| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| STAR LIVING AT OWENS LN | 2116 OWENS LANE LAWRENCE, KS 66046 |

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| S 000 | INITIAL COMMENTS<br><br>The following represent the findings of an initial certification survey for the above named Home Plus facility conducted on 05/07/26. | S 000 | | |
| S 115 SS=F | 26-39-103 (d) Resident Right Inspection of Records<br><br>(d) Inspection of records.<br>(1) The administrator or operator shall ensure that each resident or resident's legal representative is afforded the right to inspect records pertaining to the resident. The administrator or operator, or the designee, shall provide a photocopy of the resident's record or requested sections of the resident's record to each resident or resident's legal representative within two working days of the request. If a fee is charged for the copy, the fee shall be reasonable and not exceed actual cost, including staff time.<br>(2) The administrator or operator shall ensure access to each resident ' s records for inspection and photocopying by any representative of the department.<br><br>This STANDARD is not met as evidenced by:<br>0115<br>KAR 26-39-103(d)(2)<br><br>The facility reported a census of seven residents. Based on interview and record review the operator failed to ensure access to each resident's records for inspection by any representative of the department.<br><br>Findings included: | S 115 | | |

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

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| S 115 | Continued From page 1<br><br>- An observation on 05/07/26 at 10:00 AM revealed the lack of centralized access to resident medical records. In order to review resident records, this surveyor had to ask "Licensed Nurse" (LN) A for the item needed and she would either locate the record or print off from her computer and provide that record to this surveyor. This surveyor lack the ability to independently access and inspect resident records.<br><br>On 05/07/26 at approximately 10:00 AM LN A stated the resident medical records were not centrally located in one place for easy inspection. LN A stated the facility utilized a computerized electronic medication administration record (EMAR) which also contained nursing notes. There were individual three-ring binders for each resident that contained limited resident documents but the other resident information was stored in WORD documents on her computer or at another location at a sister facility. LN A stated they had looked into some electronic medical records programs but found them to be expensive and were in the process of trying to organize resident medical records better.<br><br>The operator failed to ensure each resident's records were accessible for inspection and review by any representative of the department. | S 115 | | |
| S5105 SS=E | 26-42-202 (a) Negotiated Service Agreement<br><br>a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, | S5105 | | |

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| S5105 | Continued From page 2<br>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:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>5105<br>KAR 26-42-202(a)(1)<br><br>The facility reported a census of seven residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for Resident (R)101 and R103.<br><br>Findings included:<br><br>- R101's medical record revealed she moved into the facility on 02/03/26 with a diagnosis of diabetes mellitus.<br><br>The 02/03/26 FCS identified R101 was visually | S5105 | | |

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| S5105 | Continued From page 3 | S5105 | | |

impaired.

The 02/03/26 NSA did not address the services staff provided R101 concerning her visual impairment and did not identify which home health agency R101 received services from.

On 05/07/26 at 10:55 AM "License Nurse" (LN) A stated R101's NSA did not identify the home health service used and did not identify what services staff provided R101 concerning her impaired vision.

The operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS, her service needs, and preferences and failed to identify the home health agency R101 received services from.

- R103's medical record revealed he moved into the facility on 01/05/26 with a diagnosis of diabetes mellitus.

The 01/20/26 FCS identified R103 was visually impaired and was rarely or never understandable and rarely or never understood others.

The 01/20/26 NSA did not address what services staff provided R103 concerning his visual impairment and did not address what services staff provided to ensure effective communication between R103 and staff.

On 05/07/26 at 11:00 AM LN A confirmed that not all that triggered on R103's FCS was addressed on the NSA.

The operator failed to ensure R103's NSA was

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| S5105 | Continued From page 4<br>fully developed to include all items that triggered in the FCS, his service needs, and preferences. | S5105 | | |
| S5192 SS=F | 26-42-206 (e) Food Preparation<br><br>(e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.<br>(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.<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>5192<br>KAR 26-42-206 (e)<br><br>The facility had a census of seven residents. All seven residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature.<br><br>Findings included:<br><br>- On 05/07/26 at approximately 08:27 AM an | S5192 | | |

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| S5192 | Continued From page 5<br>observation of the kitchen revealed food temperature documentation was completed for each meal for lunch and dinner but no documentation was provided for food temperatures being completed for the breakfast meals.<br><br>On 05/07/26 at 12:59 PM "Licensed Nurse" (LN) A acknowledged the food temperature logs did not have a place to document the temperatures for the breakfast meal and stated that the residents do not usually eat heated foods for breakfast but have smoothies, yogurt, etc. instead.<br><br>The 2005 "Dietary Guidelines for Americans" documented in order to keep food out of the bacterial growth danger zone, cold food should be stored below 40 degrees Fahrenheit. Frozen food items should be kept at zero degrees Fahrenheit or below and these temperatures should be checked with an appliance thermometer.<br><br>The operator failed to ensure food items were served at the proper temperature. | S5192 | | |
| S5225 SS=F | 26-42-207 (a) (b) (1)(2)(3)(4) Infection Control<br><br>a) The administrator or operator of each home plus shall ensure the provision of a safe, sanitary, and comfortable environment for residents.<br>(b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: | S5225 | | |

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| S5225 | Continued From page 6<br>(1) Using universal precautions to prevent the spread of blood-borne pathogens;<br>(2) techniques to ensure that hand hygiene meets professional health care standards;<br>(3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards;<br>(4) providing sanitary conditions for food service;<br><br>This REQUIREMENT is not met as evidenced by:<br>5225<br>KAR 26-42-207(a)<br><br>The facility had a census of seven residents. The operator failed to ensure the provision of a sanitary environment for residents, staff and visitors by not providing disposable towels for use to dry off hands after washing them.<br><br>Findings included:<br><br>- On 05/07/26 at 08:20 AM an observation of the restroom located at the end of the entrance hallway revealed there was a paper towel holder installed next to the bathroom sink but it did not have any paper towels.<br><br>On 05/07/26 at 08:26 AM an observation of the smaller restroom with shower revealed there was no disposable means of drying hands after washing. There was a regular towel ring attached to the wall but it did not have a towel.<br><br>The operator failed to ensure the provision of a sanitary environment for all individuals who used | S5225 | | |

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| S5225 | Continued From page 7<br>the public restrooms. | S5225 | | |
| S5315 SS=F | 26-42-205 (h) Medication Storage<br><br>(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.<br>(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.<br>(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.<br>(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.<br>(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<br><br>This REQUIREMENT is not met as evidenced by:<br>5315<br>KAR 26-42-205(h)(4)<br><br>The facility reported a census of seven residents at the time of the initial certification survey. Based on observation and interview, the operator failed to ensure medications were stored in accordance with each manufacturer's recommendations.<br><br>Findings included:<br><br>- On 05/07/26 at 12:40 PM an observation of the medication refrigerator revealed an opened vial of Tuberculin that was not dated when it was opened.<br><br>The box, product insert and the vial of tuberculin itself contained instructions that a vial of tuberculin which has been entered and in use for 30 days should be discarded.<br><br>On 05/07/26 at approximately 12:40 PM "Licensed Nurse" (LN) A acknowledged the vial was not dated as to when it was opened.<br><br>The operator failed to ensure medications were stored in accordance with each manufacturer's recommendations. | S5315 | | |
| S5335 SS=F | 28-39-437 Construction<br><br>(a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect | S5335 | | |

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| S5335 | Continued From page 9<br>the health and safety of residents, personnel, and the public.<br><br>(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.<br>This REQUIREMENT is not met as evidenced by:<br>5335<br>KAR 28-39-254 (a)<br><br>The facility reported a census of seven residents. Based on observation and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents, staff, and the public.<br><br>Findings included:<br><br>- Observations during initial tour on 05/07/26 revealed the following:<br>On 05/07/26 at 08:12 AM an observation revealed the laundry room had a lockable door with a latch that did not catch. There were unlocked chemicals to include:<br>One 100.8 fluid (fl.) ounce (oz.) bottle of XTRA detergent<br><br>One one-gallon bottle of Odoban Disinfectant<br><br>One 32 fl. oz. spray bottle of Clorox Multi-Surface Cleaner plus Bleach<br><br>One 24 oz. bottle of Clorox Toilet Bowl Cleaner | S5335 | | |

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| S5335 | Continued From page 10<br><br>One 19 oz. spray can of Sprayway glass cleaner<br><br>One one-gallon bottle of Clorox bleach<br><br>One 166.5 fl. oz. bottle of Arm and Hammer detergent<br><br>One 210 fl. oz. bottle of Fabuloso Multi-Purpose Cleaner<br><br>One 8 fl. oz. spray bottle of Equate Hydrogen Peroxide Topical Solution<br><br>An observation on 05/07/26 at 08:20 AM revealed an unlocked public restroom had an unlocked closet which contained the following chemicals:<br>Three 32 fl. oz. spray bottles of Clorox Multi-Surface Cleaner plus Bleach<br><br>Five 19 oz. spray cans of Lysol Disinfectant spray<br><br>Nine 24 fl. oz. bottles of Clorox Toilet Bowl Cleaner with Bleach<br><br>Five 180 fl. oz. bottles of Clorox Multi-Surface Cleaner with Bleach Value Refill<br><br>Six 19 oz. spray cans of Sprayway glass cleaner<br><br>One 8 fl. oz. spray bottle of Equate Hydrogen Peroxide Topical Solution<br><br>One 32 fl. oz. bottle of Equate Hydrogen Peroxide Topical Solution | S5335 | | |

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| S5335 | Continued From page 11<br>One one-gallon bottle of Odoban Disinfectant<br><br>On 05/07/26 at approximately 08:15 AM "Licensed Nurse" (LN) A acknowledged the laundry room door did not latch and stated she would have someone fix the latch and installed a temporary lock.<br><br>The operator failed to ensure staff kept chemicals locked for residents, staff, and the public safety. | S5335 | | |