Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089106	A. BUILDING: _____ B. WING _____	07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEP LIVING HOME PLUS	750 NW WALNUT LANE TOPEKA, KS 66617

(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 an initial licensure survey for the above named home plus facility conducted on 07/21/26-07/22/26.	S 000		
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 two residents. The facility had a main kitchen where food was stored and prepared. Based on observation and interview, the operator failed to ensure foods were stored under safe conditions. Findings included: - Observation on 07/21/26 at 02:47 PM revealed a refrigerator and freezer in the facility's main kitchen, which contained food items for the residents. The following foods were stored inside the refrigerator: One 24-count resealable bag of beef hot dogs labeled opened on 06/22/26 One 13 ounce can whipped topping without opened date One six-ounce bag of pepperoni without opened	S5195		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089106	A. BUILDING: _____ B. WING _____	07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEP LIVING HOME PLUS	750 NW WALNUT LANE TOPEKA, KS 66617

(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
S5195	Continued From page 1 date One one-pound resealable bag of shredded cheddar cheese without opened date One eight-ounce container of black forest ham without opened date On 07/21/26 at approximately 02:49 PM, Administrative Staff A confirmed the foods were not labeled with the opened dates. Administrative Staff A stated the facility's policy was to discard food according to a chart which indicated some foods were discarded at three days and others seven days after opening or preparation. The operator failed to ensure foods were stored under safe conditions.	S5195		