STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089086	A. BUILDING: _____ B. WING _____	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSDALE PLACE LLC	1402 SW LANCASTER STREET TOPEKA, KS 66604

(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 for the above named home plus facility conducted on 12/01/25.	S 000		
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 (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed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 (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two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:	S5316		

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

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S5316	Continued From page 1 KAR 26-42-205(i) The facility reported a census of seven residents. Based on interview and record review the operator failed to ensure a licensed nurse and medication aides maintained records of medications managed by the home for an accurate reconciliation when three controlled medications had less than the amount in their containers than was documented in the medication count book. Findings included: - Observation and record review of the controlled medications count reconciliation book on 12/01/25 at approximately 12:56 PM revealed a bottle of morphine sulfate 100 milligrams per five milliliters containing approximately 17 milliliters. The "Controlled Substance Record" read 22.75 as the "amount remaining" with each dose being 0.25 milliliters which equates to approximately 23 missing doses. On 12/01/25 at approximately 12:58 AM Administrative Staff A and Certified Medication Aide B confirmed the controlled medication container contained less than what was documented in the reconciliation book and unable to explain the discrepancy. The facility's undated "Medication Administration Policy and Procedure" read all medications would have proper records for accurate reconciliation. The operator failed to ensure a licensed nurse and medication aides maintained records of	S5316		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5316	Continued From page 2 medications managed by the home for an accurate reconciliation.	S5316		
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 seven 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 locked areas. Findings included: - Observation on 12/01/25 at 12:24 PM revealed the north public bathroom door was open with one container of 75 disinfectant wipes was sitting on the floor next to the toilet with label that read "Keep out of reach of children:" - Observation on 12/01/25 at approximately 12:25 PM revealed an unlockable storage unit in the south public bathroom. The following	S5335		

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S5335	Continued From page 3 chemicals were in the unit labeled "Keep out of reach of children" One container of 75 disinfectant wipes One 32 fluid ounce spray bottle of surface disinfectant One 480 milliliter spray bottle of malodor neutralizer - Observation on 12/01/25 at approximately 01:13 PM revealed the cabinet below the kitchen sink which had a child lock was unsecured. The following chemicals inside had labels that read "Keep out of reach of children:" One container 95 dishwasher pods One container 120 laundry pods One container 75 disinfectant wipes One spray bottle window cleaner One container 70 fluid ounce Dawn dishsoap On 12/01/25 at approximately 01:42 PM Administrative Staff A confirmed chemicals were not in locked areas. The facility's undated "Chemical Storage Policy" read all poisonous compounds and cleaning supplies were to be in a locked cabinet. 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 locked areas.	S5335		