

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2419 N 22ND STREET KANSAS CITY, KS 66104		
(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 KS00190826, KS00195792 at the above named Home Plus facility conducted on 09/09/25, 09/10/25 and 09/11/25.	S 000		
S5085 SS=E	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(c)(1) The facility reported a census of eight residents and one adult daycare resident. Three residents were included in the sample with two focused reviews. Based on interview and record review the operator failed to ensure designated staff shall conduct a screening to determine each resident's "Functional Capacity Screen" (FCS) for Resident (R)5 and R6 at least every 365 days. Findings included:	S5085		

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

TITLE

(X6) DATE

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S5085	Continued From page 1 - Record review for R5 revealed an admission date of 08/30/24 with diagnoses of Schizophrenia, overactive bladder, osteoarthritis, vitamin D deficiency and bipolar. The 08/30/24 (most recent) "Functional Capacity Screen" (FCS) identified R5 required supervision with bathing, dressing, toileting, transferring, walking, mobility, was independent with meals and the facility provided management of R5's medication and treatments. R5 was at risk for falls and impaired vision. The 08/30/24 (most recent) "Negotiated Service Agreement" (NSA) identified R5 required supervision with bathing, dressing and toileting and was independent with eating and walking and mobility and required assistance with management of medications and treatments. "NSA" failed to document interventions for transferring, bladder incontinence, falls and impaired vision. R5's record lacked evidence of documentation of a screening to determine R5's functional capacity since 08/30/24 which was 9 days late. On 09/09/25 at 1:30 PM Administrative Staff A confirmed R5's record lacked evidence of documentation of the "FCS" screening every 365 days. - Record review for R6 revealed an admission date of 01/19/24 with diagnosis of dementia, diabetes. The 01/19/24 "FCS" identified R6 required assistance with bathing, dressing and toileting.	S5085		

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S5085	Continued From page 2 "FCS" documented she required supervision with transferring, walking and mobility and was independent with eating. R6 was at risk for falls, had impaired decision making and the facility provided management of medication and treatments. "FCS" documented that R6 was at risk for falls and impaired decision making. The 01/19/24 "NSA" documented bathing and dressing family provides assist and facility as needed. The "NSA" documented R6 requires assistance with peri care by facility staff due to bladder incontinence and R6's family will administer medications at home. The "NSA" lacked documentation for transferring, walking and mobility, eating, management of treatments, cognition falls and unsteadiness and impaired decision making. R6's record lacked evidence of documentation of a screening to determine functional capacity since 01/19/24 which was 605 days late. On 09/10/25 at 12:35 PM Administrative Staff A confirmed R6's record lacked evidence of documentation of a "FCS" screening every 365 days. The operator failed to ensure designated staff completed an "FCS" for R5 and R6 every 365 days.	S5085		
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	S5105		

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S5105	Continued From page 3 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 26-42-202(a)(1)(2) The facility reported a census of eight residents with one adult day care resident. Six residents were included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSAs) for Residents (R) 1, R2, R3, and R5 described the services they received based on their "Functional Capacity Screens" (FCSs). Findings included: - Record review for R1 revealed an admission date of 06/22/16 with diagnoses of cognitive impairment, diabetes, and epilepsy. The 12/27/24 "FCS" identified R1 was frequently incontinent of bladder and was at risk for falls.	S5105		

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S5105	Continued From page 4 The 01/08/25 "NSA" failed to describe services R1 received for bladder incontinence and to prevent injury from falls. - Record review for R2 revealed an admission date of 03/24/25 with diagnoses of Parkinsonism and venous insufficiency. The 03/24/25 "FCS" identified R2 required physical assistance with transfers, was incontinent of bladder, had short-term memory and decision-making cognitive difficulties, and was at risk for falls. The 03/24/25 "NSA" failed to describe the services R2 received for transfers, bladder incontinence, cognitive difficulties, and to prevent injury from falls. - Record review for R3 revealed an admission date of 02/16/21 with diagnoses of pancreatic mass and heart failure. The 01/08/25 "FCS" identified R3 was unable to perform management of medications and treatments, was occasionally incontinent of bladder, had memory/recall and decision/making cognitive difficulties, and was risk for falls. The 01/08/25 "NSA" failed to describe the services R3 received for management of medications and treatments, bladder incontinence, cognitive difficulties, and to prevent injury from falls. - Record review for R5 revealed an admission date of 08/30/24 with diagnoses of schizophrenia and osteoarthritis.	S5105		

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S5105	Continued From page 5 The 08/30/24 "FCS" identified R5 was at risk for falls and impaired vision. The 08/30/24 "NSA" failed to identify the services R5 received to prevent injury from falls and for impaired vision. On 09/10/25 at approximately 12:14 PM Licensed Nurse G confirmed R1, R2, R3, and R5's "NSAs" failed to describe the services they received based on their "FCSs." The operator failed to ensure the "NSAs" for R1, R2, R3, and R5 described the services they received based on their "FCSs." The undated facility's policy provided by Administrative Staff A for "NSAs" documented the facility would provide or coordinate services specified in the "NSA." The policy did not address services described in residents' "NSAs" based on their "FCSs." 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		
S5116 SS=E	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure 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;	S5116		

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S5116	Continued From page 6 (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)(1) The facility reported a census of eight residents and one adult daycare resident. Three residents were included in the sample with two focused reviews. Based on interview and record review the operator failed to ensure designated staff reviewed and if necessary, revised the "Negotiated Service Agreement" (NSA) for Resident (R)5 and R6 every 365 days. Findings included: - Record review for R5 revealed an admission date of 08/30/24 with diagnoses of schizophrenia, overactive bladder, osteoarthritis, vitamin D deficiency and bipolar. The 08/30/24 (most recent) "Functional Capacity Screen" (FCS) identified R5 required supervision with bathing, dressing, toileting, transferring, walking, and mobility, was independent with meals and the facility provided management of R5's medication and treatments. R5 was at risk for falls and impaired vision.	S5116		

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S5116	Continued From page 7 The 08/30/24 (most recent) "Negotiated Service Agreement" (NSA) identified facility staff provided R5 supervision with bathing, dressing and toileting. She was independent with eating and walking and mobility. The facility staff managed medications and treatments. The "NSA" failed to describe the services R5 received for transferring, bladder incontinence, falls, and impaired vision. R5's record lacked evidence of documentation of an "NSA" review and if necessary, revision since 08/30/24 which was 9 days late. On 09/09/25 at 01:30 PM Administrative Staff A confirmed R5's record lacked evidence that the "NSA" was reviewed and if necessary revised at least every 365 days. - Record review for R6 revealed an admission date of 01/19/24 with diagnoses of dementia and diabetes. The "FCS" documented she required supervision with transferring, walking and mobility and was independent with eating. R6 was unable to perform management of medications and treatments. She was at risk for falls and had impaired decision making. The 01/19/24 (most recent at time of the survey) "NSA" documented R6's family provided assistance with bathing and dressing and facility staff assisted as needed. Facility staff provided assistance with peri care for toileting and bladder incontinence and R6's family would administer medications at home.	S5116		

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S5116	Continued From page 8 The "NSA" failed to describe the services R6 received for management of treatments, cognition, falls and unsteadiness, and impaired decision making. R6's record lacked evidence of documentation of an "NSA" review and if necessary, revision since 01/19/24 which was 605 days late. On 09/10/25 at 12:35 PM Administrative Staff A confirmed R6's record lacked evidence that the "NSA" was reviewed and if necessary revised at least every 365 days. The operator failed to ensure designated staff reviewed and if necessary, revised the "NSA" for R5 and R6 every 365 days.	S5116		
S5140 SS=D	28-42-203 (b) Adult Day Care Services (b) Adult day care services. Any administrator or operator of a home plus may provide adult day care services to any individual who meets the home ' s admission and retention criteria and receives services less than 24 hours a day if the administrator or operator ensures that all of the following conditions are met: (1) Written policies are developed and procedures are implemented for the provision of adult day care services. (2) All requirements for admission of a resident to a home plus are met for an individual admitted for adult day care services. (3) At least 60 square feet of common use living, dining, and activity space is available in the home for each resident of the home and each resident receiving adult day care services.	S5140		

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S5140	Continued From page 9 (4) The provision of adult day care services does not adversely affect the care and services offered to other residents of the home. This REQUIREMENT is not met as evidenced by: KAR 26-42-203(b)(1)(3) The facility reported a census of eight residents and one adult day care resident. Based on observation, interview, and record review the operator failed to develop written policies and implement procedures for adult day care services and failed to ensure at least 60 square feet of common use living, dining, and activity space were available for Resident (R) 6. Findings included: - Record review for R6 revealed an admission date of 03/03/23 with diagnoses of dementia and diabetes. The 09/09/25 "Functional Capacity Screen" (FCS) identified R6 required physical assistance with bathing, dressing, and toileting. She had short-term memory, memory/recall, and decision-making cognitive difficulties and was at risk for falls. The 09/09/25 "Negotiated Service Agreement" (NSA) identified facility staff provided bathing, dressing, and assisted with peri care as needed for an incontinence episode during the day while R6 was in the facility. The "NSA" failed to describe the services R6 received for cognitive	S5140		

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S5140	Continued From page 10 difficulties and to prevent injury from falls. Observation on 09/09/25 at approximately 12:10 PM revealed R6 ambulated independently with her walker from the common area to a bathroom which was accessed by entering a room shared by two other female residents. On 09/10/25 at 11:45 AM Administrative Staff A confirmed the posted facility license was for a capacity of eight home plus residents only. She stated she was licensed to provide adult day care services for up to four additional residents, but her license had not been "fixed." R6 was at the facility daily from 07:00 AM to 03:00 PM Monday through Friday. On 09/11/25 an onsite department evaluation of residential space available at the facility, determined the facility lacked the square footage for additional day care residents beyond the current census of 8 full time residents. On 09/10/25 at 12:12 PM Administrative Staff A confirmed R6's record lacked evidence of documentation of a physician's order to admit to the facility for adult day care services. On 09/10/25 at 12:45 PM Administrative Staff A confirmed the facility lacked specific policies and procedures to provide adult day care services. The operator failed to develop written policies and implement procedures to provide adult day care services and failed to ensure at least 60 square feet of common use living, dining, and activity space were available for Resident (R) 6.	S5140		

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S5195	Continued From page 11	S5195		
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 eight residents and one adult day care resident. Based on observation, interview, and record review the operator failed to ensure staff stored food under safe conditions. Findings included: - Record review of temperature logs for refrigerators and freezers revealed facility was unable to supply temperature logs for the refrigerator in kitchen and the freezer in the laundry room for the review period of January 1, 2025 through September 8, 2025. Interview on 09/09/25 at 10:27 AM, Dietary Staff C and Administrative Staff A confirmed the facility had no temperature logs from 01/01/25 to 09/09/25 for the refrigerator in the kitchen and freezer in laundry room. Dietary Staff C and Administrative Staff A confirmed that the last log	S5195		

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S5195	Continued From page 12 completed for the refrigerator in kitchen and the freezer in laundry room was completed January of 2024. Kansas 2005 dietary guidelines for Americans advised, to keep food out of the danger zone, keep cold food cold (below 40°F) and hot food hot (above 140°F). F The refrigerator should be set at no higher than 40°F and the freezer at 0°F, and these temperatures should be checked with an appliance thermometer. The facility's undated "General Procedures" policy documented staff are to maintain the refrigerator temperature between 35 and 40 degrees F and maintained the freezer temperature below 5 degrees F. The operator failed to ensure staff stored food under safe conditions as evidenced by no temperature logs for the review period of January 1, 2025 through September 8, 2025.	S5195		
S5316 SS=D	26-42-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the	S5316		

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S5316	Continued From page 13 destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(i) The facility reported a census of eight residents and one day care resident. The facility managed medications for eight residents. Based on observation, record review and interview the operator failed to ensure facility staff maintained records of the receipt and disposition of all medications managed by the home in sufficient detail for accurate reconciliation. Findings included: - Observation on 09/09/25 at 10:48 AM revealed Certified Medication Aide (CMA) B unlocked and opened the medication cart which contained medications for the residents. Inside the medication cart was a separate locked compartment which contained controlled	S5316		

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S5316	Continued From page 14 medications. Spot check of controlled medications revealed one bottle of Hydrocodone/APAP 5/325 milligram tablets 30 count bottle with only 25 tablets for Resident (R)2. Record review on 09/09/25 at 10:48 AM revealed a controlled medication for R2 of Hydrocodone/APAP 5/325 milligram tablets that the facility lacked documentation for accurate reconciliation. An interview on 09/09/25 at 10:56 AM CMA B confirmed that the facility lacked an accurate accounting of R2's controlled medication. She confirmed that the facility only had 25 tablets of Hydrocodone/APAP 5/325 milligram tablets for R2 remaining in a 30-count medication bottle. The operator failed to ensure facility staff-maintained records of the receipt and disposition of all controlled medications managed by the home in sufficient detail for accurate reconciliation.	S5316		
S5370 SS=F	28-39-437 Construction (f) Sanitation and maintenance. Each facility shall provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. (g) Public telephone. There shall be a public telephone locally accessible to individuals with disabilities in a private area that allows a resident or another individual to conduct a private conversation.	S5370		

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NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2419 N 22ND STREET KANSAS CITY, KS 66104		
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S5370	Continued From page 15 This REQUIREMENT is not met as evidenced by: KAR 28-39-437(f) The facility reported a census of eight residents and one adult day care resident. Based on observation, interview, and record review the operator failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. Findings included: Observations on 09/09/25 revealed the following: 1) At 10:07 AM the common living area ceiling to the right of the ceiling fan had approximately a 2-inch round hole with ceiling material hanging down. The north corner of the common living area ceiling directly above the television had a large hole in the corner approximately 2.0 feet by 3.5 feet with a piece of plywood inserted as a repair covering some of the opening to the attic and was sagging and falling. The common living area ceiling had several scattered dark yellow stained areas. Around the perimeter of the room were scattered rodent/sticky traps. 2) At 10:25 AM the north side of the home had a visitor/staff bathroom located in a resident's room with a depressed area in the floor with broken/cracked loose tiles. The baseboard tiles behind the commode were broken and fell away from the wall. The sink lacked hot water available for visitor/staff use.	S5370		

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S5370	Continued From page 16 3) At 10:25 AM the bedroom in room one had approximately one-third of the floor scattered with cracked/broken loose tiles. The ceiling had several scattered dark yellow stained areas. 4) At 10:28 AM the laundry room had a large chest freezer that had significant rust to ½ of the lid. 5) At 10:30 AM the north side of the home had a resident bathroom used by Resident (R)2, R4, R5 and one unidentified resident. The floor had several broken/cracked and loose depressed floor tiles. The sink and showering area lacked hot water for R2, R4, R5 and one unidentified resident. The ceiling had scattered yellow stained areas. The perimeter of room had several rodent/sticky traps. 6) At 10:45 AM the south side of home in room four used by two unidentified residents, had a ceiling with dark yellow stains scattered throughout the bedroom and bathroom. The bathroom had a bathtub, sink, commode, and stand-alone shower area. To the right of the sink vanity was a sticky trap with deceased insects/bugs in it. The bathtub had scattered stained yellow edges, with dust and debris built up, the grab bar on the edge of the bathtub was not secured. The upper drawer to the vanity was broken and off the slide track. The sink had no water available for the two unidentified residents. The commode front had a dry stained brown substance. The base of the commode had thick brown and yellow stains on the surrounding floor. The commode riser had scattered brown and yellow dried substances to a metal frame. The floor had several blankets on the floor in front of	S5370		

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S5370	Continued From page 17 the vanity, doorway and shower State surveyor lifted the blankets, and the tile floor had cracked/broken depressed floor tiles and the grout had a thick black sticky substance built up. 7) At 11:02 AM the kitchen where food was prepared and stored for the residents had several rodent traps around the outer walls and between cabinets and the gas-powered stove. The floor next to the food prep counter to the left of the exit door had what appeared to be a dehydrated deceased mouse carcass in a sticky trap, the surrounding floor around the sticky trap by food prep area had rodent droppings. The vent directly in front of the sticky trap was rusted and mis-shaped in an upward curl, not secured to the floor with half of the vent louvers missing, and visible jagged edges. Scattered throughout the kitchen were broken/cracked and loose depressed floor tiles. The baseboards, tiles, and grout had sticky black build up. The outer edges of the food prep area cupboards had a stringy/web-like substance. The food prep counter had a broken drawer front with jagged edges. The upper cupboard to the left of the sink had no cupboard door. The lower cupboard where the facility stored plastic containers and pots and pans had a rodent trap directly underneath the cupboard which had a missing door. The gas stove had six burners that had visible thick black buildup. The kitchen exit door had a gap approximately ¼ inch tall and approximately 5 inches long to the bottom left of the door where daylight is seeped through. The facilities undated "Kitchen/Food Sanitation" policy documented that facility staff should wipe down the stove top with hot soapy water after	S5370		

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S5370	Continued From page 18 each use and after the last meal was prepared staff cleaned inside the stove top and washed away any loose food or crumbs. Staff swept the kitchen floor as needed. Kitchen would be swept and mopped at least once daily after the last meal was prepared. 8) At 11:10 AM the basement of the facility was used for storage of miscellaneous items including decorations and paperwork and used by the home in the event of a tornado. There was a floor lamp used to the left of the stairs for additional lighting. There was a storm shelter door to the left of the stairs that had rodent traps on either side that appeared dusty and unkept with scattered deceased insects/bugs on the stair ledge edges. The center of the floor to the left of the stairs had a large area approximately 3.0 feet by 3.0 feet of free-standing water that appeared to be ½ inch deep. To the right of the stairs was a dark unlit unkept area that was gritty and dusty and had some inner walls damaged with holes in them. The facilities undated policy "Johnsonville Home Detailed Written Emergency Management Plan," "Tornado" documented, "In case of a tornado, all staff and residents shall proceed to the basement and take cover. Staff shall gather all residents and assist them down the basement stairs. Everyone should kneel or sit against the east wall behind the stairs". Observations on 09/10/25 revealed the following: 1) At 11:54 AM the bedroom ceiling on the south side of home in room three used by R3 and R4 was scattered with dark yellow stains. The	S5370		

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S5370	Continued From page 19 bathroom had a vanity, medicine cabinet, and commode. The medicine cabinet had toiletry items in it including a used denture cup, toothbrush and toothpaste. The commode had no toilet seat attached. The surrounding three walls to the commode were peeling and had thick dried dark yellow/brown streaking-stained areas extending in a downward motion towards the tiled flooring. To the lower part of the wall directly to the right and behind the commode was a thick black velvety matted textured substance extending from the tiles on the floor in an upward direction to the lower portion of the wall. Directly to the left base of the commode was a dark yellow and brown dried matter. The tiled floor to the left of the commode had a thick black velvety matted textured substance extending from behind the commode. The tiled floor directly to the left of the commode had dark yellow/brown stained matter with a white furry substance growing on top of the first layer of thick black velvety matted textured substance. The water fill valve coming directly out of the flooring had a thick velvety matted substance surrounding the floor opening. The tubing from the fill valve leading into the commode tank had a thick white dried rough textured substance to the silver tubing closest to the flooring, the remaining silver tubing had a thick dried brown, green, yellow rough texture substance extending to the base of the commode tank. The grout to the tiled floor had a thick black sticky substance extending towards the entry door of bathroom. The sink lacks the availability of hot water for R3 and R4's use. 2) At 12:58 PM observed the laundry room had three bags of laundry piled on the floor in front of	S5370		

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S5370	Continued From page 20 the washing machine. An interview on 09/10/25 with CNA E she stated the piles of laundry in front of the washer were separated into bags and that she was going to clean them. 3) At 02:25 PM observed cares being given to R2 in room one. R4 was in bed on right side facing towards R2 while cares were being given. No privacy curtain was offered or available in room during cares. An interview and observation on 09/09/25 with Administrative Nurse A, observed a privacy curtain in room two, Administrative Nurse A stated they move it from room to room as needed. The facility's "Johnsonville Home LLC Admission Agreement for Residential Care" policy documented "Utilities". Johnsonville Home LLC will furnish your Bedroom Unit with water, electricity, heat and air conditioning. Maintenance: Johnsonville Home LLC will perform all necessary maintenance and repairs of your Bedroom Unit at its own expense". "Housekeeping: All housekeeping services will be provided for you under the contract and terms of the HCBS/FE (home and community based services) or PD (physical disabilities) program. Your Bedroom Unit will be "picked up" and spot cleansed daily and thoroughly cleaned on a weekly basis. All cleaning supplies will be furnished by the facility". The facility's undated "Service Plan," policy documented Johnsonville Home will provide or	S5370		

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S5370	Continued From page 21 coordinate the range of services identified and specified in the negotiated service agreement. Housekeeping services essential for the health, comfort and safety of residents. Other services necessary to support the health and safety of the residents. Johnsonville Home will provide routine maintenance, including control of pests and rodents, and repairs of each resident's bedroom and common areas inside and outside the facility as specified in the admission agreement. The operator failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public.	S5370		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2) The facility reported a census of eight residents and one day care resident. Based on observation and interview, the operator failed to ensure water distribution systems should be arranged to always provide hot water at hot water outlets.	S5380		

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S5380	Continued From page 22 Findings included: - Observation on 09/09/25 during the initial tour revealed that the north side of facility had one bathroom for two residents in room one and two residents in room two to share equipped with a sink, toilet and shower. Room one had a visitors/staff bathroom equipped with a sink and toilet. The south side of the facility had one bathroom in room four with a sink, bathtub and shower and one bathroom in room three equipped with a toilet and sink. The kitchen had one sink for dishwashing and hand hygiene. - Observation on 09/09/25 at approximately 10:20 AM during the initial tour the surveyor was unable to obtain hot water from the sink or shower to obtain a hot water temperature in bathroom on the north side of facility. - An interview on 09/09/25 at approximately 10:20 AM Administrative Staff A confirmed that the north side of the facility, including public/staff bathroom and the bathroom shared by the residents in room one and room two currently had no hot water. Administrative Staff A states that visitors and staff can go to the south side of the building for hand hygiene. - Observation on 09/09/25 during initial tour at approximately 10:35 AM surveyor attempted to obtain hot water reading from room four's bathroom sink faucet and no water would flow. - On 09/09/25 at approximately 10:35 AM Administrative Staff A confirmed no water flowed	S5380		

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S5380	Continued From page 23 out of the faucet. An Interview on 09/09/25 at approximately 02:10 PM with Resident (R)5 stated he hasn't had hot water for showers or hand hygiene in the bathroom near his room for approximately the past month. His unidentified roommate was present during the interview and stated "yeah we both take cold showers because they don't offer us any other shower". An Interview on 09/09/25 at approximately 02:30 PM Administrative Staff A stated that R5 and unidentified roommate were offered a hot shower on the South side of the facility in room four's bathroom shower. Observation on 09/09/25 at approximately 02:35 PM revealed surveyor returned to room four's bathroom with Administrative Staff A to obtain a hot water temperature. Administrative Staff A confirmed there was still no water flowing from faucet. The operator failed to ensure water distribution systems were arranged to always provide hot water at hot water outlets.	S5380		
S9999	Final Observations KAR 26-42-103(c) If the home plus admits residents with dementia, the administrator or operator shall ensure the provision of staff education, at orientation and at least annually thereafter, on the treatment and appropriate response to persons who exhibit	S9999		

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S9999	Continued From page 24 behaviors associated with dementia. This requirement is not met as evidenced by: scope and severity of F: The facility reported a census of eight residents with one adult day care resident. Three out of six residents sampled had a diagnosis of dementia or cognitive impairment. Based on interview and record review the administrator failed to provide dementia training to direct care staff upon hire for five out of five sampled staff. Findings included: - Record review for Certified Medication Aide (CMA) D revealed a hire date of 07/18/25. The record lacked evidence of documentation dementia training was completed upon hire. - Record review for Certified Nurse Aide (CNA) J revealed a hire date of 06/06/25. The record lacked evidence of documentation dementia training was completed upon hire. - Record review for Licensed Nurse G revealed a hire date of 08/22/25. The record lacked evidence of documentation dementia training was completed upon hire. - Record review for Dietary Staff H revealed a hire date of 08/22/25. The record lacked evidence of documentation dementia training was completed upon hire. - Record review for Housekeeping Staff K revealed a hire date of 06/20/25. The lacked evidence of documentation dementia training	S9999		

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S9999	Continued From page 25 was completed upon hire. On 09/09/25 at 11:15 AM Administrative Staff A confirmed dementia training for staff had not been completed upon hire. The administrator failed to provide dementia training to direct care staff upon hire for five out of five sampled staff.	S9999		