STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N085012	A. BUILDING: _____ B. WING _____	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST RETIREMENT COMMUNITY	1501 EAST MAGNOLIA ROAD SALINA, KS 67401

(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 citation represents the findings of a resurvey with a complaint (#194346) at the above named facility conducted on 09/24/25.	S 000		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (e) The census equaled 41 residents. Based on record review and interview for all residents receiving meal services, Operator/ Licensed Nurse (LN) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation with Operator/ LN A during the initial tour on 09/24/25 at 09:38 AM of the facility kitchen revealed a reach-in freezer and a walk-in refrigerator and freezer containing food. The reach-in freezer contained one plastic bag of fries, one plastic bag of tater tots and one paper box containing shrimp, which were not sealed. The walk-in refrigerator contained two clear bottles containing liquid, which were not dated or	S3299		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3299	Continued From page 1 labeled. Dietary Supervisor C identified one bottle as containing ketchup and one bottle as containing a raspberry dressing. Interview on 09/24/25 at approximately 09:42 with Operator/ LN A confirmed the above food items were not sealed and further confirmed all food items were to be sealed. Interview on 09/24/25 at approximately 09:45 with Operator/ LN A and Dietary Supervisor C confirmed the two clear bottles were not labeled or dated and further confirmed they should be. Facility failed to provide a requested food storage policy. For all residents of the facility, Operator/ LN A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		