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	B089098	A. BUILDING: _____ B. WING _____	01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACEFUL HOME LLC	3100 SE ILLINOIS AVE TOPEKA, KS 66605

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaint 192046 and 189600 at the above named home plus facility conducted on 01/27/26.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1) The facility reported a census of eight residents with three included in the sample and one closed record review. Based on interview, observation, and record review the operator failed to ensure the Negotiated Service Agreement (NSA) for Residents (R)1, R2, and R3 described the services they received based on their Functional	S5105		

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

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S5105	Continued From page 1 Capacity Screens (FCS). Findings included: - Record review for R1 revealed an admission date of 01/30/25 with a diagnosis of epilepsy. The 01/10/26 FCS identified R1 required supervision with bathing, dressing, transfers, walking/mobility, and eating; was unable to perform management of medications and treatments; had short term memory, long term memory, memory/recall, and decision-making difficulties; usually understood and sometimes understandable with communication; had impaired decision making; and was at risk for falls. The 01/10/26 Negotiated Service Agreement/Health Care Service Plan (NSA/HSP) documented staff provided reminders to R1 to complete bathing and dressing and administered medications and treatments. The NSA/HSP failed to describe the services he received for cognition difficulties, prevention of falls, impaired decision making, and communication. Observation on 01/27/26 at 12:11 PM R1 was reminded by Certified Medication Aide (CMA) B of the meal time. Observation on 01/27/26 within the five minutes prior to 12:20 PM R1 requested a condiment for his meal three times and CMA B reminded each time there was none and R1 would request a different condiment in which CMA B reminded him that he had some on his plate.	S5105		

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S5105	Continued From page 2 - Record review for R2 revealed an admission date 02/02/24 with diagnoses of dementia, overactive bladder, and abnormal weight loss. The 02/01/25 FCS identified R2 required physical assistance with dressing, toileting, eating, transfers, and walking/mobility; was unable to perform bathing or management of medications and treatments; was occasionally incontinent of urine; had difficulty with short term memory, long term memory, memory/recall, and decision making; was sometimes understood and sometimes could understand when communicating; and had impaired decision making. The 02/01/25 NSA/HSP failed to describe the services R2 received for cognition, communication, and impaired decision making. Observation on 01/27/26 at 09:15 AM two hospice agency staff instructed R2 with each step of care for cognition and sometimes repeated the instructions when communicating. - Record review for R3 revealed an admission date 06/01/24 with diagnoses of Parkinson's and diabetes mellitus. The 06/01/25 FCS identified R3 required physical assistance with dressing, toileting, transfers, and walking/mobility; was unable to perform bathing or management of medications and treatments; was occasionally incontinent of urine; had difficulty with short and long term memory; was usually understood and understandable when communicating; was at risk of falls; and had impaired decision making.	S5105		

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S5105	Continued From page 3 The 06/01/25 NSA/HSP failed to describe the services R3 received for cognition, prevention of falls, and impaired decision making. On 01/27/26 at 12:01 PM Administrative Staff A stated R3 was kept in sight while in wheelchair to prevent her from falling. On 01/27/26 at 12:01 PM Administrative Staff A confirmed R1, R2, and R3's NSAs failed to describe the services provided based on their FCS. The facility's policies and procedures manual failed to include a policy regarding NSA. The operator failed to ensure the NSA for R1, R2, and R3 described the services they received based on their FCS.	S5105		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This	S5215		

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S5215	Continued From page 4 drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of eight residents. Based on interview and record review the operator failed to provide quarterly reviews of the facility's emergency management plan with all staff and residents and furthermore, failed to provide annual evacuation training. Findings included: - On 01/27/26 at 12:31 PM quarterly reviews of the emergency management plan (EMP) since last survey were requested. Review on 01/27/26 at 01:02 PM of the facility's quarterly reviews of the EMP with staff and residents revealed the following dates and topics reviewed: 03/31/25 (first quarter of 2025) fire and severe weather 06/30/25 (second quarter of 2025) tornado, explosion, and gas leak 09/30/25 (third quarter of 2025) missing resident, lack of electricity, and bomb threat 12/20/25 (fourth quarter of 2025) fire, evacuation, and elopement On 01/27/26 at 01:38 PM Administrative Staff A confirmed reviews did not include the facility's entire emergency management plan each quarter.	S5215		

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S5215	Continued From page 5 On 01/27/26 at 12:31 PM the last two annual evacuations were requested which the facility failed to provide. The operator failed to provide quarterly reviews of the facility's emergency management plan with all staff and residents and furthermore, failed to provide annual evacuation training.	S5215		
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: KAR 26-42-207(c) The facility reported a census of eight residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by	S5230		

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S5230	Continued From page 6	S5230		

reference in KAR 26-39-105 for three of four newly hired staff and for Resident (R) 1.

Findings included:

- Record review for Certified Nurse Aide (CNA) C revealed a hire date of 02/21/25. A first step of the TB two-step test (TST) was administered on 02/07/25 and the second step on 02/10/25.

Record review for CNA D revealed a hire date of 09/09/24. The first step of the TB TST was administered on 09/16/24 and the second step on 09/19/24.

Record review for CNA E revealed a hire date of 11/02/25. The first step of the TB TST was administered on 10/15/25 and the second step on 10/18/25.

Review of R1's record revealed an admission date of 01/02/25. The first step of the TB TST was administered on 02/06/25 and the second step on 02/09/25.

On 01/27/25 at 02:11 PM Administrative Staff A confirmed CNA C, CNA D, CNA E, and R1's second step of the TST were administered within two to three days of the first step's administration.

The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented after a negative first step, a second step should be administered in one to three weeks.

The operator failed to ensure the facility remained in compliance with the State Agency's

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S5230	Continued From page 7 tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105, which had the potential to affect all residents.	S5230		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S5315		

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S5315	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h) The facility reported a census of eight residents. Based on observation and interview the operator failed to ensure that all medications and biologicals are stored in accordance with pharmacy or manufacturer recommendations or federal and state laws and regulations. Findings included: - Observation on 01/27/26 at 10:26 AM revealed a medication room unlocked by Certified Medication Aide (CMA) B which stored all medications for residents. The following medications were found: In the refrigerator: One insulin glargine 300 unit pen without resident name or date opened and label that read to discard 28 days after opening One box insulin glargine, five pens, with pharmacy label that read expired 07/30/25 In the medication cart: One bottle aspirin 81 milligrams, 300 tablets without name and expired 01/26 On 01/27/26 at approximately 10:28 PM CMA B was unable to state how long after opening insulin pens should be discarded. On 01/27/26 at approximately 10:35 AM	S5315		

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S5315	Continued From page 9 Administrative Staff A and CMA B confirmed the medications were not labeled according to state regulations and/or was expired. The operator failed to ensure that all medications and biologicals are stored in accordance with pharmacy or manufacturer recommendations or federal and state laws and regulations.	S5315		