

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER SPARKLING FOUNTAIN HOMES 2		STREET ADDRESS, CITY, STATE, ZIP CODE 11010 W 51ST TERRACE SHAWNEE, KS 66203		
(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 an initial survey for the above named home plus conducted on 12/03/25.	S 000		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(g) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure a notice of the availability of the facility's policies and procedures was posted in a public accessible area. Findings included: - Observation on 12/03/25 at approximately 09:10 AM during the initial tour revealed a notice that the facility's policies and procedures were available was not posted. On 12/03/25 at approximately 10:13 AM PM Administrative Staff B confirmed a notice of the	S5029		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5029	Continued From page 1 facility's policies and procedures available was not posted. The operator failed to ensure a notice of the availability of the facility's policies and procedures was posted in a place accessible to all residents.	S5029		
S5050 SS=F	26-42-101 (k) Ombudsman (k) Ombudsman. Each administrator or operator shall ensure the posting of the names, addresses, and telephone numbers of the Kansas department on aging and the office of the long-term care ombudsman with information that these agencies can be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the home. The administrator or operator shall ensure that this information is posted in a common area accessible to all residents and the public. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(k) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure the ombudsman and the department's names, addresses, and telephone numbers were posted in a common area accessible to all residents and the public. Findings included:	S5050		

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S5050	Continued From page 2 - Observation on 12/03/25 at approximately 09:10 AM during the initial tour revealed the ombudsman and the department's names, addresses, and telephone numbers were not posted in a common area. On 12/03/25 at 10:13 AM Administrative Staff B confirmed the ombudsman and the department's names, addresses, and telephone numbers were not posted in a common area. The operator failed to ensure the ombudsman and the department's names, addresses, and telephone numbers were posted in a common area accessible to all residents and the public.	S5050		
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 five residents. The facility had a kitchen where staff stored, prepared, and served food to the residents. Based on observation and interview the operator failed to ensure designated staff stored food items under safe conditions.	S5195		

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S5195	Continued From page 3 Findings included: - Observation on 12/03/25 at 09:13 AM revealed a refrigerator in the kitchen that contained the following food items for the residents: One bowl of cereal and milk that was uncovered and lacked prepared date One gallon of milk that was opened and lacked opened date One-fourth of leftover coconut cream pie that lacked an opened date On 11/24/25 at approximately 08:48 AM Certified Nurse Aide (CNA) C confirmed some food items in the refrigerator lacked prepared or opened dates and a bowl of prepared food was uncovered. The 2005 Kansas Department of Agriculture's "Focus on Food Safety" booklet documented food items must be date marked after the original container was opened and can be held up to seven days if refrigeration was adequate at 41 degrees Fahrenheit or less. The operator failed to ensure designated staff stored food items under safe conditions.	S5195		
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	S5215		

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S5215	Continued From page 4 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 six residents. Based on interview and record review the operator failed to provide quarterly reviews of the facility's emergency management plan with the residents and staff. Findings included: - Review of the facility's emergency management plan revealed lack of evidence of documentation the residents and staff received a review of the plan each quarter since the first resident moved in on 06/30/25. On 12/03/25 at 10:07 AM Administrative Staff B confirmed the emergency management plan lacked evidence of documentation the residents and staff received quarterly reviews of the plan .	S5215		

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S5215	Continued From page 5 The operator failed to provide quarterly reviews of the facility's emergency management plan with the residents.	S5215		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (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 REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages and removable containers from the original packages of all over-the-counter (OTC) medications. Findings included: - Observation on 12/03/25 at 10:20 AM revealed	S5313		

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S5313	Continued From page 6 Administrative Staff B unlocked and opened the medication cart. The following original packages of OTC medications lacked residents' full names: One bottle of Benadryl 25 milligrams (mg), 100 tablets One bottle of Mucinex DM Max liquid, six ounces (oz) Two bottles of melatonin 5 mg, 100 softgels each Two bottles of Amazon Basics fiber 4 grams (g) 90 gummies each On 12/03/25 at approximately 10:20 AM Administrative Staff B confirmed the OTC medications were not labeled with residents' full names. The operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages of all OTC medications.	S5313		