STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023019	A. BUILDING: _____ B. WING _____	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPA'S HOUSE	1701 RESEARCH PARK DRIVE LAWRENCE, KS 66047

(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 a resurvey with attached incident 196933 at the above named home plus conducted on 12/02/25-12/03/25.	S 000		
S5130 SS=D	26-42-202 (j) NSA Outside Resources (j) If a resident's negotiated service agreement includes the use of outside resources, the designated staff shall perform the following: (1) Provide the resident, the resident's legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(j)(3) The facility reported a census of 12 residents with three included in the sample. Based on interview and record review the operator failed to ensure R2's outside resource was monitored for professional standards of practice. Findings included: - Record review for R2 revealed an admission date of 06/05/24 with a diagnosis of Parkinson's	S5130		

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

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S5130	Continued From page 1 disease. The 08/19/25 Functional Capacity Screen identified R2 required physical assistance with bathing; was independent with dressing, toileting, transfers, mobility, and eating; was unable to perform management of medications and treatments; was frequently incontinent of bladder; and had memory/recall difficulties. The 08/19/25 Negotiated Service Agreement and Healthcare Service Plan listed staff were responsible for supervision of bathing, offering choices for cognition, and the ordering and administration of medications. Review of R2's record revealed no documentation from visits of the local agency who provided services as an outside resource. On 12/03/25 at 01:02 PM Administrative Nurse C stated each outside provider is expected to provide documentation. She could not find any notes from R2's outside resource which provided physical therapy. She was unaware of the last time he had been seen by the outside provider. On 12/03/25 at 01:10 PM Administrative Staff A confirmed R2's record did not include any documentation and she had called the outside resource who notified her R2 was discharged on 11/03/25. The operator failed to ensure R2's outside resource was monitored for professional standards of practice.	S5130		

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S5300	Continued From page 2	S5300		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home 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 home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 12 residents with three included in the sample. Based on interview and record review the operator failed to ensure facility staff administered medications to Resident (R) 2 in accordance with his provider's orders. Findings included: - Record review for R2 revealed an admission date of 06/05/24 with a diagnosis of Parkinson's disease.	S5300		

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S5300	Continued From page 3 The 08/19/25 Functional Capacity Screen (FCS) identified R2 was unable to perform management of medications. The 08/19/25 combined Negotiated Service Agreement and Healthcare Service Plan for R2 identified facility staff would order and administer medications. The "Physicians Communication Form" completed by a consultant pharmacist on 09/16/25 recommended Voltaren to be decreased to 4 grams per application and discontinuation of Celebrex. R2's provider agreed with the recommendations signing the orders on 09/24/25. Review of "Charting Notes" revealed on 09/25/25 Administrative Nurse B documented the pharmacy recommendations were reviewed by R2's primary care provider who discontinued Celebrex and ordered Voltaren gel four milligrams to area as needed. The resident was updated on the changes. The "Physician's Orders" dated 12/02/25 instructed staff to apply diclofenac (generic for Voltaren) 8 grams four times a day and Celebrex 100 milligrams three times a day as needed. On 12/02/25 at approximately 02:23 PM Administrative Nurse B confirmed the medications were not changed in the medical record. The operator failed to ensure facility staff administered all medications to R2 in accordance	S5300		

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S5300	Continued From page 4 with his medical care provider's order.	S5300		
S9999	Final Observations K.S.A. 39-928 Upon receipt of an application for license, the licensing agency with the approval of the state fire marshal shall issue a license if the applicant is fit and qualified and if the adult care home facilities meet the requirements established under this law. A license, unless sooner suspended or revoked, shall remain in effect upon filing by the licensee, and approval by the licensing agency and the state fire marshal or their duly authorized agents, of an annual report upon such uniform dates and containing such information in such form as the licensing agency prescribes and payment of an annual fee. The facility reported a census of 12 residents. Based on interview and record review the operator failed to file and pay annual renewal licensing fees. scope/severity of F Findings included: Department records revealed the facility failed to file and pay the 2024 and 2025 annual renewal licensing fees. Interview on 12/02/25 at 11:57 AM Administrative Staff A stated she had completed the renewal and a check was to be submitted with the payment voucher. On 12/04/25 proof of processed check was	S9999		

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S9999	Continued From page 5 requested which Administrative Staff A failed to provide. The facility failed to pay the 2024 and 2025 annual renewal licensing fees to the department as required by KSA 39-928.	S9999		