Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B037001	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON EUREKA LLC	1820 E RIVER STREET EUREKA, KS 67045

(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 02/05/25 arrived at the facility and spoke to Annette Swagar who confirmed the facility opened 7/2024 to accept residents, she stated the facility was an assisted living facility. At this time they have a home plus license with Independent living apartments and an "Air B n B". She further confirmed at this time the home pluse has a census of zero residents. She stated the plan is to have at least 4 residents by March so the home plus can officially open. She stated the facility cannot open unless they open with a census of 4 residents. Annette stated the facility had just recently received the HCBS certification. She stated she would call the department when they admitted their residents.	S 000		

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