STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089080	A. BUILDING: _____ B. WING _____	07/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BOGART HOUSE LLC II	3535 SW 6TH ST TOPEKA, KS 66606

(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 represent the findings of a resurvey for the above named Home Plus facility conducted on 07/28/26.	S 000		
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 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 three residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the "Emergency Management Plan" (EMP) with employees and residents. Findings included:	S5215		

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

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S5215	Continued From page 1 - On 07/28/26 the facility provided documentation for EMP reviews. Records revealed quarterly reviews of the EMP with staff and residents were completed on 01/08/26, 04/10/26, and 07/01/26, but lacked documentation that quarterly reviews were completed in the third and fourth quarters of 2025. On 07/28/26 at 12:20 PM Administrative Staff B stated he was not aware there were eight required items of the EMP that needed to be reviewed on a quarterly basis. On 07/28/26 at 03:30 PM Certified Medication Aide A stated she was unable to locate documentation of the quarterly reviews of the EMP completed in 2025. Record review revealed a "Quarterly Review of the Disaster Plan" with all eight items required for review listed but staff did not use the form to document quarterly reviews. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff.	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	S5230		

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S5230	Continued From page 2 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 three residents. 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 reference in KAR 26-39-105. Findings included: - Resident (R)103 moved into the facility on 02/18/26 with a diagnosis of diabetes mellitus. Review of R103's medical records lacked documentation of a two-step TB skin test (TST) completed at the time of admission or that a two-step TST was completed within six months prior to his admission. On 07/28/26 at 03:35 PM Certified Medication Aide A confirmed R103's records lacked documentation of a two-step TST being completed upon admission to the facility. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7	S5230		

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S5230	Continued From page 3 days of residency ...The new resident ...provide satisfactory documentation of receiving the two-step TST or IGRA within 6 months prior to residency ...that read not positive." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly admitted residents.	S5230		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (b) The facility reported a census of three residents. Based on interview and record review, the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)101 identified the person responsible for administration and management of selected medications. Findings included:	S5286		

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S5286	Continued From page 4 - R101's medical record revealed he moved into the facility on 11/03/20 with a diagnosis paranoid schizophrenia. The 09/02/25 "Functional Capacity Screen" (FCS) documented R101 required supervision with management of medications. The 09/02/25 NSA documented staff managed R101's medications. The NSA did not identify R101 self-administered some of his medications. The 09/02/26 "Medication Self-Administration Evaluation Form" documented R101 was able to self-administer some vitamins and additional supplements but did not identify which ones. On 07/28/26 at 03:30 PM Certified Medication Aide A stated the nurse made a note on the self-administration assessment that R101 was able to self-administer his supplements. CMA A acknowledged the previous NSA identified R101 self-administered select medications but the current NSA did not. The operator failed to ensure R101's NSA identified the person responsible for administration and management of select vitamins and other supplements.	S5286		