Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089081	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY PLACE #1	618 SW OAKLEY AVENUE TOPEKA, KS 66606

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure survey for the above named Home Plus facility conducted on 12/10/2025.	S 000		
S5116 SS=D	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; (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)(2) The facility reported a census of eight residents(R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure designated staff reviewed and revised, if necessary, the "Negotiated Service Agreement" for one (R5) of three sampled residents following a significant change in condition as defined in KAR 26-39-100.	S5116		

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

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S5116	Continued From page 1 Findings Included: - Review of R5's medical record revealed she moved into the facility on 07/15/25 with a diagnosis of dementia. R5's "Functional Capacity Screen" (FCS) dated 10/27/25 revealed she was unable to perform any part of the task for transfers or management of medical treatments. She needed physical assistance with all other activities of daily living and had impaired cognition and bladder incontinence. R5's "Negotiated Service Agreement" (NSA) dated 10/27/25 identified she used a hoyer lift for all transfers, staff needed to check and change her every two hours, she wore incontinent briefs, and qualified staff would manage her medications and medical treatments. The NSA also identified she received Hospice services from a local Hospice company. The NSA did not include services to help reduce the risk for pressure ulcers. Review of the Hospice notes revealed on 10/29/25 R5 had developed a new stage two pressure ulcer (broken through the top layer of the skin and part of the layer below) to her coccyx. Observation on 12/10/25 at 02:50 PM Certified Nurse Aide (CNA) F and Certified Nurse Aide G took R5 to her room to check and change her. They used a mechanical lift to transfer her out of the Broda chair (a type of wheelchair) onto her bed. When staff had removed her pants, it revealed she was incontinent of bowel (BM) and	S5116		

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S5116	Continued From page 2 bladder. She had a large foam dressing on her right side of her buttocks which covered her coccyx that was covered in Bmand was up under the dressing. After CNA F provided peri-care observation revealed an open area measuring approximately 0.7 centimeters x 0.2 cm with white at the center. Interview on 12/10/25 at 03:42 PM Licensed Nurse B stated she had not revised the NSA to include services related to the development of a new stage two pressure ulcer. The operator failed to ensure designated staff reviewed and revised the NSA for R5's when she developed a stage two pressure ulcer.	S5116		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.	S5192		

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S5192	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility reported a census of eight residents. Based on record review and interview, the operator failed to ensure staff prepared food using safe methods to ensure staff served foods at the proper temperature for all residents in the facility. - During initial tour on 12/10/25 at 10:01 AM Administrative Nurse B provided the food temperature logs that were on the refrigerator. The logs were from 11/29/25 to current day, which revealed the following: 11/29/25 lacked food temperatures dinner. 11/30/25 lacked food temperatures dinner. 12/02/25 lacked food temperatures lunch and dinner. 12/03/25 lacked food temperatures lunch. 12/05/25 lacked food temperatures dinne.r 12/06/25 lacked food temperatures for all three meals. 12/07/25 lacked food temperatures for all three meals. 12/09/25 lacked food temperatures for dinner. Interview on 12/10/25 at 12:35 PM Administrative staff A confirmed staff were supposed to be taking and logging the temperatures of foods they prepare. According to the " Dietary Guidelines for Americans 2005" recommends using a clean thermometer that measures the internal temperature of cooked food to make sure food is	S5192		

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S5192	Continued From page 4 cooked to and held at proper temperatures and to keep food out of the "danger zone" (40 degrees Fahrenheit to 140 degrees F) where bacteria can multiply rapidly. The operator failed to ensure staff checked the temperature of foods to ensure staff cooked it to the proper temperature as well as served at a proper temperature.	S5192		
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 six residents. Based on observations and interview the operator failed to ensure staff stored all foods under safe and sanitary conditions. Findings included: - Observation on 12/10/25 at 10:01AM Licensed Nurse B provided a notebook that included water temps and refrigerator temperature logs. The section for refrigerator temperatures had no logs since 2022.	S5195		

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S5195	Continued From page 5 Interview on 12/01/25 at 12:35 PM Administrative Staff A reported she did not think they had been keeping refrigerator logs since she had been at the facility. Dietary guidelines for Americans 2005 recommend: Bacteria grow most rapidly in the range of 40 degrees Fahrenheit (F) and 140 degrees F The refrigerator should be set at no higher then 40 degrees F and the freezer at 0 degrees F and these temperatures should be checked with an appliance thermometer. The operator failed to ensure staff stored foods within an appropriate range for safe storage.	S5195		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by:	S5230		

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S5230	Continued From page 6 K.A.R 26-42-207(c) The facility reported a census of eight residents(R). The sample included three residents and five newly hired employees. . Based on interview and record review for four of five newly hired employees the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of four newly hired employees record revealed the following: Licensed Nurse B hired on 09/17/24 did not have her annual TB symptom screen completed until 11/24/25. Certified Nurse Aide C hired on 08/06/24 had a TB symptom screen completed upon hire and on 10/25/25 but dd not have her annual completed until 11/24/25. Certified Nurse Aide D hired on 09/18/24 did not have her annual TB symptom screen completed until 11/24/25. Administrative Staff E hired on 04/23/25 received her first-step TB skin test on 04/21/25 but did not receive a second TB skin test. Interview on 12/10/25 at 01:45 PM Administrative Staff A confirmed the TB symptoms screens were to be completed annually and they were done late. She also reported she did not think office	S5230		

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S5230	Continued From page 7 staff needed the Two-step TB skin, just one. Review of the "Tuberculosis Guidelines for Adult Care Homes" dated June 2013 revealed: Each new employee shall receive a two-step tuberculosis skin test (TST) ... within seven days of employment. It also directed that employees shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire." For four of five newly hired employees the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of eight residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury including the	S5251		

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S5251	Continued From page 8	S5251		

time and date of occurrence, action taken, and results of the action for one (R5) of three sampled residents who developed a stage two pressure ulcer.

Findings included:

- Review of R5's medical record revealed she moved into the facility on 07/15/25 with a diagnosis of dementia.

R5's "Functional Capacity Screen" (FCS) dated 10/27/25 revealed she was unable to perform any part of the task for transfers or management of medical treatments. She needed physical assistance with all other activities of daily living and had impaired cognition and bladder incontinence.

R5's "Negotiated Service Agreement" (NSA) dated 10/27/25 identified she used a hoyer lift for all transfers, staff needed to check and change her every two hours, she wore incontinent briefs, and qualified staff would manage her medications and medical treatments. The NSA also identified she received Hospice services from a local Hospice company.

Review of the Hospice notes revealed on 10/29/25 R5 had developed a new stage two pressure ulcer (broken through the top layer of the skin and part of the layer below) to her coccyx.

Review of the nursing progress notes from 10/01/25 to 12/10/25 lacked documentation of R5's pressure ulcer, a description of the wound, treatment, and results of the treatment.

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S5251	Continued From page 9 Observation on 12/10/25 at 02:50 PM Certified Nurse Aide (CNA) F and Certified Nurse Aide G took R5 to her room to check and change her. They used a mechanical lift to transfer her out of the Broda chair (a type of wheelchair) onto her bed. After CNA F provided peri-care observation revealed an open area measuring approximately 0.7 centimeters x 0.2 cm with white at the center. Interview on 12/10/25 at 03:42 PM Licensed Nurse B confirmed she had not documented descriptions of the wound in the facility progress notes. The operator failed to ensure the resident's record included documentation when R5 developed a stage two pressure ulcer.	S5251		