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 02/23/2026

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

(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) COMPLETION DATE
S0000	INITIAL COMMENTS The following citations represent the findings of an abbreviated survey for complaint numbers 2701631, 2673348, and 2669457 of the above named facility conducted on 02/23/26.	S0000		
S3320 SS = F	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 (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: K.A.R. 28-39-254 (a) The facility reported a census of 64 residents. The sample included one "Resident" (R) focused review. Based on observation, interview, and record review the Administrator failed to maintain the facility to protect the health and safety of the residents and staff.	S3320		

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

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S3320 SS = F	Continued from page 1 Findings included: -Record review for R1 revealed an admission date of 01/03/23 with diagnoses of confusional arousals, difficulty in walking, angina pectoris, unsteadiness on feet, cognitive communication deficit, and other Alzheimer's disease. Review of R1's Functional Capacity Screen dated 10/06/25 revealed R1 required supervision with bathing. She was independent with dressing, toileting, transferring, walking, mobility and eating. R1 lacked the ability to manage her own medications/medical treatments and she was continent. R1 had impaired short-term memory and impaired decision making. R1 was able to make herself understood and she understood others. R1 was identified at risk for falls and impaired decision making. Review R1's Negotiated Service Agreement Dated 10/06/25 under the section titled "Current Problems/Risks" reveled that R1 had some "cognition problems and may require assistance with some decisions". The section titled "Wandering" lacked documentation. Review of R1's electronic "Medical Record" under the "Progress Notes" tab revealed on 11/19/25 at 01:07 AM R1 had been returned to the facility by someone who observed her standing on the street. Review of the facility provided investigation dated 11/19/25 revealed R1 had written down the "door code". The facility investigation showed that R1 was able to input the door code into the door and leave the facility at 12:52 AM. R1 putting in the door code de-activated the door alarm. Interview on 02/23/26 at approximately 04:00 PM with Registered Nurse (RN) A confirmed all of the doors in the "Assisted Living" (AL) section of the facility had the same codes. The codes are provided to all residents, families, and staff members. RN A further confirmed the facility did not have a policy for the door codes. RN A continued to confirm R1's family member found the door code written down and in the coat pocket of R1 after R1 left the facility without staff knowledge on 11/19/25. Observation on 02/23/26 at approximately 04:00 PM with RN A, of the location of the door R1 exited the building from on 11/19/25 revealed that the door was approximately 30 feet from the front door of R1's apartment and the door was on the southwest side of the	S3320		

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S3320 SS = F	Continued from page 2 facility. The door had in place an alarm system that sounded when the door was pushed on. RN A entered the code in the door and she opened the door. RN A confirmed that the door was an exit only door and once the door closed you would not be able to re-enter the facility. RN A continued to confirm all the AL doors had the same code and the codes had been the same codes for all doors for approximately 6 months. The Administrator failed to maintain the facility to protect the health and safety of the residents and staff.	S3320		