STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087270	A. BUILDING: _____ B. WING _____	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LININGS SENIOR LIVING LLC	228 S CEDAR PO BOX 38 GODDARD, KS 67052

(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 a Re-Licensure Survey for the above named Home Plus Facility conducted on 03/10/25 and 03/11/26.	S 000		
S 110 SS=D	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: KAR 26-39-103(c)(2) The facility reported a census of 11 residents(R). The sample included three sampled residents.	S 110		

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

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S 110	Continued From page 1 Based in interview and record review the operator failed to ensure one (R5) of three sampled residents or their legal representative was notified in writing of any changes in charges at least 30 days before the effective date of change for charges that were not related to R5's level of care. Findings included: - Review of R5's medical record revealed she moved into the facility on 02/14/14 with diagnoses of macular degeneration and spondylosis. On 03/11/26 at 09:14 AM Surveyor asked Administrative Staff A if R4 had an increase in her base room rate in the past year. Administrative Staff A confirmed she had and reported on the prior months billing before the annual review is due, they include a notice that the annual care plan is due and will be planning a meeting which may include an increase in monthly rent. On 03/11/26 at 11:15 AM Administrative Staff A reviewed paperwork titled "Resident Contract" dated 01/16/26 and "Secon Annual Review" and confirmed the increases noted in the paperwork were not related to any level of care issues just an overall increase of 5% in the base room rate. Administrative Staff A confirmed she had not sent out a notice identifying what the increase would be 30 days prier to the increase. The operator failed to ensure designated staff notified R5's DPOA in writing at least 30 days in advance of the actual increase in her base room	S 110		

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S 110	Continued From page 2 rate.	S 110		
S5251 SS=E	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: KAR 26-42-105(f)(11) The facility reported a census of eight residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury including the time and date of occurrence, action taken, and results of the action for two (R3, R4) of three sampled residents. Findings included: - Review of R3's record revealed he moved into the facility on 01/16/25 with diagnosis of dementia. Interview on 03/10/26 at 03:00 PM Administrative Nurse B reported the "Functional Capacity Screen", the Negotiated Service Agreement, and the "Health Care Service Plan" is all one document (FCS/NSA/HCSP).	S5251		

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S5251	Continued From page 3 R3s FCS/NSA/HCSP dated 01/07/26 identified he needed physical assistance with all his activities of daily living except for eating. The document identified one member of staff would assist R3 with activities of daily living to ensure his needs were met. It also identified he could not participate in management of his medications or medical treatments. The FCS/NSA/HCSP identified licensed Nurse or Certified Medication Aide would administer medications and medical treatments. R3's record included the following medical provider orders: 03/03/25 - Resume Seroquel (antipsychotic) morning dose due to increased agitation The record lacked documentation related to resuming medication. 01/21/26 - discontinue morning dose of Seroquel due to drowsiness The record lacked documentation related to results of discontinuing medication. 02/04/26 - discontinue afternoon Seroquel and continue with bed time dose. The record lacked documentation regarding results of discontinuing afternoon dose. Review of the Nursing progress notes also lacked documentation of the day the resident moved into the facility. Interview on 03/11/26 at 09:55 AM Licensed Nurse C reviewed R3's nursing observation notes and confirmed it did not include documentation of his status on the day he moved into the facility or follow documentation related to his Seroquel changes.	S5251		

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S5251	Continued From page 4 The operator failed to ensure designated staff documented in R3's record results of medication changes and his status upon moving into the facility. - R4 moved into the facility on 01/27/26 with a diagnosis of Barrett's esophagus. Interview on 03/10/26 at 03:00 PM Administrative Nurse B reported the "Functional Capacity Screen", the Negotiated Service Agreement, and the "Health Care Service Plan" is all one document (FCS/NSA/HCSP). R4's FCS/NSA/HCSP identified she needed physical assistance with all activities of daily living except eating. It also identified one staff, or Hospice would assist to ensure her needs were met. The FCS/NSA/HCSP identified she was unable to participate in the management of her medications or medical treatments, and the licensed Nurse/Certified medication Aide would administer medications and treatments. R4's record included a new provider order dated 02/18/26 for Nystatin powder twice a day around PEG (surgical creation of an artificial opening into the stomach through the abdominal wall by which nutrition can be introduced.) tube insertion site, and Fluconazole every 72 hours times four doses for candida around peg tube. R4's record lacked documentation as to an initial need for the Nystatin and Fluconazole as well as follow-up documentation as to the results of the treatment. The record also lacked documentation of the resident's status upon	S5251		

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S5251	Continued From page 5 moving into the facility. Interview on 03/11/26 at 10:09 AM Licensed Nurse C confirmed she had not docmented on admission when R4 moved into the facility or follow-up related to her skin around PEG insertion site. The operator failed to ensure designated staff documented in R4's record results of a skin treatments and her status upon moving into the facility.	S5251		
S5313 SS=E	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 eight residents (R). Based on observation and interview the operator failed to ensure a licensed pharmacist	S5313		

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S5313	Continued From page 6 or licensed nurse placed the full name of the resident on each package and/or bottle/tube of over-the-counter medication the facility was responsible for administering. . Findings included: - Observation on 03/10/26 at 12:27 PM Certified Medication Aide (CMA) D unlocked the medication cart for inspection revealing the following over-the-counter medications without the residents' full name on the medication container: Probiotic, Melatonin, Tylenol, and a box containing foil packet of a Woman's Probiotic. Interview on 03/10/26 at 12:39 PM CMA D reported staff were supposed to put the residents' name, the date the bottle was opened, and the expiration date on the bottle. Interview on 03/10/26 at 3:18 AM Administrative Nurse B confirmed they did not really have a system in place to ensure a licensed nurse put a resident's full name on over-the-counter medications. The operator failed to ensure each over-the-counter medication included the residents' full name on the package and the medication container.	S5313		