STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B008006	A. BUILDING: _____ B. WING _____	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HULLS HAVEN	401 PARKWOOD ROSE HILL, KS 67133

(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 the licensure resurvey for the above named facility conducted on 03/12/26.	S 000		
S5030 SS=F	26-42-101 (h) Power of Attorney, Guardianship, Conservator (h) Power of attorney, guardianship, and conservatorship. Authority as a power of attorney, durable power of attorney for health care decisions, guardian, or conservator shall not be exercised by anyone employed by or having a financial interest in the home, unless the person is related to the resident within the second degree. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-101 (h) The home reported a census of 1 resident. The sample included 1 "Resident" (R). Based on record review and interview the Operator failed to ensure the power for durable power of attorney for healthcare decisions was not exercised by anyone employed by or having a financial interest in the home. Findings included: - Record review for R1 revealed an admission date of 02/07/22 with diagnoses of sensorineural hearing loss bilaterally and traumatic brain injury. Review of R1's "Medical Record" revealed a	S5030		

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

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S5030	Continued From page 1 notarized document titled "Durable Power of Attorney for Healthcare Decisions" dated 04/16/21. The document revealed "Certified Nurse Aide" (CNA) B as the agent for R1's healthcare decisions. The document continued to reveal Operator A as the alternate agent for R1's healthcare decisions. Under the section titled "Effective Time" it was typed the Power of Attorney for Healthcare decisions would become effective upon R1's incapacity to make decisions or give directions with respect to his health care. Interview on 03/12/26 at approximately 12:45PM with Operator A and CNA B confirmed they were listed as R1's Durable Power of Attorney for Healthcare. CNA B stated that the R1's family were the Durable Power of Attorney for R1's finances. Operator A stated that R1's family might have the Durable Power of Attorney for Healthcare at this time. Operator A stated he was going to call R1's family to see if they would provide copies of the Durable Power of Attorney paperwork for R1. Operator A continued to confirm if the family had the paperwork, that he did not have copies of it. The Operator failed to ensure the power for durable power of attorney for healthcare decisions was not exercised by anyone employed by or having a financial interest in the home.	S5030		
S5166 SS=F	26-42-204 (f) Delegation of Duties (f) Each administrator or operator shall ensure that a licensed nurse is available to provide immediate direction to medication aides and nurse aides for residents who have unscheduled	S5166		

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S5166	Continued From page 2 needs. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-204 (f) The home reported a census of 1 resident. The sample included 1 "Resident" (R). Based on interview the Operator failed to ensure that a licensed nurse was available to provide immediate direction to medications aides and nurse aides for residents who have unscheduled needs. Findings included: - Record review for R1 revealed an admission date of 02/07/22 with diagnoses of sensorineural hearing loss bilaterally and traumatic brain injury. Review of R1's "Functional Capacity Screen" (FCS) dated 08/16/25 revealed R1 was independent with bathing, dressing, toileting, transferring, walking, mobility, and eating. R1 lacked the ability to manage his own medications and medical treatments. R1 was continent, and had impaired short-term memory, long-term memory, memory/recall, and decision making. R1 was able to make himself understood and he usually understood others. R1 was at risk for impaired vision, impaired hearing and impaired decision making. R1 used a cane mobility device. Review of R1's "Negotiated Service Agreement" dated 08/16/25 instructed facility staff to remind	S5166		

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S5166	Continued From page 3	S5166		

resident "at times to shower or to do task". Facility staff were to administer R1's medications under "nurse supervision".

Review of the home provided document titled "Clinical Discharge Summary" revealed R1 was discharged back to the home on 02/19/26. The "Visit Reason" listed "Mass-Brain".

Review of the home provided document titled "Patient Summary" revealed R1 was discharged back to the home on 02/19/26. The "Medications" section revealed the following "Patient Instructions" :

Dexamethasone (a synthetic corticosteroid used for intense anti-inflammatory and immunosuppressant properties to treat cerebral edema) 1 "milligram" (mg) oral tablet. 1 tablet every day. Start after the 2 mg tablets are finished.

Dexamethasone 2 mg oral tablet. 1 tablet orally every day. Start after the 4 mg tabs are finished.

Dexamethasone 4 mg oral tablet. 1 tablet orally every day. Start after the 6 mg tabs are finished.

Dexamethasone 6 mg oral tablet. 1 tablet orally every day.

Levetiracetam (Keppra 500 mg oral tablet (an anticonvulsant used to treat seizures) 1 tablet orally 2 times a day.

Review of R1's "electronic Medication Administration Record" (eMAR) dated 02/2026 revealed the record lacked documentation on

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S5166	Continued From page 4 02/13/26 to 02/19/26. R1's eMAR further lacked documentation of the medications Dexamethasone and Levetiracetam. Interview on 03/12/26 at approximately 12:30PM with "Certified Nurse Aide" (CNA) B confirmed R1 had the brain mass removed sometime around "Valentines day". Operator A stated the facility nurse did not come to the facility and add the medications Dexamethasone and Levetiracetam to R1's eMAR, the Operator continued to confirm he administered the Dexamethasone to R1 until the tablets were gone and he is administering the Levetiracetam currently as the prescription instructions on the bottle read. Operator A confirmed the facility nurse was at the facility on 03/10/25 and stated she would not be back. Operator A confirmed he had not hired another nurse as of 03/12/26. Observation on 03/12/26 at approximately 12:30PM of a bottle of Levetiracetam 500 mg labeled with R1's name. The Operator failed to ensure that a licensed nurse was available to provide immediate direction to medications aides and nurse aides for residents who have unscheduled needs	S5166		
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 employment to the home ' s emergency management plan;	S5215		

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S5215	Continued From page 5 (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: K.A.R. 26-42-104 (d) (3) The home reported a census of 1 resident. The sample included 1 "Resident" (R). Based on interview the Operator failed to ensure a quarterly review of the home's emergency management plan with employees and residents. Findings included: - Interview on 03/12/26 at approximately 09:00AM with Operator A and CNA B during the survey entrance interview, Operator A confirmed that he lacked documentation of the quarterly review of the home' emergency management plan for employees and R1. The Operator failed to ensure a quarterly review of the home's emergency management plan with employees and R1.	S5215		
S5250 SS=F	26-42-105 (f) (1 - 10) Resident Records Content	S5250		

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S5250	Continued From page 6 (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-105 (f) (10) The home reported a census of 1 resident. The sample included 1 "Resident" (R). Based on observation, interview and record review, the operator failed to ensure the resident record contained records of medications administered, the medical providers order for the medications administered that the home was responsible for managing for R1 when he returned to the home	S5250		

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S5250	Continued From page 7 with Dexamethasone and Levetiracetam on 02/19/26 after having a brain mass surgically removed. Findings included: - Record review for R1 revealed an admission date of 02/07/22 with diagnoses of sensorineural hearing loss bilaterally and traumatic brain injury. Review of R1's "Functional Capacity Screen" (FCS) dated 08/16/25 revealed R1 was independent with bathing, dressing, toileting, transferring, walking, mobility, and eating. R1 lacked the ability to manage his own medications and medical treatments. R1 was continent, and had impaired short-term memory, long-term memory, memory/recall, and decision making. R1 was able to make himself understood and he usually understood others. R1 was at risk for impaired vision, impaired hearing and impaired decision making. R1 used a cane mobility device. Review of R1's "Negotiated Service Agreement" dated 08/16/25 instructed facility staff to remind resident "at times to shower or to do task". Facility staff were to administer R1's medications under "nurse supervision". Review of the home provided document titled "Clinical Discharge Summary" revealed R1 was discharged back to the home on 02/19/26. The "Visit Reason" listed "Mass-Brain". Review of the home provided document titled "Patient Summary" revealed R1 was discharged	S5250		

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S5250	Continued From page 8 back to the home on 02/19/26. The "Medications" section revealed the following "Patient Instructions" : Dexamethasone (a synthetic corticosteroid used for intense anti-inflammatory and immunosuppressant properties to treat cerebral edema) 1 "milligram" (mg) oral tablet. 1 tablet every day. Start after the 2 mg tablets are finished. Dexamethasone 2 mg oral tablet. 1 tablet orally every day. Start after the 4 mg tabs are finished. Dexamethasone 4 mg oral tablet. 1 tablet orally every day. Start after the 6 mg tabs are finished. Dexamethasone 6 mg oral tablet. 1 tablet orally every day. Levetiracetam (Keppra 500 mg oral tablet (an anticonvulsant used to treat seizures) 1 tablet orally 2 times a day. Review of R1's "electronic Medication Administration Record" (eMAR) dated 02/2026 revealed the record lacked documentation on 02/13/26 to 02/19/26. R1's eMAR further lacked documentation of the medications Dexamethasone and Levetiracetam. Interview on 03/12/26 at approximately 12:30PM with "Certified Nurse Aide" (CNA) B confirmed R1 had the brain mass removed sometime around "Valentines Day". Operator A stated the facility nurse did not come to the facility and add the medications Dexamethasone and Levetiracetam to R1's eMAR, the Operator	S5250		

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S5250	Continued From page 9 continued to confirm he administered the Dexamethasone to R1 until the tablets were gone and he is administering the Levetiracetam currently as the prescription instructions on the bottle read. Operator A stated that the nurse came to the facility on 03/10/26 and stated she would not return. Operator A confirmed he had not hired a new nurse at the time of the survey.	S5250		
S5251 SS=F	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-105 (f) (11) The home reported a census of 1 resident. The sample included 1 "Resident" (R). Based on observation, interview and record review the Operator failed to ensure R1's medical record contained documentation of all incidents, symptoms, other indications of illness or injury including the date, time of occurrence, action taken and results of the action when R1 discharged from the facility to have a brain mass removed on 02/13/26. Findings included:	S5251		

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S5251	Continued From page 10 - Record review for R1 revealed an admission date of 02/07/22 with diagnoses of sensorineural hearing loss bilaterally and traumatic brain injury. Review of R1's "Functional Capacity Screen" (FCS) dated 08/16/25 revealed R1 was independent with bathing, dressing, toileting, transferring, walking, mobility, and eating. R1 lacked the ability to manage his own medications and medical treatments. R1 was continent, and had impaired short-term memory, long-term memory, memory/recall, and decision making. R1 was able to make himself understood and he usually understood others. R1 was at risk for impaired vision, impaired hearing and impaired decision making. R1 used a cane mobility device. Review of R1's "Negotiated Service Agreement" dated 08/16/25 instructed facility staff to remind resident "at times to shower or to do task". Facility staff were to administer R1's medications under "nurse supervision". Review of the home provided document titled "Clinical Discharge Summary" revealed R1 was discharged back to the home on 02/19/26. The "Visit Reason" listed "Mass-Brain". Review of the home provided document titled "Patient Summary" revealed R1 was discharged back to the home on 02/19/26. Review of R1's electronic "Medical Record" under the "Symptoms Report" tab revealed the following entries signed by "Registered Nurse" (RN) C:	S5251		

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S5251	Continued From page 11 On 01/22/26 at 03:44PM RN C documented that she arrived at the home and reviewed R1's medications. R1 was alert and oriented to person, place, and time, and R1 had no changes noted at this time. The record lacked documentation from 01/23/26 to 03/09/26. On 03/10/26 RN C documented that she did not do a "monthly visit in February 2026, due to patient being hospitalized" for brain surgery ...R1 had a tumor removed from the right side of the brain. Interview on 03/12/26 at approximately 12:30PM with "Certified Nurse Aide" (CNA) B confirmed R1 had the brain mass removed sometime around "Valentines Day". Operator A stated the facility nurse did not come to the facility until 03/10/26 to see R1 and stated she would not return. Operator A confirmed he had not hired a new nurse at the time of the survey. The Operator failed to ensure R1's medical record contained documentation of all incidents, symptoms, other indications of illness or injury including the date, time of occurrence, action taken and results of the action when R1 discharged from the facility to have a brain mass removed on 02/13/26 and readmitted to the facility on 02/19/26.	S5251		
S5300 SS=F	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the	S5300		

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S5300	Continued From page 12	S5300		

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:
K.A.R. 26-42-205 (d)

The home reported a census of 1 resident. The sample included 1 "Resident" (R). Based on observation, interview and record review the Operator failed to ensure the medications the home was responsible for administering were administered to R1 in accordance with a medical care provider's written order and professional standards of practice.

Findings included:

- Record review for R1 revealed an admission date of 02/07/22 with diagnoses of sensorineural hearing loss bilaterally and traumatic brain injury.

Review of R1's "Functional Capacity Screen" (FCS) dated 08/16/25 revealed R1 was

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S5300	Continued From page 13 independent with bathing, dressing, toileting, transferring, walking, mobility, and eating. R1 lacked the ability to manage his own medications and medical treatments. R1 was continent, and had impaired short-term memory, long-term memory, memory/recall, and decision making. R1 was able to make himself understood and he usually understood others. R1 was at risk for impaired vision, impaired hearing and impaired decision making. R1 used a cane mobility device. Review of R1's "Negotiated Service Agreement" dated 08/16/25 instructed facility staff to remind resident "at times to shower or to do task". Facility staff were to administer R1's medications under "nurse supervision". Review of the home provided document titled "Clinical Discharge Summary" revealed R1 was discharged back to the home on 02/19/26. The "Visit Reason" listed "Mass-Brain". Review of the home provided document titled "Patient Summary" revealed R1 was discharged back to the home on 02/19/26. The "Medications" section revealed the following "Patient Instructions" : Dexamethasone (a synthetic corticosteroid used for intense anti-inflammatory and immunosuppressant properties to treat cerebral edema) 1 "milligram" (mg) oral tablet. 1 tablet every day. Start after the 2 mg tablets are finished. Dexamethasone 2 mg oral tablet. 1 tablet orally every day. Start after the 4 mg tabs are finished.	S5300		

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S5300	Continued From page 14 Dexamethasone 4 mg oral tablet. 1 tablet orally every day. Start after the 6 mg tabs are finished. Dexamethasone 6 mg oral tablet. 1 tablet orally every day. Levetiracetam (Keppra 500 mg oral tablet (an anticonvulsant used to treat seizures) 1 tablet orally 2 times a day. Review of R1's "electronic Medication Administration Record" (eMAR) dated 02/2026 revealed the record lacked documentation on 02/13/26 to 02/19/26. R1's eMAR further lacked documentation of the medications Dexamethasone and Levetiracetam. Interview on 03/12/26 at approximately 12:30PM with "Certified Nurse Aide" (CNA) B confirmed R1 had the brain mass removed sometime around "Valentines day". Operator A stated the facility nurse did not come to the facility and add the medications Dexamethasone and Levetiracetam to R1's eMAR, the Operator continued to confirm he administered the Dexamethasone to R1 until the tablets were gone and he is administering the Levetiracetam currently as the prescription instructions on the bottle read. Observation on 03/12/26 at approximately 12:30PM of a bottle of Levetiracetam 500 mg labeled with R1's name. The Operator failed to ensure the medications the home was responsible for administering were administered to R1 in accordance with a medical	S5300		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B008006	A. BUILDING: _____ B. WING _____	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HULLS HAVEN	401 PARKWOOD ROSE HILL, KS 67133

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S5300	Continued From page 15 care provider's written order and professional standards of practice.	S5300		