STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023024	A. BUILDING: _____ B. WING _____	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE SENIOR LIVING LLC	2303 OXFORD ROAD LAWRENCE, KS 66049

(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 04/14/26.	S 000		
S5085 SS=F	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-201 (c) (1) The facility reported a census of 1 "Resident" (R). The sample included 1 resident. Based on observation, interview, and record review, the operator failed to ensure designated staff conducted a screening that determined R1's functional capacity at least once every 365 days. Findings Included: - Record review for R1 revealed an admission date of 10/26/24, with diagnosis of bilateral primary osteoarthritis of knees, limited mobility, back pain, dementia and macular degeneration. Review of R1's medical record revealed it lacked	S5085		

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

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S5085	Continued From page 1 a "Functional Capacity Screen" (FCS). Record Review of R1's combined "Negotiated Service Agreement"(NSA)/"Health Care Service Plan"(HSP) dated 10/26/24 instructed facility staff to provide physical assistance with bathing and dressing. R1 required supervision with transferring and walking mobility. R1 lacked the ability to manage his own medications, was able to make himself understood, and he usually understood others. Under the section titled "Cognition- Memory, Recall" check marks were handwritten next to short term memory, long term memory, memory/recall, and decision-making. R1's combined NSA/HSP lacked instructions for healthcare services to be provided for impaired cognition. Under the section titled behavior management staff were instructed to redirect resident. Interview on 04/14/26 at approximately 02:15pm with Operator A confirmed R1's medical record lacked a FCS. The operator failed to ensure designated staff conducted a screening that determined R1's functional capacity at least once every 365 days.	S5085		
S5116 SS=F	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives	S5116		

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S5116	Continued From page 2 assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-202 (d) (1) The facility reported a census of 1 "Resident" (R). The sample included 1 resident. Based on observation, interview, and record review, the operator failed to ensure the review and if necessary the revision of R1's " Negotiated Service Agreement" (NSA) at least once every 365 days. Findings Included: - Record review for R1 revealed an admission date of 10/26/2024, with diagnosis of bilateral primary osteoarthritis of knees, limited mobility, back pain, dementia and macular degeneration. Review of R1's medical record revealed it lacked a "Functional Capacity Screen" (FCS). Record Review of R1's combined "Negotiated Service Agreement"(NSA)/"Health Care Service Plan"(HSP) dated 10/26/24 instructed facility staff to provide physical assistance with bathing and dressing. R1 required supervision with transferring and walking mobility. R1 lacked the ability to manage his own medications, was able	S5116		

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S5116	Continued From page 3 to make himself understood, and he usually understood others. Under the section titled "Cognition- Memory, Recall" check marks were handwritten next to short term memory, long term memory, memory/recall, and decision-making. R1's combined NSA/HSP lacked instructions for healthcare services to be provided for impaired cognition. Under the section titled behavior management staff were instructed to redirect resident. Interview on 04/14/26 at approximately 02:15PM with Operator A confirmed R1's medical record lacked a NSA being reviewed and revised every 365 days. The operator failed to ensure the review and if necessary the revision of R1's " Negotiated Service Agreement" (NSA) at least once every 365 days.	S5116		
S5210 SS=F	26-42-104 (b) Written Emergency Plan b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations.	S5210		

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S5210	Continued From page 4 This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-104 (b)(1-9) The facility reported a census of 1 "Resident" (R). The sample included 1 resident. Based on interview, and record review, the operator failed to ensure the home's emergency management plan included all of the following topics: fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, missing residents and any other potential emergency situations. Findings Included: - Record review of the facility provided binder titled "Emergency Preparedness Disaster Management Training Logs Fire". The binder contained the following documents titled "Quarterly Fire Drill Report" that revealed on the following dates a fire drill was conducted: On 04/15/25, 08/12/25 and 12/15/25 Interview on 04/14/26 at approximately 12:55PM with Operator A confirmed training included active shooter, fire, tornado, and medical emergencies. Operator A stated he provided training of the 9 required topics verbally and confirmed he lacked documentation of training for facility staff and R1. The operator failed to ensure the homes emergency management plan included all of the following topics: fire, flood, severe weather, tornado, explosion, natural gas leak, lack of	S5210		

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S5210	Continued From page 5 electrical or water service, missing residents and any other potential emergency situations.	S5210		
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; (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 facility reported a census of 1 "Resident" (R). The sample included 1 resident. Based on interview, and record review, the operator failed to ensure a review of the homes emergency management plan with all staff and R1 at least quarterly. Findings Included:	S5215		

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S5215	Continued From page 6 - Record review of the facility provided binder titled "Emergency Preparedness Disaster Management Training Logs Fire". The binder contained the following documents titled "Quarterly Fire Drill Report" that revealed the homes emergency preparedness training was provided on the following dates: 04/15/25, 08/12/25 and 12/15/25 The record lacked documentation of the home's emergency preparedness training being provided in 2026. Interview on 04/14/26 at approximately 12:55PM with Operator A confirmed training included active shooter, fire, tornado, and medical emergencies. Operator A stated he provided training of the 9 required topics verbally and lacked documentation of training for staff and R 1 at least quarterly. The operator failed to ensure the home's emergency management plan with all staff and R1was conducted at least quarterly.	S5215		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure	S5230		

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S5230	Continued From page 7 the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-207 (c) The facility reported a census of 1 "Resident" (R). The sample included 1 resident and 1 newly hired employee. Based on interview and record review, the operator failed to ensure the home's compliance with the departments "Tuberculosis"(TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R1 and newly hired "Certified Nurse Aide"(CNA)B. Findings Included: - Review of R1's medical record revealed it lacked a "Functional Capacity Screen" (FCS). Record Review of R1's combined "Negotiated Service Agreement"(NSA)/"Health Care Service Plan"(HSP) dated 10/26/24 instructed facility staff to provide physical assistance with bathing and dressing. R1 required supervision with transferring and walking mobility. R1 lacked the ability to manage his own medications, was able to make himself understood, and he usually understood others. Under the section titled "Cognition- Memory, Recall" check marks were handwritten next to short term memory, long term memory, memory/recall, and decision-making.	S5230		

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S5230	Continued From page 8 Record Review of R1's medical record revealed a document titled "T-SPOT.TB" (a Food and Drug Administration approved Interferon Gamma Release Assay or IGRA blood test that detects Mycobacterium TB infection) dated 03/21/25 as negative. R1's medical record lacked the required annual TB symptom screen. Interview on 04/14/26 at approximately 02:15PM with Operator A confirmed R1's medical record lacked documentation of the required annual TB symptom screen. The operator failed to ensure the home's compliance with the departments TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R1. Record Review for newly hired CNA B revealed she began her employment on 10/30/25. CNA B's employee record lacked documentation of the required TB symptom screen and two step TB skin test being preformed within 7 days of employment. Interview on 04/14/26 at approximately 02:15PM with Operator A confirmed CNA B's personnel record lacked documentation of the required TB symptom screen and two step TB skin test being preformed within 7 days of employment. The operator failed to ensure the home's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired (CNA)B.	S5230		

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S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-102 (d) (2) (3) The facility reported a census of 1 "Resident" (R) and 1 newly hired employee. The sample included 1 resident and 1 newly hired employee. Based on interview and record review, the operator failed to ensure the employee records contained supporting documentation for criminal background of facility staff pursuant to K.S.A.	S5258		

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S5258	Continued From page 10 39-970 and amendments thereto. The operator further failed to provide supporting documentation from the nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home "Certified Nurse Aide"(CNA) B. Findings Included: - Record Review for newly hired CNA B revealed she began her employment on 10/30/25. CNA B's employee record lacked documentation of the required criminal background checks pursuant to K.S.A. 39-970, the record further lacked supporting documentation from the nurse aide registry that showed the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home. Interview on 04/14/26 at approximately with Operator A confirmed CNA B's personnel record lacked documentation of the required documentation for the criminal background check pursuant to K.S.A. 39-970, Operator A continued to confirm that CNA B's record lacked supporting documentation from the nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home. The operator failed to ensure the employee records contained supporting documentation for criminal background checks of facility staff pursuant to K.S.A. 39-970 and amendments thereto. The operator further failed to provide supporting documentation from the nurse aide registry that the individual did not have a finding	S5258		

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S5258	Continued From page 11 of having abused, neglected, or exploited a resident in an adult care home CNA B.	S5258		
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 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 facility reported a census of 1 "Resident" (R). The sample included 1 resident. Based on interview, and record review, the operator failed to ensure that all medications were administered to R1 in accordance with a medical care provider's written order and professional standards of practice when R1 medical record lacked documentation of orders to discontinue hospice medications.	S5300		

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S5300	Continued From page 12 Findings Included: - Record review for R1 revealed an admission date of 10/26/2024, with diagnosis of bilateral primary osteoarthritis of knees, limited mobility, back pain, dementia and macular degeneration. Review of R1's medical record revealed it lacked a "Functional Capacity Screen" (FCS). Record Review of R1's combined "Negotiated Service Agreement"(NSA)/"Health Care Service Plan"(HSP) dated 10/26/24 instructed facility staff to provide physical assistance with bathing and dressing. R1 required supervision with transferring and walking mobility. R1 lacked the ability to manage his own medications, was able to make himself understood, and he usually understood others. Under the section titled "Cognition- Memory, Recall" check marks were handwritten next to short term memory, long term memory, memory/recall, and decision-making. Record review of the facility provided document titled "Medication Administration Record" (MAR) dated 04/26 included the following orders: Escitalopram 10"milligram" (mg) tablet with a start date of 11/26/24 Gabapentin 100mg 2 capsule by mouth twice daily with a start date of 01/16/26 Gabapentin 100mg 1 capsule by mouth daily with a start date of 01/16/26 Nystatin Cream with a start date of 01/19/26 Interview on 04/14/26 at approximately 02:15pm	S5300		

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S5300	Continued From page 13 with Operator A confirmed R1's medical record lacked signed physician orders for the Escitalopram, Gabapentin 100mg 2 capsule by mouth twice daily, Gabapentin 100mg 1 capsule by mouth daily, and Nystatin Cream. Record review of the facility provided document titled "Medication Administration Record" (MAR) dated 04/26 included the following orders: Morphine 100 mg/5.0 "milliter"(ml) solution Haloperidol 2.0 mg/ml concentrate Lorazepam 0.5 mg tablet Lorazepam Intensol 2.0 mg/ml Interview on 04/14/26 at approximately 02:15PM with Operator A confirmed R1's medical record lacked documentation of physician orders for the Morphine solution, Haloperidol, Lorazepam tablet, and Lorazepam Intensol, medications being discontinued at the time R1 was discharged from hospice services approximately 03/25. The operator failed to ensure that all medications were administered to R1 in accordance with a medical care provider's written order and professional standards of practice when R1 medical record lacked documentation of orders to discontinue hospice medications.	S5300		
S5335 SS=F	28-39-437 Construction (a) Each home-plus 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,	S5335		

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S5335	Continued From page 14 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. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-437 (a) The facility reported a census of 1 "Resident" (R). The sample included 1 resident. Based on observation, interview, and record review, the operator failed to ensure the home plus was maintained to protect the safety of R1 and the facility staff. Findings included: - Record review for R1 revealed an admission date of 10/26/24, with diagnosis of bilateral primary osteoarthritis of knees, limited mobility, back pain, dementia and macular degeneration. Review of R1's medical record revealed it lacked a "Functional Capacity Screen" (FCS). Record Review of R1's combined "Negotiated Service Agreement"(NSA)/"Health Care Service Plan"(HSP) dated 10/26/24 instructed facility staff to provide physical assistance with bathing and dressing. R1 required supervision with transferring and walking mobility. R1 lacked the ability to manage his own medications, was able to make himself understood, and he usually understood others. Under the section titled "Cognition- Memory, Recall" check marks were handwritten next to short term memory, long term memory, memory/recall, and decision-making.	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023024	A. BUILDING: _____ B. WING _____	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE SENIOR LIVING LLC	2303 OXFORD ROAD LAWRENCE, KS 66049

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S5335	Continued From page 15 R1's combined NSA/HSP lacked instructions for healthcare services to be provided for impaired cognition. Under the section titled behavior management staff were instructed to redirect resident. Interview on 04/14/26 at approximately 02:15PM with Operator A confirmed R1's medical record lacked a FCS. Observation on 04/14/26 at approximately 10:50AM during the facility tour, the front door located on the west side of the home lacked an alarm or keypad entry. The door located in the southeast corner of the common dining area freely opened onto a deck and the door lacked an alarm or keypad system. Interview on 04/14/26 at approximately 02:15PM with operator A confirmed the home's doors that lead to the exterior lacked alarms or keypads for safety and security. The operator failed to ensure the home plus was maintained to protect the safety of R1 and the facility staff.	S5335		