STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE 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 citations represent the findings of a Re-Licensure Survey for the above named Assisted Living Facility conducted on 03/31/26 and 04/01/26.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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 26-41-202 (a)(1)(2) The facility reported a census of 37 residents (R). The sample included three residents. Based on interviews and record review the executive director failed to ensure designated staff completed the "Negotiated Service Agreement"	S3085		

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

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S3085	Continued From page 1	S3085		

for three (R3, R4, R5) of three sampled residents based on the resident's "Functional Capacity Screen" and service needs, which included a description of the services the resident received and the provider of each service.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 06/19/23 with diagnoses of dementia, bilateral above the knee amputee, and heart failure.

R3's "Functional Capacity Screen" dated 03/11/26 identified R3 needed physical assistance with all activities of daily living, was unable to participate in management of her medications and medical treatments. It failed to identify her at risk for falls even though she had two falls in October 2025 and one in January 2026.

Interview on 03/31/26 at 02:20 PM Executive Director A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" are one document NSA/HCSP.

R3's NSA/HCSP dated 03/11/26 failed to include a description of services related to physical assistance with eating and failed to include services related to her risk for falls, which included having a tilted wheelchair seat and non-skid strips on the wheelchair cushion. The NSA/HCSP noted "staff" will administer medications and medical treatments.

Interview on 04/01/26 at 01:45 PM Executive Director confirmed the NSA/HCSP did not

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S3085	Continued From page 2	S3085		

include a description of services based on R3 needs and did not specify what "staff" were qualified to administer medications and medical treatments.

The executive director failed to ensure designated staff completed R3's NSA to include a description of services related to her need for physical assistance with eating, fall interventions, and who was qualified to administer medications and medical treatments.

- Review of R4's medical record revealed she moved into the facility on 01/17/25 with a diagnosis of heart disease.

R4's "Functional Capacity Screen" (FCS) dated 08/19/26 identified she needed physical assistance with bathing, dressing, transfers walking/mobility and was unable to participate in management of her medications and medical treatments.

Interview on 03/31/26 at 02:20 PM Executive Director A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" are one document NSA/HCSP.

R4's record included NSA/HCSPs dated 08/19/25 identified "Staff to administer medications and treatments as ordered by physician". It did not identify who the qualified "staff" were that could administer medications and medical treatments.

Interview on 04/01/26 at 02:14 PM Administrative Nurse B confirmed R4's NSA/HCSP did not include that only qualified staff would administer

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medications and medical treatments.

The executive director failed to ensure designated staff completed R4's NSA/HCSP to identify what "staff" were qualified to administer medications and medical treatments.

- Review of R5's medical record revealed he moved into the facility on 12/02/25 with diagnosis of muscle spasms and cerebral infarct with right side weakness.

R5's "Functional Capacity Screen" dated 03/03/26 identified he needed physical assistance with all activities of daily living except for bathing, had impaired cognition and was unable to participate in management of his medications or medical treatments.

Interview on 03/31/26 at 02:20 PM Executive Director A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" are one document NSA/HCSP.

R5's NSA/HCSP dated 03/03/26 identified the resident received services from a local home health company but failed to identify what services the company provided. It also identified staff were to monitor the residents' skin during bathing and report any concerns to the nurse. It did not identify that he had bilateral pressure wounds on his knees, one on his chest, and an open wound on his bottom. It also failed to include interventions to promote healing or prevention of additional wounds. R5's NSA/HCSP identified "Staff will assist with medications and treatments as ordered by the physician. However, it did not identify who the

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S3085	Continued From page 4 "staff" were that could administer medications and medical treatments. R5's Nursing progress notes included documentation on 12/02/25 that he moved in with dressings in place to his bilateral knees and his left anterior chest with home health assisting with wound care. On 03/03/26 staff documented resident had a new open area to his coccyx. Interview on 04/01/26 at 02:28 PM Administrative Nurse B confirmed the NSA/HCSP did not include the resident received wound management or interventions to promote healing. Administrative Nurse B also confirmed it did not include identification that only qualified staff would administer medications and medical treatments for R5. The executive director failed to ensure designated staff completed R5's NSA/HCSP to identify what "Staff" were qualified to administer medications and medical treatments, that he had pressure wounds, services to help in management of the wounds and promote healing.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement 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	S3092		

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S3092	Continued From page 5 assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility 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 26-41-202 (d)(2) The facility reported a census of 37 residents(R). The sample included three residents. Based on interview and record review the executive director failed to ensure designated staff reviewed and revised the "Negotiated Service Agreement" for two (R3 and R4) of three sampled residents when the residents had a significant change in service needs related to Home Health. Findings included: - Review of R3's medical record revealed she moved into the facility on 06/19/23 with diagnoses of dementia, bilateral above the knee amputee, and heart failure. R3's "Functional Capacity Screen" dated 03/11/26 identified R3 needed physical assistance with all activities of daily living, was unable to participate in management of her medications and medical treatments. Interview on 03/31/26 at 02:20 PM Executive Director A reported the "Negotiated Service	S3092		

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Agreement" and the "Health Care Service Plan" are one document NSA/HCSP.

R3's record included NSA/HCSP dated 08/19/25 and 03/11/26. Each NSA/HCSP identified staff would provide assistance with activities of daily living. The NSA/HCSP dated 03/11/26 identified R3 received services from a local Hospice Company.

R3's record lacked review/revision to the NSA/HCSP to identify she received physical therapy services from a local home health company from 10/22/25 to 12/15/25.

Interview on 04/01/26 at 02:33 PM Executive Director A confirmed she had not completed a "Temporary Service Plan" for when R3 received physical therapy services from 10/22/25 to 12/15/25.

- Review of R4's medical record revealed she moved into the facility on 01/17/25 with a diagnosis of heart disease.

R4's "Functional Capacity Screen" (FCS) dated 08/19/25 identified she needed physical assistance with bathing, dressing, transfers walking/mobility and was unable to participate in management of her medications and medical treatments.

Interview on 03/31/26 at 02:20 PM Executive Director A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" are one document NSA/HCSP.

R4's record included a "Temporary Care Plan"

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S3092	Continued From page 7 included physical therapy and skilled nursing from a local home health company but failed to include revision for when those services discontinued and a different wound company provided services. Interview on 04/01/26 at 02:16 PM Executive Director A confirmed she had not revised R4's NSA/HCSP when wound care services change companies. The executive director failed to ensure designated staff reviewed and revised R4's NSA/HCSP when she changed companies to provide outside services related to wound care.	S3092		
S3261 SS=E	26-41-105 (f) (11) Resident Record 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 26-41-105(f)(11) The facility reported a census of 37 residents (R). The sample included three residents. Based on interview and record review the executive director failed to ensure two (R4, and R5) of three sampled resident records contained documentation of all incidents, symptoms, and other indications of illness or injury, what was	S3261		

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S3261	Continued From page 8 done, and the results of action taken. Findings included: - Review of R4's medical record revealed she moved into the facility on 01/17/25 with a diagnosis of heart disease. R4's "Functional Capacity Screen" (FCS) dated 08/19/25 identified she needed physical assistance with bathing, dressing, transfers walking/mobility and was unable to participate in management of her medications and medical treatments. Interview on 03/31/26 at 02:20 PM Executive Director A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" are one document NSA/HCSP. R4's NSA/HCSPs dated 08/19/25 identified staff would provide assistance with activities of daily living and would administer medications and medical treatments. Review of F4's nursing progress notes included the following documentation: 01/28/25 - Cardiology appointment today with medication changes made. Resident with sore on left great toe, physician notified, and new orders given. The record lacked documentation of what the new orders were and follow-up on results of the medication. 02/13/26- Resident returned from the hospital with new orders. The record lacked what the new orders were and follow-up on results of changes.	S3261		

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S3261	Continued From page 9 03/24/25 - wound care center appointment, see new orders. The record lacked what the new orders were. 04/10/25 - had a wound care center appointment with new orders. The record lacked what the orders were. 06/05/25 - medical provider in facility with left great toe and top of foot red and warm to touch see new orders. The record lacked what the new orders were or follow up. 07/29/25 - Resident with weight gain and heart center notified . Received new orders for Lasix. The record lacked what the orders were and the results of the treatment. 08/20/25 - New Wound Care here for initial visit and will fax over new orders. The record lacked what the new orders were. 09/12/25 - area to left great toe has resolved. 09/29/25 - urinary analysis (UA) obtained per family due to increased incontinence. 10/01/25 - UA results sent to medical provider and new orders received. The record lacked documentation of the new orders and results of treatment. 11/19/25 - Resident had cardiology appointment with new orders. The record lacked documentation about what the new orders were. 02/04/26 - new Lasix order received The record lacked symptoms related to the need for a change in the Lasix orders what the order was, symptoms and results after medications changes made. Interview on 04/01/26 at 01:55 PM Administrative Nurse B reported she would expect to have documentation related to major events or	S3261		

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S3261	Continued From page 10	S3261		

changes. Administrative Nurse B reviewed the documentation and confirmed the nursing record did not include documentation of symptoms, action taken and results of the action.

The executive director failed to ensure designated staff documented in the residents' record all symptoms, action taken and results of that action.

- Review of R5's medical record revealed he moved into the facility on 12/02/25 with diagnosis of muscle spasms and cerebral infarct with right side weakness.

R5's "Functional Capacity Screen" dated 03/03/26 identified he needed physical assistance with all activities of daily living except for bathing, had impaired cognition and was unable to participate in management of his medications or medical treatments.

Interview on 03/31/26 at 02:20 PM Executive Director A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" are one document NSA/HCSP.

R5's NSA/HCSP dated 03/03/26 identified staff provided physical assistance with activities of daily living and administered his medications and medical treatments. It also identified he received outside services from a homme health company.

Review of R5's nursing progress notes revealed the following documentation
12/02/25 - Dressing in place to bilateral knees and left anterior chest.
12/03/25 - Home health will be in facility

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S3261	Continued From page 11	S3261		

tomorrow for wound care, dressings to knees and left chest remain in place.
This is the last documentation in the facility notes related to R5's wounds until 03/03/26 when he developed a coccyx wound.
12/15/25 - went for chemo treatment, see new orders for post treatment.
The record failed to include what the orders were and status post treatment.
R5 had Chemo treatment on 01/06/26 , 01/26/26 and the record lacked follow up as to the orders post treatment and resident status.
02/09/26 - R5 complained of lower leg discomfort feeling as if tingling and burning, medical provider notified, see new orders.
The record lacked documentation of what the orders were and results of starting the medications.
02/19/26 - Resident continues to complain of muscle spasms, medical provider in facility see new orders.
The record lacked documentation of new orders and results of treatment.
03/03/26 - Open area to coccyx medical provider notified, see new orders.
The record lacked documentation of the orders and further documentation with a description of the resident's coccyx wound.

Review of the home health notes revealed since 03/06/26, R5 has refused to allow the homme health nurse to change the dressing to his coccyx and facility staff have been completing the dressing change. The record lacked a description of R5's coccyx wound.

Interview on 04/01/26 at 02:23 PM Administrative Nurse B reviewed the documentation and

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S3261	Continued From page 12 confirmed the nursing record did not include documentation related to R5's wounds or other symptoms, action taken and results of the action. The executive director failed to ensure designated staff documented in the residents' record all symptoms, action taken and results of that action.	S3261		
S3310 SS=E	26-41-207 (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; and (c) Each administrator or operator shall ensure the facility ' 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 26-41-207(c) The facility reported a census of 37 residents (R). The sample included three residents and review of five newly hired employees' records. Based on interview and record review the executive director failed to ensure the facility	S3310		

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S3310	Continued From page 13 remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105, for two (R3 and R4) of three sampled residents. Findings included: - R3 moved into the facility on 06/19/23 with diagnoses of dementia and heart failure. R3's record included a TB Symptom Screen Questionnaire completed on admission and then written on the bottom of the page it had handwritten- No Symptoms, the nurses' signature, then the dates, 09/18/24 and another notation dated 09/16/25. - R4 moved into the facility on 01/17/25 with diagnosis of heart disease. R4's record included a TB Symptom Screen Questionnaire completed on admission and written on the bottom No Symptoms, the nurses' signature, then the date 09/16/25. R4's record also identified she was hospitalized twice since admission into the facility returning on 11/13/25 and 02/13/26. The record did not include a completed TB Symptom Screen Questionnaire when she returned from the hospital. Interview on 04/01/26 at 02:04 PM Executive Director A confirmed staff had not completed a new TB Symptom Screen Questionnaire annually for R3 and R4 and did not complete one when R4 returned from the hospital.	S3310		

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S3310	Continued From page 14 Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each resident shall have an annual TB symptom screen completed that includes the components of the Tuberculosis Symptom Screen Review Questionnaire. It also identified each resident shall have a TB Symptom Screen Questionnaire completed upon return from a hospitalization or a therapeutic leave. The executive director failed to ensure a TB Symptom Screen Questionnaire was completed annually and when a resident returned from a hospitalization.	S3310		