STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089002	A. BUILDING: _____ B. WING _____	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK CREEK SENIOR LIVING	3224 SW 29TH STREET TOPEKA, KS 66614

(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 complaint 196551, 195582, and 193933 at the above named residential healthcare facility conducted on 01/20/26-01/22/26.	S 000		
S3026 SS=D	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(1)(C) The facility reported a census of 33 residents with three included in the sample, one focused record review, and one closed record review. Based on interview and record review, the operator failed to protect Resident (R) 5 from exploitation when Certified Medication Aide (CMA) F took a card of oxycodone medication (a controlled substance) belonging to R5. Findings included: - Record review for R5 revealed an admission date of 10/30/19 with diagnoses of diabetes	S3026		

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

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S3026	Continued From page 1 mellitus and hypothyroidism. The 10/31/25 Functional Capacity Screen identified R5 required physical assistance with management of medications and treatments. The 10/17/24 combined Negotiated Service Agreement and Healthcare Service Plan identified facility staff would administer some medications including intramuscular medications. Review of untitled document signed by Administrative Staff A on 03/05/25 documented Certified Medication Aide F was found to have taken the tablets of medication from a card of oxycodone (a controlled substance) belonging to R5 on 03/01/25. She admitted to committing the crime in the allegation on 03/03/25 and was subsequently terminated. On 01/20/26 at 3:17 PM Administrative Staff A confirmed all staff complete abuse, neglect, and exploitation on hire. On 01/20/26 at 03:25 PM Administrative Staff A confirmed she had not notified R5 or her family of the incident, she had not reimbursed or offered reimbursement to R5, nor reported the exploitation incident to law enforcement or the state department. The operator failed to protect R5 from exploitation when CMA F took a card of oxycodone medication belonging to R5.	S3026		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting	S3028		

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S3028	Continued From page 2 (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3) The facility reported a census of 33 residents with three residents included in the sample, one focused record review, and one closed record	S3028		

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S3028	Continued From page 3	S3028		

review. Based on interview and record review the operator failed to report an allegation of exploitation to the department within 24 hours when Resident (R) 5 had controlled substance medication stolen.

Findings included:

- Record review for R5 revealed an admission date of 10/30/19 with diagnoses of diabetes mellitus and hypothyroidism.

The 10/31/25 Functional Capacity Screen identified R5 required physical assistance with management of medications and treatments.

The 10/17/24 combined Negotiated Service Agreement and Healthcare Service Plan identified facility staff would administer some medications including intramuscular medications.

Review of untitled document signed by Administrative Staff A on 03/05/25 documented Certified Medication Aide F was found to have taken the tablets of medication from a card of oxycodone (a controlled substance) belonging to R5 on 03/01/25. She admitted to committing the crime in the allegation on 03/03/25 and was subsequently terminated.

Department records indicate the facility failed to report allegation of exploitation.

On 01/20/26 at 03:25 PM Administrative Staff A confirmed she had not reported the exploitation incident to law enforcement or to the department.

The operator failed to report an allegation of

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S3028	Continued From page 4 exploitation to the department within 24 hours when Resident (R) 3 had controlled substance medication stolen.	S3028		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 33 residents with three residents included in the sample, one focused record review, and one closed record review. Based on record review and interview the operator failed to ensure the Negotiated Service Agreement (NSA) for all residents listed the licensed nurse responsible for implementing and supervising their Healthcare Service Plans (HSP). Findings included: - Record review for Resident (R)1, R2, and R3 revealed the NSAs failed to name the licensed nurse responsible for implementing and supervising the HSPs. On 01/22/26 at approximately 11:15 AM Administrative Staff A and Administrative Nurse B confirmed the NSAs within the new electronic	S3165		

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S3165	Continued From page 5 medical record did not list the licensed nurse responsible for the HSPs.. The operator failed to ensure all residents' NSAs named the licensed nurse responsible for implementing and supervising their HSPs.	S3165		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 33 residents with three residents included in the sample, one focused record review, and one closed record review. Based on observation, interview, and record review the operator failed to ensure a low air loss mattress was properly used according to manufacturer or provider recommendations for Resident (R) 2. Findings included: - Record review for R2 revealed an admission date of 08/01/24 with a diagnosis of diabetes mellitus. The 02/18/25 Functional Capacity Screen identified R2 was unable to perform bathing, dressing, toileting, transferring, walking/mobility,	S3171		

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S3171	Continued From page 6 eating, and management of medications; was incontinent of bladder; had short-term memory and memory/recall cognitive difficulties; was usually understandable and usually understood others during communication; and was at risk of falls. The 02/18/25 combined Negotiated Service Agreement and Healthcare Service Plan for R2 acknowledged facility staff and a local hospice agency provided total assistance with bathing, dressing, toileting, transferring, walking/mobility, eating management of medications, and with cognitive difficulties. Review of "Observations" dated 01/12/26at 03:51 PM documented R2 sleeps on a low air loss mattress. Observation on 01/22/26 at 11:21 AM revealed a low air loss mattress applied to R2's bed with the static button turned on. On 01/22/26 at approximately 12:15 PM Administrative Nurse B stated she does not have instructions or settings from R2's hospice provider or the manual for the mattress. The operator failed to ensure a low air loss mattress was properly used according to manufacturer or provider recommendations for R2.	S3171		
S3200 SS=F	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the	S3200		

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S3200	Continued From page 7	S3200		

administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met:
(1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility.
(2) Medication aides shall not administer medication through the parenteral route.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(d)(1)

The facility reported a census of 33 residents with three included in the sample, one focused record review, and one closed record review. Based on interview and record review the operator failed to ensure only licensed nurses and medication aides administered medications when Certified Medication Aide (CMA) E administered medications while being inactive which had the potential to affect all residents.

Findings included:

- Review of CMA E's employee record revealed a hire date of 04/27/23.

Review of CMA E's current nurse aide registry

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S3200	Continued From page 8 revealed she was inactive 01/12/25 and was reactivated on 02/25/25. Review of R2 and R6's "Med Pass Records" revealed CMA E administered medications on 01/16/25, 01/25/25, 01/26/25, 01/27/25, and 02/18/25 On 01/22/26 at 12:06 PM Administrative Staff A stated she was unaware CMA E's certification was expired from 01/12/25-02/25/25 and confirmed she passed medications and the registry showed inactive during that time. The operator failed to ensure only licensed nurses and medication aides administered medications when CMA E administered medications while being inactive.	S3200		