STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089091	A. BUILDING: _____ B. WING _____	R 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KARAWAY, LLC	1815 SW WESTWOOD CIRCLE TOPEKA, KS 66604

(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 onsite revisit for correction order 26-SCCC-61 conducted on 04/07/26.	{S 000}		
{S5105} SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1) The facility reported a census of six residents with three included in the sample. Based on interview and record review the operator failed to ensure the Negotiated Service Agreement (NSA) for Residents (R)1, R2, and R3 described the services they received based on their Functional Capacity Screens (FCS).	{S5105}		

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

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{S5105}	Continued From page 1 Findings included: - Review of R1's record revealed an admission date of 09/19/23 with the following diagnoses: paraplegia, depression, and chronic obstructive pulmonary disease. The 09/19/24 FCS identified R1 required physical assistance with bathing, dressing, and toileting; required supervision with transfers and eating; was unable to perform mobility and management of medications and treatments; was incontinent of bladder; and had decision-making impairment and socially inappropriate behavior. The 09/19/24 (most recent in record) NSA for R1 noted staff assisted with bathing, dressing, toileting, transfers, bladder incontinence, and management of medications and treatments. The NSA lacked services provided for impaired decision making and inappropriate behavior. The 09/19/25 "Care Service Plan" (HSP) instructed staff to use wheelchair for assistance, provide showers with shower chair, provide peri-care, turn R1 every two hours, and prepare meals. The HSP failed to instruct staff on how to assist R1 with decision making and inappropriate behaviors exhibited. - Review of R2's record revealed an admission date of 09/08/24 with the following diagnoses: polyneuropathy, depression, hypertension, and muscle weakness. The 09/08/25 FCS identified R2 required physical assistance with bathing and dressing; was independent with toileting and transfers; and	{S5105}		

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{S5105}	Continued From page 2 was unable to perform mobility and management of medications and treatments. She was at risk of falls and had socially inappropriate behavior. The 09/08/25 NSA identified staff supervised and cued R2 with toileting and at times assisted. Staff of one person assisted R2 with transfers and she had no behaviors. The NSA services failed to be based on the FCS. - Review of R3's record revealed an admission date of 02/01/19 with the following diagnoses: cerebral infarction, hemiplegia, and diabetes mellitus type two. The 02/01/26 FCS identified R3 required physical assistance with bathing, dressing, toileting, transfers, and mobility; required supervision with eating; was unable to perform management of medications and treatments; was frequently incontinent of bladder; and was at risk of falls. The 02/01/26 NSA for R3 was missing pages 2 and 3. On 04/07/26 at 04:23 PM Staff E confirmed the residents' charts failed to include the updated documents requested. The operator failed to ensure the NSA for R1, R2, and R3 described the services provided based on their FCS.	{S5105}		
{S5120} SS=E	26-42-202 (f) NSA Refusal of Service f) If a resident or the resident's legal	{S5120}		

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{S5120}	Continued From page 3 representative refuses a service that the administrator or operator, the licensed nurse, the resident's medical care provider, or the case manager believes is necessary for the resident's health and safety, the negotiated service agreement shall include the following: (1) The service or services refused; (2) identification of any potential negative outcomes for the resident if the service or services are not provided; (3) evidence of the provision of education to the resident or the resident ' s legal representative of the potential risk of any negative outcomes if the service or services are not provided; and (4) an indication of acceptance by the resident or the resident's legal representative of the potential risk. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(f)(1-4) The facility reported a census of six residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the Negotiated Service Agreement (NSA) included services refused, potential negative outcomes if service not provided, and acceptance of risk by resident when Resident (R) 2 and R3 refused a service the medical care provider believed was necessary. Findings included: - Review of R2's record revealed an admission date of 09/08/24 with the following diagnoses:	{S5120}		

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{S5120}	Continued From page 4 polyneuropathy, depression, hypertension, and muscle weakness. The 09/08/24 FCS found in R2's record on 03/04/26 at 11:00 AM identified she required physical assistance with dressing, and transfers; required supervision with eating; was unable to perform bathing, toileting, mobility and management of medications and treatments; was incontinent of bladder; was at risk of falls; and had impaired vision, hearing, and socially inappropriate behavior. At 04:00 PM Administrative Staff A provided an NSA dated 09/08/25 (most recently dated) which identified staff supervised and cued R2 with toileting and at times assisted. Staff of one person assisted R2 with transfers and she had no behaviors. The NSA failed to mention therapy services or the refusal of therapy services. Interview on 03/04/26 at 02:40 PM of R2 refused to answer questions saying, "I'm fine" and "I don't need anything." Review of "Nurse's Notes" dated 02/19/26 at 06:30 PM revealed R2's primary care provider ordered physical therapy to evaluate and treat. On 03/04/26 at 02:55 PM Administrative Nurse B stated R2 refused to cooperate with starting therapy and confirmed the NSA did not include therapy service or the refusal. - Review of R3's record revealed an admission date of 02/01/19 with the following diagnoses: cerebral infarction, hemiplegia, and diabetes mellitus type two.	{S5120}		

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{S5120}	Continued From page 5 The 02/01/26 FCS provided by Administrative Staff A on 03/04/26 at 04:00 PM identified R3 required physical assistance with bathing, dressing, toileting, transfers, and mobility; required supervision with eating; was unable to perform management of medications and treatments; was frequently incontinent of bladder; and was at risk of falls. At 04:00 PM Administrative Staff A provided an NSA dated 02/01/26 which was missing pages 2 and 3 failed to include therapy services or the refusal of therapy. Review of R3's primary care provider's "Progress Note" dated 02/18/26 ordered a physical therapy evaluation and treatment for muscle weakness. On 03/04/26 at 02:55 PM Administrative Nurse B stated R3 refused to cooperate with starting therapy and confirmed the NSA did not include therapy service or the refusal. On 04/07/26 at 04:23 PM Staff E confirmed the residents' charts failed to include the updated documents requested since last survey. The operator failed to ensure the NSA included services refused, potential negative outcomes if service not provided, and acceptance of risk by resident when R2 and R3 refused therapy the medical care provider believed was necessary.	{S5120}		
{S5171} SS=E	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to	{S5171}		

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{S5171}	Continued From page 6 residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(i) The facility reported a census of six residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure a licensed nurse completed regular assessment for the ability to use bed rails safely without risk of entrapment and to confirm the bed rails were not a restraint for Residents (R) 1 and R3. Findings included: - Review of R1's record revealed an admission date of 09/19/23 with the following diagnoses: paraplegia, depression, and chronic obstructive pulmonary disease. The 09/19/24 FCS identified R1 required physical assistance with bathing, dressing, and toileting; required supervision with transfers and eating; was unable to perform mobility and management of medications and treatments; was incontinent of bladder; and had decision-making impairment and socially inappropriate behavior. The 09/19/24 NSA for R1 noted staff assisted with bathing, dressing, toileting, transfers, bladder incontinence, and management of medications and treatments. The NSA listed a bed rail as an assistive device. The 09/19/25 "Care Service Plan" (HSP)	{S5171}		

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{S5171}	Continued From page 7	{S5171}		

instructed staff to use wheelchair for assistance, provide showers with shower chair, provide peri-care, turn R1 every two hours, and prepare meals. The HSP failed to instruct staff on how to assist R1 with decision making and inappropriate behaviors exhibited.

Review of R1's record failed to include documentation of a bed assist device assessment since 08/20/22.

Observation on 04/07/26 at 03:40 PM revealed a bed rail was attached to R1's bed.

- Review of R3's record revealed an admission date of 02/01/19 with the following diagnoses: cerebral infarction, hemiplegia, and diabetes mellitus type two.

The 02/01/26 FCS identified R3 required physical assistance with bathing, dressing, toileting, transfers, and mobility; required supervision with eating; was unable to perform management of medications and treatments; was frequently incontinent of bladder; and was at risk of falls.

The 02/01/25 NSA for R3 noted staff assisted with bathing, dressing, transfers, and management of medications and treatments. The NSA listed a bed rail for transfer.

Review of R3's record revealed the lack of documentation of an assessment for her bed rail.

On 04/07/26 at 04:23 PM Staff E confirmed the residents' charts failed to include the updated documents requested.

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{S5171}	Continued From page 8 The operator failed to ensure a licensed nurse completed regular assessment of bed assistive devices for R1 and R3.	{S5171}		
{S5250} SS=E	26-42-105 (f) (1 - 10) Resident Records Content (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: KAR 26-42-105(f)(4)(5)(6)	{S5250}		

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{S5250}	Continued From page 9 The facility reported a census of six residents, with three included in the sample and one closed record review. Based on interview and record review the operator failed to ensure the resident's record contained the functional capacity screenings (FCS), negotiated service agreements (NSA), and health care service plans (HSP) for Resident (R) 1 and R2. Findings included: - Review of R1's record revealed an admission date of 09/19/23 with the following diagnoses: paraplegia, depression, and chronic obstructive pulmonary disease. The 09/19/24 FCS identified R1 required physical assistance with bathing, dressing, and toileting; required supervision with transfers and eating; was unable to perform mobility and management of medications and treatments; was incontinent of bladder; and had decision-making impairment. R1's record lacked evidence of a more recent FCS. The 09/19/24 NSA for R1 noted staff assisted with bathing, dressing, toileting, transfers, bladder incontinence, and management of medications and treatments. R1's record lacked evidence of a more recent NSA. The 09/19/25 "Care Service Plan" instructed staff to use wheelchair for assistance, provide showers with shower chair, provide peri-care, turn R1 every two hours, and prepare meals. R1's record lacked evidence of a more recent HSP.	{S5250}		

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{S5250}	Continued From page 10 - Review of R2's record revealed an admission date of 09/08/24 with the following diagnoses: polyneuropathy, depression, hypertension, and muscle weakness. The 09/08/24 FCS identified R2 required physical assistance with dressing, and transfers; required supervision with eating; was unable to perform bathing, toileting, mobility and management of medications and treatments; was incontinent of bladder; was at risk of falls; and had impaired vision, hearing, and socially inappropriate behavior. R2's record lacked evidence of a more recent FCS. The 09/08/24 NSA for R2 noted staff assisted with bathing, dressing, toileting, transfers, bladder incontinence, and management of medications and treatments. R2's record lacked evidence of a more recent NSA. The 09/08/25 "Care Service Plan" instructed staff to assist R2 in the bathroom and provide peri-care, use wheelchair for assistance, provide showers, and prepare meals. R2's record lacked evidence of a more recent HSP. On 04/07/26 at 04:23 PM Staff E confirmed the residents' charts failed to include the updated documents requested. The operator failed to ensure the resident's record contained the most recent and updated FCS, NSA, and HSP for R1 and R2.	{S5250}		
{S9999}	Final Observations	{S9999}		

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