Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087292	A. BUILDING: _____ B. WING _____	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLARK ADULT CARE HOMES MT HOPE WES	704 E MAIN STREET MOUNT HOPE, KS 67108

(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 citations represent the findings of an Initial Licensure Survey for the above named Assisted Living facility conducted on 01/07/26 and 01/08/26.	S 000		
S5020 SS=E	26-42-101 (d) Resident Rights (d) Resident rights. Each administrator or operator shall ensure the development and implementation of written policies and procedures that incorporate the principles of individuality, autonomy, dignity, choice, privacy, and a home environment for each resident. The following provisions shall be included in the policies and procedures: (1) The recognition of each resident's rights, responsibilities, needs, and preferences; (2) the freedom of each resident or the resident's legal representative to select or refuse a service and to accept responsibility for the consequences; (3) the development and maintenance of social ties for each resident by providing opportunities for meaningful interaction and involvement within the home and the community; (4) furnishing and decorating each resident's personal space; (5) the recognition of each resident ' s personal space as private and the sharing of a bedroom only when agreed to by the resident; (6) the maintenance of each resident's lifestyle if there are not adverse effects on the rights and safety of other residents; and (7) the resolution of grievances through a specific process that includes a written response to each written grievance within 30 days.	S5020		

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

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S5020	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-42-101(d) The facility reported a census of 12 residents. Based on observation and interview the operator failed to implement policies to ensure staff maintained each resident's dignity. Findings included: - During initial tour observations on 01/07/26 at 11:30 AM revealed "notices" posted at each residents' door. Information on each notice included what time they wanted to get up in the morning, what time they wanted to go to bed, and when/if they wanted to take a nap. The notice also included how much assistance the resident needed with transfer, such as; "full lift (2+ people)", independent, "hoyer- 1 person c & c" (check and change), likes snacks, "S&P (1 person)" S&P means stand and pivot, "full lift (2 person)", goes to bed last, and "S&P (2 people)". Another room had a sheet outside of his room that included behaviors monitoring documentation. Staff had documented the following on the form: halfway out on recliner and tried fighting us; rolled himself out of his wheelchair; and bickering with [resident name]. Interview on 01/07/26 at 12:14 PM Operator/Registered Nurse A reported there were a couple of residents who had initially thought of this and with the permission of all the residents the staff put these up. She confirmed she did not have anything in writing that residents gave	S5020		

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S5020	Continued From page 2 permission for staff to post this type of information in the hall for anyone, including visitors to see. The operator failed to ensure staff maintained the dignity of all residents.	S5020		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (c) The facility reported a census of 12 residents(R). The sample included three residents and one focused record review. Based on observation, interview, and record review the operator failed to ensure one (R3) of three sampled residents record included approved instructions from a medical care provider or licensed dietitian on	S5185		

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S5185	Continued From page 3	S5185		

how to prepare R3's "pureed" diet.

Findings included:

- Review of R3's record revealed she moved into the facility on 01/02/26 with a diagnosis of cerebral infarct with left hemiparesis (stroke with left sided weakness).

R3's "Functional Capacity Screen" dated 01/02/26 identified she required physical assistance with eating, had impaired cognition and impaired decision-making.

R3's "Negotiated Service Agreement" (NSA) dated 01/02/26 identified staff assisted R3 with eating and she received a pureed diet.

Observation on 01/08/26 at 08:19 AM staff sat beside R3 and fed her breakfast; blended eggs and she had juice to drink.

Interview on 01/08/26 at 10:30 AM dietary staff B confirmed R3 received a pureed diet. He stated we put what we are having in the blender and then if it needs thinner, we add gravy or meat juices to it. Operator/Registered Nurse (RN) A came into the kitchen and reported she trains staff personally on what you can and cannot have on a pureed diet, how to make them, and what consistency it needs to be. Operator/RN A said she had directions that she uses to teach staff but did not have any in the kitchen or any that had been signed/approved by the resident's medical provider or a dietitian.

The operator failed to ensure staff had instructions from a medical care provider or

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S5185	Continued From page 4 licensed dietitian on how to prepare a "pureed" diet for R3.	S5185		
S5190 SS=F	26-42-206 (d) Dietary Services (d)(1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (d)(1) The facility reported a census of 12 residents. Based on observation, interview and record review the operator failed to ensure the facility menu was available to each resident on at least a weekly basis. Findings included: - During initial tour on 01/07/26 observation revealed a white board in the dining room with the daily menu written on it but did not see a weekly menu available for residents. Interview on 01/08/26 at 10:30 AM Dietary staff B reported they write down the daily menu on the white board but did not know if there was a weekly menu posted anywhere. Interview on 01/08/26 at 10:31 AM Operator/Registered Nurse (RN) A confirmed the menus were not up and accessible to residents weekly - just daily.	S5190		

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S5190	Continued From page 5 The operator failed to ensure the facility menus were available to each resident on a weekly basis.	S5190		