

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/18/2025
NAME OF PROVIDER OR SUPPLIER TOPCARE HOMEPLUS - UPENDO HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 13509 W 67TH STREET SHAWNEE, KS 66216		
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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints KS00189511, KS00188390 at the above named Homeplus conducted on 08/14/25 and 08/18/25.	S 000		
S5055 SS=F	26-42-101 (I) Survey Report I) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a common area to residents and any other individuals wishing to examine survey results. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(I) The facility reported a census of 11 residents. Based on observation and interview the operator failed to ensure the most recent survey results were available in a public area. Findings included: - Observation on 08/14/25 at 09:15 AM revealed the survey results were not available. Interview on 08/14/25 at approximately 09:20 AM Administrative Nurse A confirmed that previous survey results were not available. The operator failed to ensure the most recent survey results were available in a public area.	S5055		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5095	Continued From page 1	S5095			
S5095 SS=D	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 11 residents with three included in the sample. Based on interview and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) for Resident (R) 3 accurately reflected his functional capacity at the time of screening for falls and bladder incontinence. Findings included: - Record review for R3 revealed an admission date of 08/13/24 with diagnoses of pain and anxiety. The 10/04/24 "FCS" identified R3 required an indwelling catheter for bladder incontinence. The "FCS" failed to document a score for bladder incontinence and that he was at risk for falls. The 10/04/24 "Negotiated Service Agreement" (NSA) identified R3 received services for ordering incontinence products by his family. The	S5095			

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S5095	Continued From page 2 "NSA" failed to describe services R3 received for an indwelling catheter and falls. Review of the "Charting Notes" from 05/24/25 to 08/14/25 at start of survey revealed R3 fell three times on 05/24/25, 06/23/25, and 07/07/25. On 08/19/25 at approximately 05:14 PM Administrative Staff A confirmed R3's "FCS" was not accurate for bladder incontinence and falls. The undated facility's "Resident Functional Capacity Screening" policy did not address accuracy. The operator failed to ensure the "FCS" for R3 accurately reflected her functional capacity at the time of screening for bladder incontinence and falls.	S5095		
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	S5105		

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S5105	Continued From page 3 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 11 residents with three included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSA) for Residents (R) 1, R2, and R3 described the services based on their "Functional Capacity Screens" (FCS) and failed to identify the provider for bathing for R2. Findings included: - Record review for R1 revealed an admission date of 11/14/24 with a diagnosis of mobility issues. The 11/14/24 "FCS" identified R1 required physical assistance with transfers and was marked at risk for falls. The 11/14/24 "NSA" identified R1 received physical assistance by facility staff for transfers and she used a wheelchair and had bed assist device rails attached to her bed to prevent injury from falls. The "NSA" failed to identify R1 received services of assistance for transfers with a mechanical lift and had a pressure sensing mat to prevent injury from falls. Observation on 08/18/25 at 02:04 PM revealed a mechanical lift in R1's room and a mat beside	S5105		

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S5105	Continued From page 4 her bed. On 08/18/25 at approximately 02:04 PM Certified Medication Aide (CMA) stated facility staff used the lift to assist R1 during all transfers. On 08/18/25 at 02:57 PM Certified Nurse Aide (CNA) E stated two facility staff used the lift to assist R1 during all transfers. On 08/18/25 at approximately 05:14 PM Administrative Staff A stated R1 had a mat beside her bed that alarmed when she stepped on it to alert staff when she attempted to get of bed to prevent injury from falls. Administrative Staff A confirmed R1's "NSA" failed to describe the services R1 received for transfers and falls. The operator failed to ensure the "NSA" for R1 described the services she received for transfers and to prevent injury from falls. - Record review for R2 revealed an admission date of 10/29/24 with diagnoses of dementia and cognitive communication disorder. The 10/29/24 "FCS" identified R2 required physical assistance with bathing and transfers, was incontinent of bladder, and was marked at risk for impaired hearing and falls. The 10/29/24 "NSA" identified R2 received physical assistance by facility staff for bathing and transfers. The "NSA" failed to identify the provider for bathing and assistance by two facility staff for transfers with a mechanical lift. The "NSA" further failed to describe services R2 received for bladder incontinence and services	S5105		

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S5105	Continued From page 5 for hearing. On 08/18/25 at approximately 05:14 PM Administrative Staff A confirmed R2's "NSA" failed to describe the services R2 received for transfers, bladder incontinence, and hearing and failed to identify the provider for bathing. The operator failed to ensure the "NSA" for R2 described the services he received for transfers, bladder incontinence, and hearing. - Record review for R3 revealed an admission date of 08/13/24 with diagnoses of pain and anxiety. The 10/04/24 "FCS" identified R3 required an indwelling catheter for bladder incontinence and was marked at risk for impaired vision. The 10/04/24 "NSA" identified R3 received services for ordering incontinence products by his family. The "NSA" failed to describe the services R3 received for management of his indwelling catheter, falls, and impaired vision. Review of the "Charting Notes" from 05/24/25 to 08/14/25 at start of survey revealed R3 fell three times on 05/24/25, 06/23/25, and 07/07/25. On 08/18/25 at approximately 05:14 PM Administrative Staff A confirmed R3's "NSA" failed to describe the services he received based on his "FCS." The operator failed to ensure the "NSA" for R3 described the services he received for management of his indwelling catheter, falls, and	S5105		

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S5105	Continued From page 6 impaired vision. The undated facility's "Service Plans/Agreement" policy documented the operator ensured the negotiated service plan provided a description of the services the resident received. The operator failed to ensure the "NSAs for R1, R2, and R3 described the services based on their "FCS" and failed to identify the provider for bathing for R2.	S5105		
S5171 SS=F	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 11 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 purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Residents (R's) 1, R2 and R3. Findings included: - Record review for R1 revealed an admission date of 11/14/24 with a diagnosis of mobility	S5171		

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S5171	Continued From page 7 issues. The 11/24/25 Functional Capacity Screen (FCS) documented that resident required physical assistance with toileting, transfers, marked for falls, unsteadiness, walker. The 11/14/25 Negotiated Services Agreement (NSA) documented that resident required siderails at the right side head of bed for support during transfers, able to use safely, not a restraint. Record review lacked evidence of documentation of bed assist device assessment. - Record review for R2 revealed an admission date of 10/29/24 with diagnoses of dementia and cognitive communication disorder. Record lacked evidence of documentation of bed assist device assessment. The 10/29/24 "FCS" identified R2 required physical assistance with transfers and was marked for falls. Record review lacked evidence of documentation of bed assist device assessment. - Record review for R3 revealed an admission date of 08/13/24 with diagnoses of pain and anxiety. Record lacked evidence of documentation of bed assist device assessment. The 10/04/24 "FCS" indicated that resident required physical assistance as needed for toileting, transfer, walking, mobility also marked was falls, unsteadiness.	S5171			

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S5171	Continued From page 8 The 10/04/24 "NSA" for R3 revealed side rails at right side of head of bed for support during transfer, able to use safely, not a restraint. Record review lacked evidence of documentation of bed assist device assessment. Interview on 08/18/25 at approximately 05:14 PM Administrative Nurse A confirmed there was no bed assist device assessment in R1, R2, R3's. The operator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R1, R2, R3.	S5171		
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 by: KAR 26-42-206(f) The facility reported a census of 11 residents. The facility had a kitchen where staff stored, prepared, and served food to the residents.	S5195		

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S5195	Continued From page 9 Based on observation and interview, the operator failed to ensure designated staff stored food items under safe conditions. Findings included: - Observation on 08/14/25 at 09:35 AM revealed on kitchen countertop the following food items for the residents: - One opened two-pound plastic package of lite brown sugar lacked open date - One opened one-pound paper package of granulated sugar lacked opened date - One opened two-pound paper container of quick oats lacked opened date - One plastic 40 ounce (oz) container of Jif peanut butter lacked open date - Observation on 08/14/25 at 09:37 AM revealed a refrigerator in the kitchen that contained the following food items for the residents: - One opened 8 ounce (oz) container of minced garlic lacked open date - One opened 24-oz plastic container of original sour cream lacked open date - One opened 12-oz plastic container of cream cheese spread lacked open date - One opened 12-oz plastic container of strawberry cream cheese spread lacked open date - One opened 32-oz paper container of chicken broth lacked open date - One opened one-gallon plastic jug of 2% mild lacked open date - One opened 96-oz plastic jug of Lactaid lacked	S5195		

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S5195	Continued From page 10 open date One opened one gallon jug of salsa lacked open date One opened plastic package of Fricks sliced ham lacked open date One 4 pound 3.5-oz plastic container of Country Crock butter original lacked open date One 12-oz plastic container of Litehouse coleslaw dressing lacked accurate open date label read one open date of 07/15 and the cap labeled with open date of 07/08 One zip lock bag with what appears to be two prepared sausage links with preparation date of 08/09 On 08/14/25 at approximately 09:43 AM CMA C confirmed some food items in the refrigerator and kitchen counter top lacked labels indicating open dates. On 08/14/25 at approximately 09:53 AM Administrative Staff A confirmed that some food items in the refrigerator lacked labels indicating open dates. The facilities undated policy on "Food Safety" states that the facility is "To follow safe practices when handling, cooking and storing food to better prevent food borne illnesses, to ensure infections are controlled and to prevent residents/families/ employees/other individuals from becoming contaminated, Employees shall comply with these standards on food safety." The 2025 Kansas Department of Agriculture's "Focus on Food Safety" booklet documented food items must be date marked after the original container was opened.	S5195		

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S5195	Continued From page 11	S5195		
S5240 SS=D	26-42-105 (a) Resident Records (a) The administrator or operator of each home plus shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices. (1) Designated staff shall maintain the record of each discharged resident who is 18 years of age or older for at least five years after the discharge of the resident. (2) Designated staff shall maintain the record of each discharged resident who is less than 18 years of age for at least five years after the resident reaches 18 years of age or at least five years after the date of discharge, whichever time period is longer. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(a)(1) The facility reported a census of 11 residents with three included in the sample and one closed record review. Based on interview and record review the operator failed to ensure designated staff maintained Resident (R) 4's record for at least five years after her discharge. Findings included: - Review of R4's record revealed she admitted to the facility on 12/03/22 with diagnoses of	S5240		

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S5240	Continued From page 12 pulmonary embolism, obesity, and heart failure. Review of R4's medical record revealed lack of lab results, functional capacity screens, and the most recent "Negotiated Service Agreement" (NSA). The 08/07/24 at 11:29 PM nursing "Progress Note" by Administrative Staff A documented R4 moved out of the facility. Review of an "FCS" for R4 provided on 08/18/25 during the survey revealed Administrative Staff A signed and dated it "07/30/24." On 08/18/25 at approximately 05:14 PM Administrative Staff A confirmed R4's record lacked "FCSs." She recreated R4's "FCS" on 08/18/25 from remembering her functional capacity when she used to live at the facility on 07/30/24. From 08/07/24 when R4 moved out of the facility to 08/18/25 when Administrative Staff A recreated R4's "FCS" from memory was 376 days. From 07/30/24 (the date documented and signed by Administrative Staff A) to 08/18/24 when she recreated the "FCS" was 384 days. On 08/18/24 at approximately 05:14 AM Administrative Staff A confirmed R4's record lacked evidence of documentation of her most recent "NSA." The undated facility's "Resident Functional Capacity Screening" policy documented "A resident-centered screening to determine the functional screening of each resident shall be	S5240		

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S5240	Continued From page 13 conducted and recorded at admission and periodically. . ." The undated facility's "Service Plans/Agreement" policy documented a resident-centered plan would be created and maintained for every resident. The January 2022 Kansas Board of Nursing "Nurse Practice Act Statutes and Administrative Regulations" documented falsifying or altering any record of a patient constituted "unprofessional conduct." The operator failed to ensure designated staff maintained R4's record for at least five years after her discharge.	S5240		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (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: KAR 26-42-205(g)(3)	S5313		

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S5313	Continued From page 14 The facility reported a census of 11 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages of all over-the-counter (OTC) medications. Findings included: - Observation on 08/04/25 at 09:54 AM revealed Administrative Nurse A unlocked and opened the medication cart. The following OTC medications were not labeled with residents' full names: One 0.62-ounce (oz) bottle of Flonase One bottle of ear wax drops 0.5-oz One bottle of melatonin 3 milligram (mg) Echinacea Complex 450 mg Miralax 30-oz plastic container One bottle of vitamin c 500 mg One bottle of vitamin c 250 mg One bottle of vitamin c 1000 mg Miralax mix opened box of individual packages identified as only #10 On 08/14/25 at approximately 09:58 AM Administrative Staff A confirmed the OTC medications were not labeled with residents' full names. The undated facility's "Medication Management" policy documented "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	S5313		

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NAME OF PROVIDER OR SUPPLIER TOPCARE HOMEPLUS - UPENDO HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 13509 W 67TH STREET SHAWNEE, KS 66216		
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S5313	Continued From page 15 resident on the package. Medications will be stored in a manner that ensures maintenance of both the integrity of the medication and the safety of all residents residing in the community. 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, a 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." The operator failed to ensure all OTC medications were labeled with the residents' full names.	S5313		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and	S5315		

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S5315	Continued From page 16 self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1)(4) The facility reported a census of 11 residents. Based on observation and interview the operator failed to ensure the Licensed Practical Nurse (LN), and the Certified Medication Aid (CMA), stored non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. The operator failed to ensure only licensed nurses and medication aides had access to the stored medications and biologicals. The operator failed to ensure a licensed nurse did not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration for an opened bottle of tuberculosis testing solution. Findings included:	S5315		

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S5315	Continued From page 17 - Observation during initial tour on 08/14/25 at 09:22 AM revealed an unlocked treatment/medication cart in the dining room area which contained the following unsecured medications: bag contained one bottle each of Power C, Vital Fusion D3, and Centrum Adults Vitamins One spray bottle of Skin Integrity wound cleanser 8-ounce (oz) bottle with a label that read "Keep out of reach of children" Antiseptic skin cleanser 4% spray bottle with a label that read "Keep out of reach of children" One zinc oxide plastic container 16-oz Two 3-oz containers of antifungal powder Three Remedy Phyto Plex antifungal ointment 2.5-oz One Remedy Silicone cream 59 milliliter tube One 2-oz tube of barrier cream was unsecured on top of cart - Observation on 08/14/25 at 10:12AM revealed Administrative Staff A unlocked the medication refrigerator which contained an opened vial of Apisol Tuberculin which lacked an open date. The box and the vial of tuberculin contained instructions that a vial of which had been opened and in use for 30 days should be discarded. Interview with Administrative Staff A at approximately 10:12 AM confirmed that Apisol Tuberculin vial was opened and lacked an open date. The undated facility's "Medication Management" policy documented "Medications will be stored	S5315		

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S5315	Continued From page 18 in a manner that ensures maintenance of both the integrity of the medication and the safety of all residents residing in the community. All medications, including over-the-counter, are kept in locked storage at all times." The operator failed to ensure the LPN, and CMA stored non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. The operator failed to ensure only licensed nurses and medication aides had access to the stored medications and biologicals. The operator failed to ensure a licensed nurse did not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration for an opened vial of Apisol Tuberculin Solution.	S5315		
S5327 SS=E	26-42-205 (I) (2) Medication Regimen Review Variance Report (I) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance.	S5327		

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S5327	Continued From page 19 This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (I)(2) The facility reported a census of 11 residents. The sample included three residents. Based on interview and record review for two of the three sampled Residents (R) the operator failed to ensure designated staff notified the medical provider of any variance identified in the medication regimen review and received a response related to the recommendations for R2 and R3. Findings included: - Record review for R2 revealed an admission date of 10/29/24 with diagnoses of dementia and cognitive communication disorder. - The 10/29/24 "FCS" identified R2 was unable to perform management of medications. - The 10/29/24 "NSA" identified R2 received services by facility staff for management of medications. - Review of R2's record on 12/05/24 revealed the pharmacist made recommendations related to updated diagnosis to support medication therapy: Baclofen 5 milligram (mg) tab record lacked response from the physician. - Record review for R3 revealed an admission date of 08/13/24 with diagnoses of pain and anxiety.	S5327		

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S5327	Continued From page 20 The 10/04/24 "FCS" identified R3 was unable to perform management of medications. The 10/04/24 "NSA" identified R3 received services by facility staff for management of medications. Review of R3's on 12/05/24 revealed the pharmacist made recommendations related to current order for PRN Oxycodone 20 mg tabs and PRN Norco 10/325 mg. Patient has a supply of oxycodone. Consider discontinuing order for PRN Norco. Evaluate need to continue Oxybutynin 5 mg BID and Flomax 0.4 mg daily as patient has indwelling catheter. Could these medications be discontinued, record lacked response from the physician. Interview on 08/19/25 at approximately 05:15 PM Administrative Nurse A confirmed facility staff failed to seek and receive a response from the physician for the 12/05/24 medication reviews for R2 and R3. The facility's undated "Pharmacy Review Policy" documented "The facility shall ensure that each resident 's drug regimen is reviewed at least quarterly by a licensed consultant pharmacist. The review shall identify, report, and help resolve any irregularities in medication use, drug interactions, adverse drug events, and compliance with Kansas and federal regulations." The operator failed to ensure designated staff notified the medical provider of any recommendations identified in the medication regimen review and received a response related	S5327		

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S5327	Continued From page 21 to the recommendations.	S5327		
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 11 residents. Based on observation and interview, the operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area. Findings included: - Observation on 08/14/25 at 09:30 AM revealed an upper cupboard directly across from the kitchen had a keyed lock installed in the door which was unsecured. The cabinet contained the following chemicals: One isopropyl alcohol plastic container 32 ounce (oz) with a label that read "Keep out of reach of children"	S5335		

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S5335	Continued From page 22 One aerosol container of Dry Spell nail dryer 4-oz with a label that read "Keep out of reach of children" - Observation on 08/14/25 at 09:33 AM revealed an unsecured cupboard under the kitchen sink contained the following chemicals: One one-gallon container of dish detergent Two unlabeled clear plastic spray bottles of yellow cleaning substances One one-gallon plastic jug of sanitizer solution - Observation on 08/14/25 at 10:12 AM revealed directly to the left of the laundry room a small haircare area with hair washing sink, hair drying station, and unsecured cupboards with the following unsecured chemicals: One one-quart plastic jug of DBK fungicide-virucide-deodorizer with a label that read "Keep out of reach of children" One six-ounce bottle of nail polish remover with a label that read "Keep out of reach of children" Interview on 08/19/25 at approximately 10:16 AM Administrative Staff A confirmed that facility failed to keep chemicals within a locked area. The undated facility's "Chemical Storage Policy" documented that "Chemicals must be stored in locked storage rooms or cabinets inaccessible to residents." The operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area.	S5335		

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S5365 SS=F	28-39-437 Laundry Area (4) Laundry area. (A) If the facility processes laundry, the facility shall provide a work area with a one-way flow of laundry from a soiled area to a clean area. (B) The laundry area shall not be located in the same room where preparation and service of food occur. (C) Each facility shall store laundry in a manner that prevents odors and the spread of disease. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(e)(4)(C) The facility reported a census of 11 residents. Based on observation and interview the operator failed to ensure designated staff stored laundry in a manner that prevented odors and the spread of disease. Findings included: - Observation on 08/14/25 at 10:08 AM revealed Administrative Nurse A unlocked and opened the laundry room. The washer and dryer sat side by side, sitting on the floor immediately entering the laundry room were four laundry baskets of clothing on the floor. Three laundry baskets had what appeared to be damp laundry and one laundry basket of clothing had what appeared to be clean clothing.	S5365		

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S5365	Continued From page 24 On 08/14/25 at approximately 10:08 AM Administrative Nurse A stated she believed the four laundry baskets of clothing were all washed clothing that she instructed staff to wash the previous night because her drying machine broke. She stated that she was going to take them to a laundromat sometime that day to dry. The undated facility's "Laundering and handling linens" documented that facility staff would "Dry laundry as soon as it is washed -- don ' t leave it sitting for long periods. . . as dampness can promote the growth of micro- organisms. Clothing/linens shall be stored in a manner that prevents contamination." The operator failed to ensure each facility stored laundry in a manner that prevents odors and the spread of disease.	S5365		