independent with eating until she started eating meals in her room.

During interview of R1 on 08/13/25 at 03:50 PM she stated she has no difficulty seeing or hearing if she wears her glasses and hearing aids. She was unable to tell me about events that happened yesterday or prior to her admission.

On 08/13/23 at 04:16 PM Administrative Staff A confirmed R1's FCS was not correct for eating, impaired vision, hearing, or long-term memory at the time of screening.

- Record review for R2 revealed an admission date of 02/01/25 with diagnoses of hypertension, orthostatic hypotension, atrial fibrillation, hypothyroidism, and dementia.

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S5095	Continued From page 2 The 02/01/25 admission Functional Capacity Screen (FCS) identified R2 required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; required supervision with eating; he was unable to perform management of medications and treatments; had short-term and long-term memory, memory/recall, and decision-making cognitive impairments; and was marked for impaired vision and impaired hearing. The FCS did not show R2 at risk for falls due to unsteadiness or impaired decision making. The 02/01/25 (most recent) combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HSP) identified facility staff would provide R2 full assistance twice a week with bathing, assistance for completion of dressing, emptied and cleaned catheter for toileting, one person assist with mobility; managed medications and treatments, gave clear and simple instructions for cognition, increased volume for impaired hearing, and cut up foods as requested for eating. Review of "Nurses Notes" from 02/01/25 at 09:30 AM revealed R2 was admitted from the hospital with weakness and required a wheelchair and one-to-one assistance. Review of "Falls Investigation Form" from 05/22/25 at 07:38 PM revealed R2 fell while going to closet and not wearing shoes. The form listed a possible contributing factor being R2's cognition and "Root Cause" read he was dragging loose pants, may have been carrying too many items, and not using his walker	S5095		

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S5095	Continued From page 3 properly. Observation on 08/13/25 at 03:42 PM of R2 revealed the resident did not utilize call light for assistance, got out of chair, and was ambulating in room on own. Staff assists him to chair in common area for his safety. Observation on 08/13/25 at 04:00 PM of R2 in common area revealed him not asking for assistance before getting up from chair and ambulating with walker. On 08/13/25 at approximately 04:20 PM Administrative Staff A confirms R2's FCS did not reflect his functional capacity for impaired decision making and problem of unsteadiness at the time of screening. - Record review for R3 revealed an admission date of 02/03/24 with diagnoses of hypertension, Parkinson's, memory loss, and overactive bladder. The 02/03/25 FCS identified R3 was independent with transfers, mobility, and eating. The 02/03/25 NSA/HSP for R3 identified facility staff observed and cut foods up for eating. The NSA/HSP read R3 needed help with getting up for transfers and watched closely for mobility without listing the provider of the service. Review of "Outside Agency Form" dated 04/14/25 revealed a speech therapist evaluation was completed with recommendations for staff to make sure R3 had good sitting posture, took small bites and sips, and took one bite or sip at a	S5095		

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S5095	Continued From page 4 time. R3 must have liquids and solids alternated every few bites and eat at a slow rate with oral care after every meal. On 08/13/25 at approximately 04:06 PM Certified Nurse Aide G stated staff keep a pretty close eye on R3 while eating due to pocketing of food. R3 used a walker with ambulation and staff assist of one. On 08/13/25 at approximately 04:24 PM Administrative Staff A stated R3 requires supervision with ambulation. The department's updated 07/11/08 "Resident Functional Capacity Screen Manual" instructs facility staff to conduct the screen with residents wearing their glasses and hearing aids. Page seven and eight instruct staff to code the resident capacity at "1" for transfers and walking, mobility if the resident requires oversight. Page eight and night explain coding for eating of a "2" includes cutting up food and providing assistance while the resident is partially able to feed themselves. Page 15 describes current or recent problems of falls/unsteadiness as unsteadiness when rising from a chair or walking and impaired decision-making when the resident makes decisions which are potentially harmful to themselves. The operator failed to ensure the FCS for R1, R2, and R3 accurately reflected their functional capacity at the time of screening.	S5095		
S5116 SS=E	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure	S5116		

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S5116	Continued From page 5 the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2) The facility reported a census of ten residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the review and revision of the Negotiated Service Agreement (NSA) for Residents (R) 2 and R3 following a significant change in condition. Findings included: - Record review for R2 revealed an admission date of 02/01/25 with diagnoses of hypertension, orthostatic hypotension, atrial fibrillation, hypothyroidism, and dementia. The 02/01/25 admission Functional Capacity Screen (FCS) identified R2 required physical assistance with bathing, dressing, toileting,	S5116		

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S5116	Continued From page 6	S5116		

transfers, and walking/mobility; required supervision with eating; he was unable to perform management of medications and treatments; had short-term and long-term memory, memory/recall, and decision-making cognitive impairments; and was marked for impaired vision and impaired hearing. The FCS did not show R2 at risk for falls due to unsteadiness or impaired decision making.

The 02/01/25 (most recent) combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HSP) identified facility staff would provide R2 full assistance twice a week with bathing, assistance for completion of dressing, emptied and cleaned catheter for toileting, managed medications and treatments, gave clear and simple instructions for cognition, increased volume for impaired hearing, and cut up foods as requested for eating. R2 required one person assistance with mobility but the NSA/HSP lacked a provider of the service. The NSA/HSP listed a local home health agency as physical therapy provider. The NSA/HSP lacked revision since admission.

Review of "Falls Investigation Form" from 05/22/25 at 07:38 PM revealed R2 fell while going to closet and not wearing shoes. The form listed a possible contributing factor being R2's cognition. Under the "Develop an Action Plan" section it read "05/28/25 Resident slipped out of the side of his bed on top of bed pad" with no intervention or action developed.

Review of "Nurse Notes" dated 04/02/25 without time revealed R2 was discharged from physical therapy and home health services.

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S5116	Continued From page 7 Review of "Incident/Accident Report for Falls" from 05/28/25 at 06:56 AM revealed R2 got dizzy while reaching for his shirt and fell out of bed. Review of "Director Notes" dated 06/04/25 at 03:30 PM R2 received radiology result showing a broken left hip. He was sent to local hospital emergency room by ambulance. Review of "Director Notes" dated 06/09/25 at 02:00 PM R2 planned to return with orders for physical and occupational therapy. Review of "Nurses Notes" dated 06/11/25 at 02:00 PM R2 returned to the facility after hospitalization. On 08/13/25 at 04:33 PM Administrative Staff A confirmed R2 was hospitalized 06/04/25 to 06/11/25 after falling and sustaining a broken hip. She confirmed the NSA/HSP was not revised with updates to his recent fall problem or change in therapy and home health services. - Record review for R3 revealed an admission date of 02/03/24 with diagnoses of hypertension, Parkinson's, memory loss, and overactive bladder. The 02/03/25 FCS identified R3 required physical assistance with dressing and toileting; was independent with transfers, mobility, and eating; was unable to perform bathing, management of medications, and management of treatments; had short-term memory, long-term memory, memory/recall, and decision-making difficulties; was frequently incontinent of bladder;	S5116		

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S5116	Continued From page 8 usually understood and was usually understandable with communication; and was marked for problem of falls/unsteadiness, impaired vision, impaired hearing, and impaired decision-making. The 02/03/25 NSA/HSP for R3 identified facility staff would provide assistance to complete bathing, dressing, and toileting; staff managed and administered all medications and treatments; staff observed and cut foods up for eating; and staff changed batteries and reminded R3 to wear hearing aids for hearing impairment. The NSA/HSP listed R3 as needing simple instructions and guidance with cognition, help with getting up for transfers, and watched closely for mobility without listing the provider of the service. The NSA/HSP failed to include the use of a bed assistive device. The NSA/HSP lacked revision since 02/03/25. Review of "Outside Agency Form" dated 04/14/25 revealed a speech therapist evaluation was completed with recommendations for staff to make sure R3 had good sitting posture, took small bites and sips, and took one bite or sip at a time. R3 must have liquids and solids alternated every few bites and eat at a slow rate with oral care after every meal. On 08/13/25 at 04:33 PM Administrative Staff A confirmed the NSA/HSP was not revised with speech therapy's recommendations. The facility's undated "Resident Records" policy instructed staff to develop and revise NSAs per residents' needs and preferences. The facility's undated "Negotiated Service Agreements" policy	S5116		

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S5116	Continued From page 9 read the agreement would be reviewed with any significant changes. The operator failed to ensure the review and revision of the NSA for R2 and R3 following a significant change in condition.	S5116		
S5171 SS=D	26-42-204 (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: KAR 26-42-204(i) The facility reported a census of ten residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure a licensed nurse completed an assessment for the ability to use bed rails safely without risk of entrapment and to confirm the bed rails were not a restraint for Resident (R) 3. Findings included: - Record review for R3 revealed an admission date of 02/03/24 with diagnoses of hypertension, Parkinson's, memory loss, and overactive bladder. The 02/03/25 Functional Capacity Screen identified R3 required physical assistance with dressing and toileting; was independent with transfers, mobility, and eating; was unable to	S5171		

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S5171	Continued From page 10	S5171		

perform bathing, management of medications, and management of treatments; had short-term memory, long-term memory, memory/recall, and decision-making difficulties; was frequently incontinent of bladder; usually understood and was usually understandable with communication; and was marked for problem of falls/unsteadiness, impaired vision, impaired hearing, and impaired decision-making.

The 02/03/25 combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HSP) for R3 identified facility staff would provide assistance to complete bathing, dressing, and toileting; staff managed and administered all medications and treatments; staff observed and cut foods up for eating; and staff changed batteries and reminded R3 to wear hearing aids for hearing impairment. The NSA/HSP listed R3 as needing simple instructions and guidance with cognition, help with getting up for transfers, and watched closely for mobility without listing the provider of the service. The NSA/HSP failed to include the use of a bed assistive device.

Review of "Resident Roster" provided by the facility on 08/13/25 revealed R3 had a bed assist device.

Review of R3's record revealed no documentation of a bed assistive device assessment.

Observation on 08/13/25 at 03:30 PM revealed a bed assistive device was attached to the left side of R3's bed.

On 08/13/25 at approximately 03:38 PM R3

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S5171	Continued From page 11 states she uses the bar attached to her bed to help her roll over in bed and to get in and out of the bed. On 08/13/25 at 03:45 PM Administrative Staff A confirmed there was no bed assistive device assessment in R3's record. On 08/13/25 at 03:45 PM Administrative Staff A looked for policy and procedure regarding bed assistive devices and confirmed there was no policy or form to complete in her manual. The operator failed to ensure a licensed nurse completed an assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint for R3.	S5171		
S5190 SS=F	26-42-206 (d) Dietary Services (d)(1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(d)(1) The facility reported a census of ten residents. Based on observation and interview the operator failed to ensure the menu was available to all residents on at least a weekly basis. Findings included:	S5190		

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S5190	Continued From page 12 - Observation on 08/13/25 at 11:25 AM revealed a weekly menu was not posted for residents to access. On 08/13/25 at 11:25 AM Administrative Staff A confirmed a weekly menu was not available to the residents. The facility's undated "Diet Protocol" instructed staff to make and post menus in advance on a weekly basis. The operator failed to ensure a weekly menu was available to all residents.	S5190		
S5192 SS=F	26-42-206 (e) Food Preparation (e) 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:	S5192		

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S5192	Continued From page 13 KAR 26-42-206(e) The facility reported a census of ten residents. Based on record review and interview the operator failed to ensure food was served at the proper temperature. Findings included: During initial tour temperature logs were requested. Review of a food temperature log located in the facility's "Temps and Food Safety" binder revealed the log lacked evidence of documentation staff obtained food temperatures before serving food to the residents since 06/21/25. On 08/13/25 at 11:10 AM Administrative Staff A confirmed the food temperature log lacked evidence of documentation food was served at proper temperature for each meal. Dietary guidelines for Americans 2005 recommended using a clean thermometer that measured the internal temperature of cooked food to make sure food is cooked to and held at proper temperatures and to keep food out of the "danger zone" (40 degrees Fahrenheit to 140 degrees Fahrenheit) where bacteria can multiply rapidly. The facility's undated "Food Safety Guidelines" and "Diet Protocol" failed to instruct staff to document or log the temperatures after obtaining. The operator failed to ensure food was served at the proper temperature.	S5192		

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S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of seven residents with three residents included in the sample. Based on interview and record review the operator failed to ensure staff provided adequate documentation of incidents including date and time of illness or injury, action taken, and results of the action when a standing order was implemented for Resident (R) 1 and R2 sustained falls. Findings included: - Record review for R1 revealed an admission date of 06/14/25 with diagnoses of kidney and lung cancer. The 06/14/25 Functional Capacity Screen (FCS) identified R1 was unable to perform management of medications and treatments; required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; required supervision with eating; was incontinent of bladder; had short-term memory, memory/recall, and decision-making impairments; and had	S5251		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089089	A. BUILDING: _____ B. WING _____	08/13/2025

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S5251	Continued From page 15	S5251		

impaired vision, hearing, and decision-making.

The 06/14/25 combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HSP) identified facility staff provided R1 assistance with bathing, dressing, toileting, transferring, and walking/mobility; provided management of medications and treatments; gave simple instructions and assistance with cognition; and would replace batteries for hearing impairment.

Review of R1's "Treatments" administration record for July of 2025 revealed a new medication "antacid tablets 500mg" was handwritten and a dose was documented as administered on 07/29/25 at 11:25 PM by Certified Medication Aide H due to an "upset tummy."

Review of "Nurse Notes" revealed a failure to document in the resident's record notification of the nurse to implement a standing order. Further review revealed failure by the nurse to document notification of R1's provider.

On 08/13/25 at 02:58 PM Administrative Staff A confirmed R1's record failed to include documentation of action and result of action when she experienced an illness symptom of upset stomach.

- Record review for R2 revealed an admission date of 02/01/25 with diagnoses of hypertension, orthostatic hypotension, atrial fibrillation, hypothyroidism, and dementia.

The 02/01/25 admission Functional Capacity Screen (FCS) identified R2 required physical

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S5251	Continued From page 16 assistance with bathing, dressing, toileting, transfers, and walking/mobility; required supervision with eating; he was unable to perform management of medications and treatments; had short-term and long-term memory, memory/recall, and decision-making cognitive impairments; and was marked for impaired vision and impaired hearing. The FCS did not show R2 at risk for falls due to unsteadiness or impaired decision making. The 02/01/25 (most recent) combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HSP) identified facility staff would provide R2 full assistance twice a week with bathing, assistance for completion of dressing, emptied and cleaned catheter for toileting, one person assistance with mobility, managed medications and treatments, gave clear and simple instructions for cognition, increased volume for impaired hearing, and cut up foods as requested for eating. The NSA/HSP listed a local home health agency as physical therapy provider. The NSA/HSP lacked revision since admission. Review of "Falls Investigation Form" from 05/22/25 at 07:38 PM revealed R2 fell while going to closet and not wearing shoes. The form listed a possible contributing factor being R2's cognition. Under the "Develop an Action Plan" section it read "05/28/25 Resident slipped out of the side of his bed on top of bed pad" with no intervention or action developed. Review of "Incident/Accident Report for Falls" from 05/28/25 at 06:56 AM revealed R2 got dizzy while reaching for his shirt and fell out of bed.	S5251		

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S5251	Continued From page 17 On 08/13/25 at 04:33 PM Administrative Staff A confirmed the fall investigation forms are not kept in the resident's records and the nurse notes failed to document the date and time of the incident, action taken, and result of action when R2 sustained two falls. The facility's undated "Fall/Incident Protocol" explained the licensed nurse calls family or durable power of attorney for resident and their medical provider and then documents in the nursing notes. The policy failed to instruct staff of all information required to be in the resident's record. The facility's undated "Resident Records" policy detailed the resident record should contain documentation of all incidents, symptoms, and other indications of illness or injury. The facility's undated "Standing Orders" policy detailed the nurse duties as implementing the order, placing it on the medication administration record, and notifying the physician. The operator failed to ensure staff provided adequate documentation of incidents including date and time of incident, action taken, and results of the action when a standing order was implemented for Resident (R) 1 and R2 sustained falls.	S5251		