

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/23/2026
NAME OF PROVIDER OR SUPPLIER THE ATRIUMS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WEST 107TH STREET OVERLAND PARK, KS 66212		
(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 with attached complaint numbers 197772, 197083, 196855, 196782, 196640, and 196220, for the above named facility conducted on 04/21/26, 04/22/26, and 04/23/26.	S 000		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-202(c) The facility reported a census of 28 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the Operator failed to ensure that R2's initial negotiated service agreement was developed at time of admission. Findings included: -Record Review for R2 revealed an admission date of 10/28/25 with diagnoses of Pancytopenia, T-cell Leukemia/lymphoma, atherosclerotic coronary artery disease, essential hypertension, abdominal aortic atherosclerosis, chronic kidney disease stage 3, chronic	S3090		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3090	Continued From page 1 obstructive pulmonary disease, alcoholic cirrhosis of the liver with ascites, recurrent skin breakdown. Review of R2's "Functional Capacity Screen" (FCS) dated 10/22/25 revealed R2 required supervision with bathing. R2 was independent with dressing, toileting, transferring, walking/mobility and eating. R2 lacked the ability to manage his own medications and medical treatment. R2 was continent and had impaired short-term memory, memory/recall, and decision making. R2 was able to make himself understood and he understood others. R2 was identified at risk for falls, impaired vision. R2 used a walker mobility device. Review of R2's electronic "Medical Record" revealed a document titled "Service Plan" dated 11/3/25 and identified the facility staff would provide the following health services: staff were to monitor R2's skin issues with use of home health, medical provider and rehabilitation if needed. Facility staff were instructed to provide stand-by assistance with bathing, reminders of having clean clothing. Under the section titled "Special Care Needs" "Needs/Details" it was documented "Active Wounds/Skin Breakdown" and facility staff would provide "Safety Checks" two times per shift. Under the section titled "Medication Management" facility staff were instructed to administer R2's ordered medications and medical treatments. Interview on 04/23/26 at approximately 01:30PM with Assistant Executive Director A and by phone; Operator F, Licensed Nurse G, and	S3090		

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S3090	Continued From page 2 regional staff H confirmed that R2's " Service Plan" was not developed at time of admission to the facility. The Operator failed to ensure that R2's initial negotiated service agreement was developed at time of admission.	S3090		
S3095 SS=D	26-41-202 (f) NSA Refusal of Service (f) If a resident or the resident's legal 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: K.A.R. 26-41-202 (f) The facility reported a census of 28 residents. The sample included 3 residents and 1 closed record review. Based on record review and	S3095		

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S3095	Continued From page 3 interview the Operator failed to ensure R3's "Negotiated Service Agreement" (NSA) included the refusal of services for the nectar thickened liquids. Findings included: Record review for R3 revealed an admission date of 06/21/24 with diagnoses of senile degeneration of the brain and other frontotemporal neurocognitive disorder. Review of R3's "Functional Capacity Screen" (FCS) dated 04/08/26 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R3 lacked the ability to manage her own medications and medical treatments and was incontinent. R3 had impaired short-term memory, memory/recall, and decision making. R3 was able to make herself understood and she understood others. R3 was identified at risk for falls, impaired vision, and impaired decision making. R3 used a walker and wheelchair mobility device. Review of R3's electronic "Medical Record" revealed a document titled "Service Plan" dated 03/10/26 and identified facility staff would provide the following health services: the local hospice agency would assist R3 with bathing two times a week and the facility staff would assist R3 with bathing one time a week. Facility staff were to provide physical assistance with dressing, toileting, transferring with one staff assist, mobility with one staff assist, and encouragement with eating. Under the section	S3095		

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S3095	Continued From page 4 titled "Disposition and Behaviors" the following was documented; R3 received Depakote as ordered to treat "aggressive and resistant behaviors". Facility staff were instructed to administer R3's ordered medications and medical treatments. Under the section titled "Meals and Nutrition" revealed the following: "Nectar thick liquids discontinued, and diet recommendations were discontinued". Review of the facility provided document titled "Physician/Provider Order" from the local hospice agency revealed the following: The reason for the order: The "Patient/Family" wanted to discontinue the thickened liquid order that was recommended by speech therapy due to decreased liquid intake. Patient/Family verbalized understanding of the risk of possible aspiration. R3's "Service Plan" lacked the following for the refusal of services: the service refused, identification of any potential negative outcomes for the resident if the service or services were not provided, evidence of the provision of education to the resident or the resident's legal representative of the potential risk of any negative outcome if the service or services were not provided, and an indication of acceptance by the resident or the resident's legal representative of the potential risk. Interview on 04/23/26 at approximately 01:30PM with Assistant Executive Director A and by phone; Operator F, Licensed Nurse G, and regional staff H confirmed R3's "Service Agreement" lacked the service refused, identification of any potential negative outcomes	S3095		

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S3095	Continued From page 5 for the resident if the service or services were not provided, evidence of the provision of education to the resident or the resident's legal representative of the potential risk of any negative outcome if the service or services were not provided, and an indication of acceptance by the resident or the resident's legal representative of the potential risk. The Operator failed to ensure R3's Negotiated Service Agreement included the refusal of services for the nectar thickened liquids.	S3095		
S3155 SS=F	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (a) The facility reported a census of 28 residents. The sample included 3 "Residents" (R)'s and one focused review. Based on interview and record review the Operator failed to ensure the development of a written "Negotiated Service Agreement" that was developed based on each	S3155		

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S3155	Continued From page 6 resident's "Functional Capacity Screen" (FCS) that provided a description of services each resident would receive, identification of the provider of each service, and each party responsible for payment if outside resources provided a service for R's1, 2, and 3. Findings included: - Record Review for R1 revealed an admission date of 08/04/25 with diagnoses of cerebellar infarction, chronic atrial fibrillation, and adrenal insufficiency. The diagnoses lacked a diagnosis of diabetes mellitus. Review of R1's "Functional Capacity Screen" (FCS) dated 03/27/26 revealed R1 required supervision with dressing. R1 was independent with dressing, toileting, transferring, walking/mobility and eating. R1 required supervision with medication management and medical treatments. R1 was usually continent and had impaired short-term memory and decision making. R1 was able to make himself understood and R1 understood others. R1 was identified at risk for falls, impaired hearing, and impaired decision making. R1 used a walker mobility device. Review of R1's electronic "Medical Record" revealed a document titled "Service Plan" dated 04/15/26 and identified the facility staff would provide the following health services: supervision and oversight with bathing and reminders to charge his hearing aids. In the	S3155		

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S3155	Continued From page 7 section titled "Meals and Nutrition" the following was typed: "Resident is a diabetic ...". Under the section titled "Special Care Needs" facility staff were instructed to "Monitor" R1 when he obtained his blood glucose reading through the electronic monitoring device before meals and to document the readings in R1's electronic "Medical Record". Under the section titled "Diabetes Assistance" the following was documented: R1 was a diabetic and required assistance managing his diabetes. R1 used insulin and was marked as independent with the administration of his insulin. Under the section titled "Mobility" "Needs/Details" the following was documented: "Assistance with observation and fall management". Review of the facility provided document titled "electronic Medication Administration Record" (eMAR) revealed an order for Repatha Sure injection 140 "Milligrams" (MG) / "Milliliter" (ML) to be injected under the skin every 14 days. R1's "Service Plan" lacked healthcare services for the following: identification of who was responsible for R1's Repatha Sure injection 140 mg / ml, falls, management of R1's medical treatments, short-term memory and decision making. R1's "Service Plan" further lacked identification of the payor source for the local therapy agency. - Record Review for R2 revealed an admission date of 10/28/25 with diagnoses of Pancytopenia, T-cell Leukemia/lymphoma, atherosclerotic coronary artery disease, essential hypertension, abdominal aortic atherosclerosis,	S3155		

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S3155	Continued From page 8 chronic kidney disease stage 3, chronic obstructive pulmonary disease, alcoholic cirrhosis of the liver with ascites, recurrent skin breakdown. Review of R2's FCS dated 02/05/26 revealed R2 required physical assistance with bathing and toileting. R2 was independent with dressing, transferring, walking/mobility and eating. R2 lacked the ability to manage his own medications and medical treatments. R2 was continent and had impaired short-term memory, memory/recall, and decision making. R2 was able to make himself understood and he understood others. R2 was identified at risk for falls, impaired vision, and impaired decision making. R2 used a walker mobility device and had a prosthetic right eye. Review of R2's electronic "Medical Record" revealed a document titled "Service Plan" dated 02/05/26 and identified the facility staff would provide the following health services: staff were to monitor R2's "skin breakdown and infection", stand by assistance with bathing, reminders of having clean clothing, assistance with hygiene after toileting, "but independent with toileting", and provide safety checks for "fall risk precautions". Under the section titled "Vision" it was documented R2 had a prosthetic right eye. The cleansing of the prosthetic right eye would be managed by the local "home health wound care" and the facility staff would apply ointments, and eye drops as ordered by the medical care provider. Under the section titled "Special Care Needs" it was documented facility staff would monitor chronic recurrent areas to buttocks and apply cream as ordered. R2 would wipe his right eye daily, and the local home health would	S3155		

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S3155	Continued From page 9 remove the prosthetic right eye weekly for thorough weekly cleansing. Under the section titled "Medication Management" facility staff were instructed to administer and manage R2's medication and medical treatments. R2's FCS identified he was independent with dressing. R2's "Service Plan" instructed facility staff to provide reminders of wearing clean clothing. R2's "Service Plan" lacked health care services for falls, impaired decision making, and skin preservation. R2's "Service Plan" included a local home health/wound agency, and the "Service Plan" lacked identification of the payor source for the outside provider. Record review for R3 revealed an admission date of 06/21/24, with diagnoses of senile degeneration of the brain and other frontotemporal neurocognitive disorder. Review of R3's FCS dated 04/08/26 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R3 lacked the ability to manage her own medications and medical treatments and was incontinent. R3 had impaired short-term memory, memory/recall, and decision making. R3 was able to make herself understood and she understood others. R3 was identified at risk for falls, impaired vision, and impaired decision making. R3 used a walker and wheelchair mobility device. Review of R3's electronic "Medical Record" revealed a document titled "Service Plan" dated 03/10/26 and identified the facility staff would	S3155		

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S3155	Continued From page 10 provide the following health services: the local hospice agency would assist R3 with bathing two times a week and the facility staff would assist R3 with bathing one time a week. Facility staff were to provide physical assistance with dressing, toileting, transferring with one staff assist, mobility with one staff assist, and encouragement with eating. Under the section titled "Disposition and Behaviors" the following was documented; R3 received Depakote as ordered to treat "aggressive and resistant behaviors". Facility staff were instructed to administer R3's ordered medications and medical treatments. R3's FCS was dated 04/08/26 and R3's "Service Plan" was dated 03/10/26. R3's "Service Plan" lacked identification of the payor source for the local outside hospice agency and healthcare services for impaired decision making. Interview on 04/23/26 at approximately 01:30PM with Assistant Executive Director A and by phone; Operator F, Licensed Nurse G, and regional staff H confirmed the facility's "Service Plan" was the NSA, they continued to confirm the facility's "Service Plan" did not contain the required information. The Operator failed to ensure the development of a written NSA and was developed based on each resident's FCS, that provided a description of services each resident would receive, identification of the provider of each service, and each party responsible for payment if outside resources provided a service for R's1, 2, and 3.	S3155		

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S3165	Continued From page 11	S3165		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (d) The facility reported a census of 28 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the Operator failed to ensure the facility's Negotiated Service Agreement contained the name of the licensed nurse responsible for the implementation and supervision of the plan for R1, R2, and R3. Findings included: - Record Review for R1 revealed an admission date of 08/04/25 with diagnoses of cerebellar infarction, chronic atrial fibrillation, and adrenal insufficiency. The diagnoses lacked diagnosis of diabetes mellitus. Review of R1's "Functional Capacity Screen" (FCS) dated 03/27/26 revealed R1 required supervision with dressing. R1 was independent with dressing, toileting, transferring, walking/mobility and eating. R1 required	S3165		

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S3165	Continued From page 12 supervision with medication management and medical treatments. R1 was usually continent and had impaired short-term memory and decision making. R1 was able to make himself understood and R1 understood others. R1 was identified at risk for falls, impaired hearing, and impaired decision making. R1 used a walker mobility device. Review of R1's electronic "Medical Record" revealed a document titled "Service Plan" dated 04/15/26 and identified the facility staff would provide the following health services: supervision and oversight with bathing and reminders to charge his hearing aids. In the section titled "Meals and Nutrition" the following was typed: "Resident is a diabetic ...". Under the section titled "Special Care Needs" facility staff were instructed to "Monitor" R1 when he obtained his blood glucose reading through the electronic monitoring device before meals and to document the readings in R1's electronic "Medical Record". Under the section titled "Diabetes Assistance" the following was documented: R1 was a diabetic and required assistance managing his diabetes. R1 used insulin and was marked as independent with the administration of his insulin. R1's "Service Plan" lacked documentation of the Nurse responsible for the supervision and implementation of the health service plan. -Record Review for R2 revealed an admission date of 10/28/25 with diagnoses of Pancytopenia, T-cell Leukemia/lymphoma, atherosclerotic coronary artery disease, essential	S3165		

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S3165	Continued From page 13 hypertension, abdominal aortic atherosclerosis, chronic kidney disease stage 3, chronic obstructive pulmonary disease, alcoholic cirrhosis of the liver with ascites, recurrent skin breakdown. Review of R2's FCS dated 02/05/26 revealed R2 required physical assistance with bathing and toileting. R2 was independent with dressing, transferring, walking/mobility and eating. R2 lacked the ability to manage his own medications and medical treatment. R2 was continent and had impaired short-term memory, memory/recall, and decision making. R2 was able to make himself understood and he understood others. R2 was identified at risk for falls, impaired vision, and impaired decision making. R2 used a walker mobility device and had a prosthetic right eye. Review of R2's electronic "Medical Record" revealed a document titled "Service Plan" dated 02/25/26 and identified the facility staff would provide the following health services: staff were to monitor R2's skin breakdown and infection, stand by assistance with bathing, reminders of having clean clothing, assistance with hygiene after toileting , "but independent with toileting", and provide safety checks for "fall risk precautions". Under the section titled "Vision" it was documented R2 had a prosthetic right eye. The cleansing of the prosthetic right eye would be managed by the local "home health wound care" and the facility staff would apply ointments, and eye drops as ordered by the medical care provider. Under the section titled "Special Care Needs" it was documented facility staff would monitor chronic recurrent areas to buttocks and	S3165		

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(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
S3165	Continued From page 14 apply cream as ordered. R2 would wipe his right eye daily, and the local home health would remove the prosthetic right eye weekly for thorough weekly cleansing. Under the section titled "Medication Management" instructed facility staff to administer R2's ordered medications and medical treatments. R2's "Service Plan" lacked documentation of the Nurse responsible for the supervision and implementation of the health service plan. Record review for R3 revealed an admission date of 06/21/24, with diagnoses of senile degeneration of the brain and other frontotemporal neurocognitive disorder. Review of R3's FCS dated 04/08/26 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R3 lacked the ability to manage her own medications and medical treatments and was incontinent. R3 had impaired short-term memory, memory/recall, and decision making. R3 was able to make herself understood and she understood others. R3 was identified at risk for falls, impaired vision, and impaired decision making. R3 used a walker and wheelchair mobility device. Review of R3's electronic "Medical Record" revealed a document titled "Service Plan" dated 03/10/26 and identified the facility staff would provide the following health services: the local hospice agency would assist R3 with bathing two times a week and the facility staff would assist R3 with bathing one time a week. Facility staff were to provide physical assistance with	S3165		

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NAME OF PROVIDER OR SUPPLIER THE ATRIUMS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WEST 107TH STREET OVERLAND PARK, KS 66212		
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S3165	Continued From page 15 dressing, toileting, transferring with one staff assist, mobility with one staff assist, and encouragement with eating. Under the section titled "Disposition and Behaviors" the following was documented; R3 received Depakote as ordered to treat "aggressive and resistant behaviors". Facility staff were instructed to administer R3's ordered medications and medical treatments. R3's "Service Plan" lacked documentation of the Nurse responsible for the supervision and implementation of the health service plan. Interview on 04/23/26 at approximately 01:30PM with Assistant Executive Director A and by phone; Operator F, Licensed Nurse G, and regional staff H confirmed the facility's "Service Plan" lacked the name of the nurse responsible for the supervision and implementation of the health service plan. The Operator failed to ensure the facility's Negotiated Service Agreement contained the name of the licensed nurse responsible for the implementation and supervision of the plan for R1, R2, and R3.	S3165		
S3171 SS=F	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced	S3171		

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S3171	Continued From page 16 by: K.A.R. 26-41-204 (i) The facility reported a census of 28 residents. The sample included 3 "Residents" (R)'s and 1 focused review. Based on observation, interview and record review the Operator failed to ensure healthcare services were provided within professional standards of practice when the Operator failed to ensure an assessment was performed for R1, R2, and R3, showing the bed assist devices posed no risk for entrapment, confirmed the devices were not a restraint, and R's 1, 2, and 3 ability to safely use the bed assist devices. Findings included: - Record Review for R1 revealed an admission date of 08/04/25 with diagnoses of cerebellar infarction, chronic atrial fibrillation, and adrenal insufficiency. The diagnoses lacked diagnosis of diabetes mellitus. Review of R1's "Functional Capacity Screen" (FCS) dated 03/27/26 revealed R1 required supervision with dressing. R1 was independent with dressing, toileting, transferring, walking/mobility and eating. R1 required supervision with medication management and medical treatments. R1 was usually continent and had impaired short-term memory and decision making. R1 was able to make himself understood and R1 understood others. R1 was identified at risk for falls, impaired hearing, and	S3171		

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S3171	Continued From page 17 impaired decision making. R1 used a walker mobility device. The comments section in the FCS lacked documentation of R1's bed assist device. Review of R1's electronic "Medical Record" revealed a document titled "Service Plan" dated 04/15/26 and identified the facility staff would provide the following health services: supervision and oversight with bathing and reminders to charge his hearing aids. In the section titled "Meals and Nutrition" the following was typed: "Resident is a diabetic ...". Under the section titled "Special Care Needs" facility staff were instructed to "Monitor" R1 when he obtained his blood glucose reading through the electronic monitoring device before meals and to document the readings in R1's electronic "Medical Record". Under the section titled "Diabetes Assistance" the following was documented: R1 was a diabetic and required assistance managing his diabetes. R1 used insulin and was marked as independent with the administration of his insulin. R1's "Service Plan" lacked a description of the device, its purpose and any special instructions on use and monitoring of the device. R 1's record lacked the documentation of an assessment being performed to confirm the device was not a restraint, R1's ability to safely use the device and documentation of the findings in R1's record. Observation on 04/23/26 at approximately 12:10PM of R1's bed revealed an inverted "U" shaped device that measured approximately 16.5	S3171		

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S3171	Continued From page 18 inches in length and 19.5 inches from the bottom of the mattress to the top of the device. The opening between the legs of the inverted "U" shaped device measured 7 inches. There was a nylon pocket attached at the bottom of the pocket to the bed assist device that was not connected at the top of the device which allowed for the 7-inch opened area between the legs of the inverted "U" shaped device. The device freely moved from under the mattress and was not secured to the bed frame. - Record Review for R2 revealed an admission date of 10/28/25 with diagnoses of Pancytopenia, T-cell Leukemia/lymphoma, atherosclerotic coronary artery disease, essential hypertension, abdominal aortic atherosclerosis, chronic kidney disease stage 3, chronic obstructive pulmonary disease, alcoholic cirrhosis of the liver with ascites, recurrent skin breakdown. Review of R2's FCS dated 02/05/26 revealed R2 required physical assistance with bathing and toileting. R2 was independent with dressing, transferring, walking/mobility and eating. R2 lacked the ability to manage his own medications and medical treatments. R2 was continent and had impaired short-term memory, memory/recall, and decision making. R2 was able to make himself understood and he understood others. R2 was identified at risk for falls, impaired vision, and impaired decision making. R2 used a walker mobility device and had a prosthetic right eye. The comments section in the FCS lacked documentation of R2's bed assist devices.	S3171		

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S3171	Continued From page 19 Review of R2's electronic "Medical Record" revealed a document titled "Service Plan" dated 02/05/26 and identified the facility staff would provide the following health services: staff were to monitor R2's skin breakdown and infection, stand by assistance with bathing, reminders of having clean clothing, assistance with hygiene after toileting , "but independent with toileting", and provide safety checks for "fall risk precautions". Under the section titled "Vision" it was documented R2 had a prosthetic right eye. The cleansing of the prosthetic right eye would be managed by the local "home health wound care" and the facility staff would apply ointments, and eye drops as ordered by the medical care provider. Under the section titled "Special Care Needs" it was documented facility staff would monitor chronic recurrent areas to buttocks and apply cream as ordered. R2 would wipe his right eye daily, and the local home health would remove the prosthetic right eye weekly for thorough weekly cleansing. Under the section titled "Medication Management" instructed facility staff to administer and manage R2's medication and medical treatments. R2's "Service Plan" lacked a description of the device, its purpose and any special instructions on use and monitoring of the device. R 2's record lacked the documentation of an assessment being performed to confirm the device was not a restraint, R2's ability to safely use the device and documentation of the findings in R2's record. Observation on 04/23/26 at approximately	S3171		

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S3171	Continued From page 20 12:10PM of R2's bed revealed on both sides of R2's bed were square in shaped bed assist devices, that measured approximately 13.5 inches by 14.5 inches, and had 8 vertical bars located in the middle space of the square area. The devices were securely attached to the frame of the bed. Record review for R3 revealed an admission date of 06/21/24, with diagnoses of senile degeneration of the brain and other frontotemporal neurocognitive disorder. Review of R3's FCS dated 04/08/26 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R3 lacked the ability to manage her own medications and medical treatments and was incontinent. R3 had impaired short-term memory, memory/recall, and decision making. R3 was able to make herself understood and she understood others. R3 was identified at risk for falls, impaired vision, and impaired decision making. R3 used a walker and wheelchair mobility device. The comments section in the FCS lacked documentation of R3's bed assist devices. Review of R3's electronic "Medical Record" revealed a document titled "Service Plan" dated 03/10/26 and identified the facility staff would provide the following health services: the local hospice agency would assist R3 with bathing two times a week and the facility staff would assist R3 with bathing one time a week. Facility staff were to provide physical assistance with	S3171		

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S3171	Continued From page 21 dressing, toileting, transferring with one staff assist, mobility with one staff assist, and encouragement with eating. Under the section titled "Disposition and Behaviors" the following was documented; R3 received Depakote as ordered to treat "aggressive and resistant behaviors". Facility staff were instructed to administer R3's ordered medications and medical treatments. R3's "Service Plan" lacked a description of the device, its purpose and any special instructions on use and monitoring of the device. R 3's record lacked the documentation of an assessment being performed to confirm the device was not a restraint, R3's ability to safely use the device and documentation of the findings in R3's record. Observation on 04/23/26 at approximately 12:05PM of R3's bed revealed on both sides of the bed, rectangular shaped bed assist devices that measured approximately 31.5 inches in width by 16.5 inches height. There were 4 vertical bars in the rectangular space. The devices were securely attached to the bed frame. R 3's record lacked the documentation of an assessment being performed to confirm the device was not a restraint, R3's ability to safely use the device and documentation of the findings in R3's record. Interview on 04/23/26 at approximately 01:30PM with Assistant Executive Director A and by phone; Operator F, Licensed Nurse G, and regional staff H confirmed the electronic "Medical	S3171		

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S3171	Continued From page 22 Records" for R's 1, 2, and 3 lacked R3's lacked a description of the devices, the purpose of the devices, and any special instructions on use and monitoring of the devices. The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following: Complete an assessment of the resident to confirm that the device is not a restraint. Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record. Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record. If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the comments section. Include a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA. Document periodic reassessments of the resident's use of the device and their ability to use it safely and reassessment of the safety of the device in the resident's record.	S3171		

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S3171	Continued From page 23 The Operator failed to ensure healthcare services were provided within professional standards of practice when the Operator failed to ensure an assessment was performed for R1, R2, and R3, showing the bed assist devices posed no risk for entrapment, confirmed the devices were not a restraint, and R's 1, 2, and 3 ability to safely use the bed assist devices.	S3171		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (b) The facility reported a census of 28 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the Operator failed to ensure the Negotiated Service Agreement identified who was responsible for the administration and management of selected medications for R1.	S3186		

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S3186	Continued From page 24 Findings included: - Record Review for R1 revealed an admission date of 08/04/25 with diagnoses of cerebellar infarction, chronic atrial fibrillation, and adrenal insufficiency. The diagnoses lacked diagnosis of diabetes mellitus. Review of R1's "Functional Capacity Screen" (FCS) dated 03/27/26 revealed R1 required supervision with dressing. R1 was independent with dressing, toileting, transferring, walking/mobility and eating. R1 required supervision with medication management and medical treatments. R1 was usually continent and had impaired short-term memory and decision making. R1 was able to make himself understood and R1 understood others. R1 was identified at risk for falls, impaired hearing, and impaired decision making. R1 used a walker mobility device. Review of R1's electronic "Medical Record" revealed a document titled "Service Plan" dated 04/15/26 and identified the facility staff would provide the following health services: Supervision and oversight with bathing and reminders to charge his hearing aids. In the section titled "Meals and Nutrition" the following was typed: "Resident is a diabetic ...". Under the section titled "Special Care Needs" facility staff were instructed to "Monitor" R1 when he obtained his blood glucose reading through the	S3186		

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S3186	Continued From page 25 electronic monitoring device before meals and to document the readings in R1's electronic "Medical Record". Under the section titled "Diabetes Assistance" the following was documented: R1 was a diabetic and required assistance managing his diabetes. R1 used insulin and was marked as independent with the administration of his insulin. Review of the facility provided document titled "electronic Medication Administration Record" (eMAR) revealed an order for Repatha Sure injection 140 "Milligrams" (MG) / "Milliliter" (ML) to be injected under the skin every 14 days. R1's "Service Plan" lacked the identification of who was responsible for R1's Repatha Sure injection 140 mg / ml. Interview on 04/23/26 at approximately 01:30PM with Assistant Executive Director A and by phone; Operator F, Licensed Nurse G, and regional staff H confirmed that the "Service Plan" did not identify who was responsible for the administration and management of R1's Repatha Sure injection. The Operator failed to ensure the Negotiated Service Agreement identified who was responsible for the administration and management of selected medications for R1.	S3186		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration,	S3248		

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S3248	Continued From page 26 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 care home; 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 have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-102 (d) (2) (3) The facility reported a census of 28 residents. The sample included 3 "Residents" (R)'s, 1 focused review, and 5 newly hired employees. Based on record review and interview the Operator failed to ensure the newly hired employee Record for "Certified Medication Aide" (CMA) C contained supporting documentation for a criminal background check pursuant to K.S.A. 39-970 and amendments there to. The Operator further failed to ensure the newly hired employee	S3248		

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S3248	Continued From page 27 records contained 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 for newly hired CMA's B, C, D and E. Findings included: - Record review for CMA B revealed she began her employment on 01/22/25. Review of the facility provided documents for CMA B revealed a background check was performed by the department pursuant to K.S.A. 39-970 and the facility ran a "Back Ground Screening Report". The facility provided documents lacked a document from the nurse aide registry that revealed newly hired CMA B did not have a finding of abused, neglected, or exploited a resident in an adult care home. Record review for CMA C revealed she began her employment on 10/17/24. Review of the facility provided documents for CMA C revealed the facility ran a "Back Ground Screening Report". The facility provided documents lacked a document for a background check of CMA C pursuant to K.S.A. 39-970. CMA C's facility provided documentation further lacked a document from the nurse aide registry that revealed newly hired CMA B did not have a finding of abused, neglected, or exploited a resident in an adult care home.	S3248		

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NAME OF PROVIDER OR SUPPLIER THE ATRIUMS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WEST 107TH STREET OVERLAND PARK, KS 66212		
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S3248	Continued From page 28 Record review for CMA D revealed she began her employment on 03/24/26. Review of the facility provided documents for CMA D revealed a background check was performed by the department pursuant to K.S.A.39-970 and the facility ran a "Back Ground Screening Report". The facility provided documents lacked a document from the nurse aide registry that revealed newly hired CMA D did not have a finding of abused, neglected, or exploited a resident in an adult care home. Record review for CMA E revealed she began her employment on 09/10/25. Review of the facility provided documents for CMA E revealed a background check was performed by the department pursuant to K.S.A.39-970 and the facility ran a "Back Ground Screening Report". The facility provided documents lacked a document from the nurse aide registry that revealed newly hired CMA E did not have a finding of abused, neglected, or exploited a resident in an adult care home. Interview on 04/23/26 at approximately 01:30PM with Assistant Executive Director A and by phone; Operator F, Licensed Nurse G, and regional staff H confirmed the personnel files for CMA's B, C, D, and E lacked the required staff qualification documentation. The Operator failed to ensure the newly hired employee Record for CMA C contained supporting documentation for a criminal	S3248		

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NAME OF PROVIDER OR SUPPLIER THE ATRIUMS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WEST 107TH STREET OVERLAND PARK, KS 66212		
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S3248	Continued From page 29 background check pursuant to K.S.A. 39-970 and amendments there to. The Operator further failed to ensure the newly hired employee records contained 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 for newly hired CMA's B, C, D and E.	S3248		
S3261 SS=F	26-41-105 (f) (11) Resident Record 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 26-41-105 (f) (11) The facility reported a census of 28 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the Operator failed to ensure all resident records contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the actions for R1 and R2. Findings included: - Record Review for R1 revealed an admission	S3261		

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S3261	Continued From page 30 date of 08/04/25 with diagnoses of cerebellar infarction, chronic atrial fibrillation, and adrenal insufficiency. The diagnoses lacked a diagnosis of diabetes mellitus. Review of R1's "Functional Capacity Screen" (FCS) dated 03/27/26 revealed R1 required supervision with dressing. R1 was independent with dressing, toileting, transferring, walking/mobility and eating. R1 required supervision with medication management and medical treatments. R1 was usually continent and had impaired short-term memory and decision making. R1 was able to make himself understood and R1 understood others. R1 was identified at risk for falls, impaired hearing, and impaired decision making. R1 used a walker mobility device. Review of R1's electronic "Medical Record" revealed a document titled "Service Plan" dated 04/15/26 and identified the facility staff would provide the following health services: Supervision and oversight with bathing and reminders to charge his hearing aids. In the section titled "Meals and Nutrition" the following was typed: "Resident is a diabetic ...". Under the section titled "Special Care Needs" facility staff were instructed to "Monitor" R1 when he obtained his blood glucose reading through the electronic monitoring device before meals and to document the readings in R1's electronic "Medical Record". Under the section titled "Diabetes Assistance" the following was documented: R1 was a diabetic and required	S3261		

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S3261	Continued From page 31 assistance managing his diabetes. R1 used insulin and was marked as independent with the administration of his insulin. Record review of R1's electronic "Medical Record" revealed in "Progress Notes" an entry dated 01/29/26 at 01:59PM revealed at 01:28PM at 7:00PM R1's family member notified the licensed nurse that R1 would be staying overnight at the hospital due to extensive need of care following a medical procedure and he would then go to skilled nursing for 5 days strengthening and therapy. R1's notes lacked documentation of follow up and readmission after R1's medical procedure and skilled nursing stay. Interview on 04/23/26 at approximately 01:30PM with Assistant Executive Director A and by phone; Operator F, Licensed Nurse G, and regional staff H confirmed the facility nurse notes lacked documentation of actions taken upon his return to the facility after his medial procedure at the local hospital and a stay at skilled nursing rehabilitation. -Record Review for R2 revealed an admission date of 10/28/25 with diagnoses of Pancytopenia, T-cell Leukemia/lymphoma, atherosclerotic coronary artery disease, essential hypertension, abdominal aortic atherosclerosis, chronic kidney disease stage 3, chronic obstructive pulmonary disease, alcoholic cirrhosis of the liver with ascites, recurrent skin breakdown.	S3261		

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S3261	Continued From page 32 Review of R2's FCS dated 02/05/26 revealed R2 required physical assistance with bathing and toileting. R2 was independent with dressing, transferring, walking/mobility and eating. R2 lacked the ability to manage his own medications and medical treatment. R2 was continent and had impaired short-term memory, memory/recall, and decision making. R2 was able to make himself understood and he understood others. R2 was identified at risk for falls, impaired vision, and impaired decision making. R2 used a walker mobility device and had a prosthetic right eye. Review of R2's electronic "Medical Record" revealed a document titled "Service Plan" dated 02/25/26 and identified the facility staff would provide the following health services: staff were to monitor R2's skin breakdown and infection, stand by assistance with bathing, reminders of having clean clothing, assistance with hygiene after toileting , "but independent with toileting", and provide safety checks for "fall risk precautions". Under the section titled "Vision" it was documented R2 had a prosthetic right eye. The cleansing of the prosthetic right eye would be managed by the local "home health wound care" and the facility staff would apply ointments, and eye drops as ordered by the medical care provider. Under the section titled "Special Care Needs" it was documented facility staff would monitor chronic recurrent areas to buttocks and apply cream as ordered. R2 would wipe his right eye daily, and the local home health would remove the prosthetic right eye weekly for thorough weekly cleansing. Under the section titled "Medication Management" instructed facility staff to administer R2's ordered medications and medical treatments.	S3261		

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S3261	Continued From page 33 Record Review of R2's electronic "Medical Record" revealed in the "Progress Notes" tab a note dated 11/03/25 at 06:42 PM that revealed R2 had bleeding soiling through his pants two open areas to bilateral buttocks appeared macerated and bleeding. The medical provider was notified, and an order was given to send R2 to the local hospital for possible skilled services. The decision was made to not send R2 to the local hospital and orders for home health and wound care were obtained. The next entry was dated 01/08/26 at 11:20AM. R2's progress notes lacked documentation of the actions taken for the bilaterally macerated wounds on his buttocks. Interview on 04/23/26 at approximately 01:30PM with Assistant Executive Director A and by phone; Operator F, Licensed Nurse G, and regional staff H confirmed the facility nurse notes lacked documentation of the follow up actions taken R2's wounds. They continued to confirm the local home health notes were in R2's medical record as a scanned document. The Operator failed to ensure all resident records contained 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 for R1 and R2.	S3261		
S3270 SS=F	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency	S3270		

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S3270	Continued From page 34 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. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-104 (b) (5)(6)(7)(8) The facility reported a census of 28 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the Operator failed to ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters that included the following nine 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: - Review of the facility provided binder titled "Emergency Preparedness Plan" in the section titled "Table of Contents", "Risk Response" revealed the following: Fire on the Premises, Power/Telecommunications Outage, Wildfire,	S3270		

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S3270	Continued From page 35 Hazardous Material Incident, Sever Weather, Severe Weather: Tornados, Sever Weather: Hurricanes, Severe Weather Floods, and Epidemic/Pandemic. The binder lacked an Emergency Preparedness Plan for Explosions, Natural Gas leaks, Lack of Water, and Missing Residents. Interview on 04/22/26 at approximately 01:30PM with Maintenance Director I confirmed that on 12/02/25 the facility had gas leaks in the northwest corner of the building that did not affect the assisted living and continued to confirm they found 17 gas leaks and worked over night to repair them. Review of the facility document titled "Invoice" dated 01/20/26 confirmed the company was called out to investigate a gas smell and charges for repairs were made. Interview on 04/23/26 at approximately 01:30PM with Assistant Executive Director A and by phone; Operator F, Licensed Nurse G, and regional staff H confirmed the "Emergency Preparedness Plan" lacked required topics of Natural Gas Leaks, Missing Residents, and Explosions. Regional staff member H continued to confirm that she was the one to smell the gas upon entry to the building at that time. The Operator failed to the development of a detailed written emergency management plan to manage potential emergencies and disasters that included the following nine topics: fire, flood, sever weather, tornado, explosion, natural gas leak, lack of electrical or water service, missing	S3270		

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S3270	Continued From page 36 residents, and any other potential emergency situations.	S3270		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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 26-41-104 (d) (3) The facility reported a census of 28 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the Operator failed to ensure a quarterly review of the facility's emergency management plan with all residents. Findings included:	S3280		

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S3280	Continued From page 37 - Record review of the facility provided "Resident Town Hall Meetings" revealed the following: On 04/14/26 the residents in attendance were educated for the severe weather of tornados. Review of the facility provided "Resident Council" meeting notes revealed the facility emergency disaster plan were reviewed on the following dates On 11/08/24 " Resident were reminded that they should have a flashlight by their beds and to check the batteries monthly". On 01/10/25 " Resident were reminded that they should have a flashlight by their beds and to check the batteries monthly with reminders to make sure residents cell phones were charged". On 02/01/25 a resident sign-in sheet was provided for emergency disaster training. On 05/30/25 the emergency disaster plan was reviewed with a focus on tornado season. On 08/16/25 the facility emergency evacuation plan was discussed. On 10/22/25 the emergency evacuation plan was discussed keeping an emphasis in staying in place and waiting on staff instructions. On 01/02/26 the emergency disaster training included fire training and evacuation if needed. On 03/06/26 a review of the facilities emergency evacuation procedures included fire drills, tornadoes, and severe weather. Interview on 04/22/26 at approximately 11:20 AM with Activities Director J confirmed the facilities full emergency preparedness plan is not reviewed at least quarterly with all residents. The Operator failed to ensure a quarterly review	S3280		

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S3280	Continued From page 38 of the facility's emergency management plan with all residents.	S3280		
S3310 SS=F	26-41-207 (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; and (c) Each administrator or operator shall ensure the facility ' 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. 26-41-207 (c) The facility reported a census of 28 residents. The sample included 3 "Residents" (R)'s, 1 focused review, and 5 newly hired employees. Based on record review and interview the Operator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by refence in K.A.R. 26-39-105 for R1, R2, R3, newly hired "Certified Medication Aides" (CMA)'s B, C, D and E, and Assistant "Executive Director" (ED) A.	S3310		

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S3310	Continued From page 39 Findings included: - Record review for Assistant ED A revealed she began her employment on 01/12/26. Review of the facility provided document titled "After Hire Tuberculosis Assessment" and signed by Assistant ED on 04/09/26 revealed it lacked documentation of the required two step TB skin test being performed within seven days of employment. The document further revealed the document was signed greater than seven days of employment. - Record review for CMA B revealed she began her employment on 01/22/25. Review of the facility provided document titled "Tuberculosis Symptom Review Questionnaire" was signed after greater than seven days of employment on 02/17/25 by CMA B. - Review of the facility provided document titled "Tuberculosis Screening Record" dated 02/17/25 revealed the first step of the required two step TB skin test was administered after greater than seven days of employment. The document lacked a date and result of the administered first step. - Record review for CMA C revealed she began her employment on 10/17/24. Review of the facility provided document titled "Tuberculosis Screening Record" dated 10/08/24 revealed CMA C checked the box next to the statement that indicated CMA C had previously had a TB test and had provided the dates of the previous test.	S3310		

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S3310	Continued From page 40 The facility provided an unreadable document. Record review for CMA E revealed she began her employment on 09/10/25. Review of the facility provided document titled "Tuberculosis Symptom Review Questionnaire" was signed after greater than seven days of employment on 04/04/26 by CMA B. Record Review for R1 revealed an admission date of 08/04/25 with diagnoses of cerebellar infarction, chronic atrial fibrillation, and adrenal insufficiency. R1's record lacked documentation of the required two step TB being administered within seven days of admission. Record Review for R2 revealed an admission date of 10/28/25 with diagnoses of Pancytopenia, T-cell Leukemia/lymphoma, atherosclerotic coronary artery disease, essential hypertension, abdominal aortic atherosclerosis, chronic kidney disease stage 3, chronic obstructive pulmonary disease, alcoholic cirrhosis of the liver with ascites, recurrent skin breakdown. R2's record lacked documentation of the required two step TB being administered within seven days of admission. Record review for R3 revealed an admission date of 06/21/24, with diagnoses of senile degeneration of the brain and other frontotemporal neurocognitive disorder.	S3310		

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S3310	Continued From page 41 R3's record lacked documentation of the required two step TB being administered within seven days of admission. Review of the facility provided undated policy titled "Infection Control" revealed under "3." The community would screen all employees withing two weeks of employment and annually for TB. Interview on 04/23/26 at approximately 01:30PM with Assistant Executive Director A and by phone; Operator F, Licensed Nurse G, and regional staff H confirmed the personnel records for Operator A, CMA's B, C, D, E lacked documentation of the required two step TB skin test being performed within 7 days of employment. They further confirmed the records for R's 1, 2, and 3, lacked documentation of the required two step TB skin test being performed within 7 days of admission to the facility. The Operator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by refence in K.A.R. 26-39-105 for R1, R2, R3, newly hired CMA's B, C, D and E, and Assistant ED A.	S3310		