STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B044001	A. BUILDING: _____ B. WING _____	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE OF MERIDEN NORTH	6313 HIGHWAY K 4 MERIDEN, KS 66512

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached incident #196594 and 192230 at the above named home plus facility conducted on 10/08/25.	S 000		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) The facility reported a census of five residents with three residents included in the sample. Based on interview and record review the administrator failed to obtain signatures of each individual involved in the development of the "Negotiated Service Agreements" (NSA) for Resident (R) 1, R2, and R3. Findings included: - Record review for R1 revealed an admission date of 06/19/25 with a diagnosis of macular degeneration. The 07/23/25 Functional Capacity Screen (FCS) identified R1 was unable to perform management of medications and treatments; was independent	S5126		

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

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S5126	Continued From page 1	S5126		

with bathing, dressing, toileting, transfers, walking/mobility, and eating; was continent of bladder; had decision making difficulty; usually understood others during communication; and was at risk of falls.

The 07/23/25 Negotiated Service Agreement (NSA) for R1 listed facility staff as provider for management of treatments and family as provider of management of medications. The NSA instructed staff to allow R1 time to respond when communicating and to familiarize with routine and anticipate needs to prevent falls.

The 07/23/25 Healthcare Service Plan (HSP) instructed the facility nurse to delegate to certified staff the administration of medications and staff instructed R1 to use nonskid socks or shoes to prevent falls.

R1's NSA lacked evidence of documentation of each individual's signature involved in the development of the NSA.

On 10/08/25 at 01:14 PM Administrative Nurse B confirmed R1's record lacked evidence of documentation of each individual's signature involved in the development of the NSA.

- Record review for R2 revealed an admission date of 08/09/22 with the following diagnoses: dementia, repeated falls, and schizoaffective disorder.

The 09/14/25 Functional Capacity Screen identified R2 required physical assistance with bathing, dressing, toileting, and management of medications and treatments; was independent

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S5126	Continued From page 2	S5126		

with transfers and mobility; was at risk of falls; and had impaired decision-making.

The 09/14/25 NSA documented facility staff provided physical assistance with bathing, dressing, toileting, and management of medications and treatments. The NSA documented staff encouraged R1 to eat, kept routine constant for cognition, and placed tip bars on wheelchair to prevent falls.

R2's NSA lacked evidence of documentation of each individual's signature involved in the development of the NSA.

On 10/08/25 at 01:52 PM Administrative Nurse B confirmed R2's record lacked evidence of documentation of each individual's signature involved in the development of the NSA.

- Record review for R3 revealed an admission date of 05/07/24 with the following diagnoses: diffuse traumatic brain injury, atrial fibrillation, unsteadiness on feet, atelectasis, and hypertension.

The 08/15/25 FCS identified R3 required physical assistance with bathing, dressing, toileting, transfers, eating, and management of medications and treatments; was unable to perform mobility; was frequently incontinent of bladder; had short-term memory, long-term memory, memory/recall, and decision-making difficulties; was usually understandable and usually understood others with communication; and had impaired vision and impaired decision-making.

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S5126	Continued From page 3 The 08/15/25 Negotiated Service Agreement (NSA) listed staff and outside provider were responsible for bathing, dressing, toileting, transfers, mobility, eating, management of medications and treatments, cognition assistance, prevention of falls, assistance with glasses for vision, and assistance with making decisions. R3's NSA lacked evidence of documentation of each individual's signature involved in the development of the NSA. On 10/08/25 at 03:35 PM Administrative Nurse B confirmed R3's record lacked evidence of documentation of each individual's signature involved in the development of the NSA. The administrator failed to obtain signatures of each individual involved in the development of the "Negotiated Service Agreements" (NSA) for Resident (R) 1, R2, and R3.	S5126		
S5127 SS=D	26-42-202 (i) NSA Services Received (i) Each administrator or operator shall ensure that each resident receives services according to the provisions of that resident ' s negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(i) The facility reported a census of five residents with three included in the sample. Based on	S5127		

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S5127	Continued From page 4	S5127		

interview and record review the administrator failed to ensure R2 received assistance by staff to complete bathing according to his Negotiated Service Agreement (NSA).

Findings included:

- Record review for R2 revealed an admission date of 08/09/22 with the following diagnoses: dementia, repeated falls, and schizoaffective disorder.

The 09/14/25 Functional Capacity Screen identified R2 required physical assistance with bathing.

The 09/14/25 NSA documented facility staff provided physical assistance with bathing two days a week.

The 09/14/25 Healthcare Service Plan instructed facility staff to assist with safe entrance and exit of the shower.

Review of R2's record revealed the facility failed to provide documentation any bathing had been completed in the previous 30 days.

On 10/08/25 at 03:09 PM R2 appeared disheveled with hair unclean and an odorous smell.

On 10/08/25 at approximately 03:11 PM R2 stated yesterday he was told he had to shower himself. R2 stated he did not get a shower and cannot remember the last time he had one.

On 10/08/25 at 11:04 AM Administrative Staff A

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S5127	Continued From page 5 confirmed the medical record does remind staff to document showers, they are not documented, and she is unaware of the last shower he was given. The administrator failed to ensure R2 received assistance by staff to complete bathing according to his NSA.	S5127		
S5130 SS=D	26-42-202 (j) NSA Outside Resources (j) If a resident's negotiated service agreement includes the use of outside resources, the designated staff shall perform the following: (1) Provide the resident, the resident's legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(j)(3) The facility reported a census of five residents with three included in the sample. Based on interview and record review the administrator failed to ensure R3's outside resource was monitored for professional standards of practice. Findings included:	S5130		

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S5130	Continued From page 6 - Record review for R3 revealed an admission date of 05/07/24 with the following diagnoses: diffuse traumatic brain injury, atrial fibrillation, unsteadiness on feet, atelectasis, and hypertension. The 08/15/25 FCS identified R3 required physical assistance with bathing, dressing, toileting, transfers, eating, and management of medications and treatments; was unable to perform mobility; was frequently incontinent of bladder; had short-term memory, long-term memory, memory/recall, and decision-making difficulties; was usually understandable and usually understood others with communication; and had impaired vision and impaired decision-making. The 08/15/25 Negotiated Service Agreement (NSA) listed staff and outside provider were responsible for bathing, dressing, toileting, transfers, mobility, eating, management of medications and treatments, cognition assistance, prevention of falls, assistance with glasses for vision, and assistance with making decisions. Review of R3's record revealed no documentation from visits of the local agency who provided services as an outside resource. On 10/08/25 at 03:00 PM Administrative Nurse B stated each outside provider is expected to complete a check in form at each visit. On 10/08/25 at 03:02 PM Administrative Staff A confirmed R3's record did not include any check	S5130		

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S5130	Continued From page 7 in forms since May of 2025. The administrator failed to ensure R3's outside resource was monitored for professional standards of practice.	S5130		
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 five residents. The facility had a main kitchen where food was stored, prepared, and served to all residents. Based on observation and interview the administrator failed to ensure foods were stored under safe conditions. Findings included: - Observation on 10/08/25 at approximately 11:30 AM revealed a refrigerator/freezer unit was in the facility's main kitchen which contained food items for the residents. A thermometer was not located within the refrigerator space. A temperature log was not present.	S5195		

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S5195	Continued From page 8 Observation on 10/08/25 at 11:48 AM revealed a chest freezer in the laundry room with no temperature log present. On 10/08/25 at 11:33 AM Certified Nurse Aide E confirmed she could not find a thermometer in the refrigerator. On 10/08/25 at 02:26 PM Administrative Staff A confirmed there were no temperature logs for the refrigerators or freezers. The 2005 dietary guidelines instructed refrigerated foods to be kept below 40 degrees Fahrenheit. Temperatures should be checked with an appliance thermometer. The administrator failed to ensure foods were stored under safe conditions.	S5195		