STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N087001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC CARE CENTER, INC	6700 E 45TH STREET NORTH , BEL AIRE, Kansas, 67226

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S0000	INITIAL COMMENTS The following citations represent the findings of a Health Licensure Resurvey and Complaint Investigation regarding allegations in 1511689, 2612423, 2616099, 1511640, 1511622, and 1511631 conducted on 11/06/25.	S0000		
S3171 SS = D	Health Care Services Standards of Practice CFR(s): 26-41-204 (i) (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-204 (i) The facility reported a census of 63 residents with six residents included in the sample. Based on observation, interview, and record review the operator failed to provide healthcare services for Resident (R) 2 in accordance with professional standards of practice when the Administrator failed to monitor and document R2's pressure ulcers (localized injury to the skin and/or underlying tissue usually over a bony prominence, because of pressure, or pressure in combination with shear and/or friction). Findings included: - R2's Electronic Medical Record (EMR) revealed an admission date of 04/17/24 with diagnoses of mild cognitive impairment, muscle weakness, and depression. R2's "Functional Capacity Screen" (FCS) dated 09/03/25 documented R2 required staff assistance with his bathing, dressing, and toileting. R2 required a walker for ambulation. R2's "Negotiated Service Agreement "dated 09/08/25 identified the facility would provide the following health services: skin assessments would be done as needed per physician orders. R2's "Health Service Plan" (HSP) documented the hospice	S3171		

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

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S3171 SS = D	Continued from page 1 nurse would visit one time a week for approximately one hour each week dated 06/19/25. R2's HSP lacked documentation for pressure ulcer. R2's "Physician's Order" documented an order for the right buttock: apply Optifoam (absorbent dressing) dressing on day shift every three day (s) for a wound -date ordered 10/03/25. R2's "Hospice Team Note" dated 10/04/25 lacked documentation of pressure ulcer. R2's "Hospice Team Note" dated 10/07/25 documented by a Hospice Registered Nurse (RN) noted a Stage 1 (pressure wound which appears reddened, does not blanche, and may be painful but is not open) that measured 2 centimeter (cm) x 3cm x 0cm. This was the only measurement for R2's wound in the records. R2's "Hospice Team Note" dated 10/21/25 documented by the Hospice RN recorded a new dressing was applied to the Stage 1. The documentation lacked measurements. During an observation on 11/06/25 at 11:20 AM, R2's bathroom had a bottle of wound cleanser and packaged gauze noted on counter. During an observation on 11/05/25 at 03:15 PM, Licensed Nurse (LN) E removed a dressing from R2's right buttock. The skin was intact, pinkish/purple and measured approximately 2 cm x 2 cm area noted. During an interview on 11/06/25 at 11:50 AM, Certified Nurse Aide (CNA) I reported she was unsure if R2 had a wound or a dressing on his skin. CNA, I reported if R2 had a wound hospice would take care of the area. During an interview on 11/05/25 at 12:10 PM, Director of Nursing B reported she was not aware that R2 had a pressure ulcer and reported that hospice would be responsible to monitor and document on any skin condition. During an interview on 11/05/25 at 01:25 PM, LN E reported that she would change the dressing on R2's buttock as needed. LN E reported she did not document the measurement or any assessment of a wound as hospice nurse completed that documentation. The facility's policy "Wound Monitoring and Treatment" dated November 2023, documented it is the policy of this Assisted Living Facility to monitor resident wounds and skin integrity, notify physicians promptly of changes, ensure appropriate treatment orders are	S3171		

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S3171 SS = D	Continued from page 2 obtained, and coordinate care with licensed nursing services and other qualified healthcare providers as needed. Wound documentation frequency: Minimum weekly and after every dressing change or more frequently if required by physician order. Weekly documentation should include all elements in assessment section above. Compare trends weekly to ensure its progressing towards healing.	S3171		
S3200 SS = D	Facility Administration of Medications CFR(s): 26-41-205 (d) (1-2) (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-205 (d) The facility reported a census of 63 residents. The sample included six residents. Based on record review and interview. The Administrator failed to ensure all medications and treatments were administered in accordance with professional standards of practice when a certified medication aid (CMA) did not consult with a licensed nurse prior to administering as needed (PRN) narcotic for Resident (R) 8. Findings included: - Record review for R8 revealed she admitted to the facility on 05/20/25 with diagnoses of cognitive communication deficit, heart failure, and diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin). R8's "Functional Capacity Screen" (FCS) dated 08/19/25	S3200		

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S3200 SS = D	Continued from page 3 recorded the resident was unable to perform management of medications and treatments. R8's "Negotiated Agreement/ Service Plan" dated 08/19/25 recorded facility staff would provide management of medications. R8's "Medication Administration Record" (MAR) recorded and order for Gralla gel (Ativan 0.5milligram (mg) - Phenergan 25mg - Zofran 4mg - Haldol 0.5mg - Olanzapine 5mg/0.5milliliters) apply 0.5 milliliters topically to inner wrists every 4 hours as needed for nausea/vomiting Make sure wrists are clean before new application -date ordered 06 /26/25 R8's MAR recorded and order for lorazepam oral tablet 0.5mg, give 0.5 mg sublingually every 4 hours as needed for anxiety/restlessness, date ordered 06/26/25. R8's "Orders Administration Note" dated 09/25/25 08:59 AM documented Certified Medication Aide (CMA) H administered Gralla gel 0.5ml topically to inner wrists for nausea/vomiting. The resident was confused and stated she wanted to get up and walk. The record lacked documentation a Licensed Nurse (LN) was notified prior to the administration. R8's "Orders Administration Note" dated 10/04/25 at 07:30 PM, documented CMA J administered lorazepam 0.5 mg by mouth for anxiety/restlessness. The record lacked documentation a LN was notified prior to administration. R8's "Orders Administration Note" dated 10/24/25 11:59 AM, documented CMA H administered Gralla gel (Ativan 0.5mg - Phenergan 25mg - Zofran 4mg - Haldol 0.5mg - Olanzapine 5mg/0.5ml) 0.5ml topically to inner wrists for nausea/vomiting. The record lacked documentation a LN was notified prior to administration. During an observation on 11/05/25 at 09:40 AM a sign posted on the wall above the South Hall medication cart dated 08/19/25 documented effective immediately night shift CMA staff do not have to call the night supervisor, on-call manager or memory care nurse to give an as-needed medication. Staff could just administer the medication per the physician's orders and the as needed report was reviewed every morning, so the charge nurses were aware when someone received an as-needed medication. During an interview on 11/05/25 at 09:42 AM CMA H reported that she would always ask the nurse before giving an as-needed medication. She reported she did	S3200		

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S3200 SS = D	Continued from page 4 not work night shift and confirmed that the posting on the wall dated 08/19/25 documented the night shift CMA did not have to call a nurse. During an interview on 09:49 AM Director of Nursing B reported she did not know of the posting hung on the wall above South Hall medication cart. She walked over to the South Hall cart and then verified that she signed that form on 08/19/25 and reported that the night LN and the LN on memory care unit were tired of the CMA calling them to administer PRN medications. She verified it was not the correct procedure to do as the CMAs were not allowed to assess a resident. The facility's "Medication Administration" policy dated 2022 documented Certified Medication Aides may administer medications within their scope of practice. The CMA must discuss the care of the patient and get permission from a licensed nurse to give a PRN medication for pain or agitation. The CMA must chart what the resident needed the medication for and the name and status of the nurse approving the medication.	S3200		
S3211 SS = D	OVER THE COUNTER DRUGS CFR(s): 26-41-205 (g) (3) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-205 (g) (3) The facility reported a census of 63 residents with six residents included in the sample. Based on observation and interview, the Administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of four over the counter (OTC) medications in the assisted living. Findings included:	S3211		

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S3211 SS = D	Continued from page 5 - During an observation on 11/06/25 at 09:27 AM the facility's "North Hall" medication cart, four stock medication were noted with just a room number, 105, written on the bottles with no name or date. The medications were one bottle of aspirin 81 milligrams (mg) tablets, one box of ferrous sulfate 325 mg tablets, one bottle of Senna 8.6mg tablets and one bottle of calcium with vitamin D3 600/400mg tablets. Certified Medication Aide (CMA) G reported that all OTC medications required a first and last name, and a date written on by a pharmacist or a Licensed Nurse (LN). During an interview on 11/06/25 at 09:35 AM, LN E reported the OTC medications required the residents full name and date to be written on the label by the nurse or pharmacist. During an interview on 11/06/25 at 09:50M, Director of Nursing B reported she expected OTC medications stored in the medication cart to be labeled with resident's full name and date. The facility's "Storage of Medications" dated April 2022, documented the facility stores all drugs and biologicals in a safe, secure, and orderly manner.	S3211		
S3299 SS = F	Facility Food Storage CFR(s): 26-41-206 (e) (1) (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-206 (e) (1) The facility reported a census of 63 residents and one main kitchen. Based on observation, record review and interviews the Administrator failed to ensure food was stored and prepared under sanitary conditions to prevent potential for food borne bacteria. Finding included: - During the initial tour of the kitchen on 11/06/25 at 09:20 AM observation revealed two bags of cinnamon rolls, one bag of mixed vegetables, one bag of carrots, and four cups of ice cream were all left open to air.	S3299		

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S3299 SS = F	Continued from page 6 On 11/06/25 at 11:00 AM the follow up kitchen tour observation revealed a standalone grill with dried burnt food particles located on the grease tray. On 11/06/25 at 11:20 AM Food Service Supervisor F verified that the staff should close the bags of food and all food containers once they are opened and place a date when opened. She verified the grill should be cleaned. The policy on "Food Receiving and Storage" revision in 2017 all foods stored in the refrigerator or freezer will be covered, labeled and dated with used by date. The policy on Sanitization revised 10/2028 all kitchen, kitchen areas and dinning areas shall be kept clean. All equipment, food contact surface and utensils shall be washed to remove or completely loosen soils by using the manual or mechanical means necessary.	S3299		
S3310 SS = F	Infection Control Policies CFR(s): 26-41-207 (b) (5-6) (c) (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 LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-207 (c) The facility reported a census of 63 residents with six residents included in the sample. Based on interview and record review the Administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB-an infectious disease that affects the lungs) guidelines for three out of five sampled staff. Findings included: - Review of Licensed Nurse (LN) E's employee record	S3310		

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S3310 SS = F	Continued from page 7 revealed a hire date of 07/30/24. LN E's employee record lacked evidence of documentation an annual TB skin test or a TB Symptom Screen Questionnaire. Review of Certified Medication Aide (CMA) K's employee record revealed a hire date of 09/24/24. CMA K's employee record lacked evidence of documentation an annual TB skin test or a TB Symptom Screen Questionnaire. Review of CMA L's employee record revealed a hire date of 09/24/24. CMA L's employee record lacked evidence of documentation an annual TB skin test or a TB Symptom Screen Questionnaire. During an interview on 11/06/25 at 04:10 PM, Director of Nursing B reported she was unaware if the employees required an annual TB skin test or TB Symptom Screen Questionnaire. During an interview on 11/06/25 at 04:30 PM, Administrator A confirmed the three of the five employee records lacked the documentation of the required annual TB Symptom Screen Questionnaire. The facility's policy "Tuberculosis, Employee and Resident Screening for TB" dated November 2025 documented each employee shall have an annual TB symptom screen that includes the components of the Tuberculosis symptom Screen Review Questionnaire.	S3310		
S3320 SS = D	CONSTRUCTION CFR(s): 28-39-254 (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (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. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and	S3320		

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S3320 SS = D	Continued from page 8 (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 28-39-254 (a) The facility reported a census of 63 residents with six residents included in the sample. Based on observation and interview the Administrator failed to ensure staff secured Resident(R) 2's oxygen tank in his apartment. Findings included: - During an observation in R2's apartment on 11/06/25 at 11:20 AM one freestanding oxygen tank was not secured in a carrier or to the wall. During an interview on 11/06/25 at 11:20 AM, Certified Nurse Aide (CNA) I reported that the oxygen tank should be secured in a carrier and not freestanding. During an interview on 11/06/25 at 12:10 PM, Director of Nursing B stated she expected the oxygen tanks to always be secured in a carrier. During an interview on 11/06/25 at 04:30 PM, Administrator A reported oxygen tanks should always be secured. The facility did not provide a policy.	S3320		