

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046033A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/21/2026
NAME OF PROVIDER OR SUPPLIER THE RESERVE AT MISSION SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 W 95TH ST OVERLAND PARK, KS 66206		
(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 198969, 198772, 198653, and 197408 for the above named facility conducted on 07/20/26 and 07/21/26 .	S 000		
S 160 SS=D	26-39-103 (m) Resident Right Access and Visitation (m) Access and visitation rights. (1) The administrator or operator shall ensure the provision of immediate access to any resident by the following: (A) Any representative of the secretary of the Kansas department on aging; (B) the resident's attending medical care provider; (C) the state long-term care ombudsman; (D) any representative of the secretary of the Kansas department of social and rehabilitation services; (E) immediate family or other relatives of the resident; and (F) others who are visiting with the consent of the resident subject to reasonable restrictions. (2) The administrator or operator shall ensure that each resident is afforded the right to deny or withdraw visitation consent for any person at any time. This REQUIREMENT is not met as evidenced by: KAR 26-39-103 (m)(1)(E)(F) The facility reported a census of 27 residents. The sample included 3 residents and 1 focused	S 160		

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

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046033A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/21/2026
NAME OF PROVIDER OR SUPPLIER THE RESERVE AT MISSION SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 W 95TH ST OVERLAND PARK, KS 66206		
(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 160	Continued From page 1 record review resident. Based on record review and interview, the Operator failed to ensure Resident (R)4 was allowed to have visitation with immediate family. The Operator further failed to ensure R4 was allowed to have visitation with whom R4 gave consent to visit. Findings included: - Record review for R4 revealed a admission date of 11/07/25 with diagnoses of chronic kidney disease, moderate protein-calorie malnutrition, body mass index 19.9 or less adult. The "Functional Capacity Screen"(FCS) dated 11/07/25 recorded R4 required physical assistance with bathing and supervision with dressing. R4 was independent with toileting, transferring, mobility, and eating. R4 was unable to perform management of medications and medical treatments. R4 had impaired short term memory and impaired decision making. R4 was continent and was able to make herself understood and understood others. R4 was marked at risk for falls/unsteadiness. Review of R4's "Negotiated Service Agreement" (NSA) dated 11/09/25 identified the facility staff provided R4 with physical assistance with bathing. Facility staff were instructed to provide verbal cues with dressing and verbal reminders to eat. Facility staff were instructed to administer R4's medications and medical treatments and ensure R4 was wearing proper fitting clothing and shoes to prevent falls. Review of R4's electronic "Medical Record" under the "Progress Notes" tab revealed the following entries:	S 160		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046033A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/21/2026
NAME OF PROVIDER OR SUPPLIER THE RESERVE AT MISSION SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 W 95TH ST OVERLAND PARK, KS 66206		
(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 160	Continued From page 2 On 04/20/26 at 03:54 PM a note recorded, "Received a call on 4/16 from the police in the evening. They stated the granddaughter had been arrested and wanted to make sure we did not have anything that says that the granddaughter could not take her out of the building. I could hear resident yelling in the background. The police stated they were going to bring resident back to the community. She was very agitated and yelling the whole time I was on the phone." Note was wrote by "Licensed Nurse" (LN) B. On 04/20/26 at 03:50 PM a note revealed "On Friday 4/17 resident was very agitated and upset. When ED went to talk to her, she told me that the granddaughter was arrested the evening before due to her trying to break into resident's home. When ED asked what the granddaughter was trying to get from there, the resident stated that she was getting the resident's checkbook to give the granddaughter money. Resident was calling 911 continually and was calling the ED several times throughout the day and evening." Signed by LN B. On 04/20/26 at 03:38 a note recorded, "Received a call this morning that resident granddaughter was at the community. 5 minutes later, residents granddaughter called me and asked about a meeting that the physician and myself were having with resident about her questions regarding her going home. I told her I would not be having this conversation until the physician arrived at the community. Daughter called the police due to granddaughter being at the community and asked for her to be trespassed. Police came and trespassed her from the community. At this time resident became very agitated. She continued to call 911 and the state	S 160		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046033A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/21/2026
NAME OF PROVIDER OR SUPPLIER THE RESERVE AT MISSION SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 3501 W 95TH ST OVERLAND PARK, KS 66206		
(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 160	Continued From page 3 ombudsman over and over. The police came back to the community to state she was calling all day. The state ombudsman came and talked to me over this incident and the durable power of attorney also came to the community to discuss what we could do about the police and constant phone calls to ED and power of attorney." Signed by LN B. Interview on 07/21/26 at approximately 11:20 AM with R4's family member confirmed facility did not allow certain family members or friends to visit R4 at the facility. Interview on 07/21/26 at approximately 11:10 AM with R4's friend confirmed facility staff did not allow certain family members or friends to visit R4 at the facility. Interview on 07/20/26 at approximately 11:30 AM with Operator A confirmed facility staff restricted R4's visitation of certain family members and friends. Review of facility provided document titled "Attachment B- Resident Rights" under section "(m) Access and visitation rights (1) (E)(F) recorded, "The administrator or operator shall ensure the provision of immediate access to immediate family or other relatives of the resident; and others who are visiting with consent of the resident." The Operator failed to ensure R4 was allowed to have visitation with immediate family. The Operator further failed to ensure R4 was allowed to have visitation with whom R4 gave consent to visit.	S 160			

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046033A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/21/2026
NAME OF PROVIDER OR SUPPLIER THE RESERVE AT MISSION SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 W 95TH ST OVERLAND PARK, KS 66206		
(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
S3261	Continued From page 4	S3261		
S3261 SS=E	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 27 residents. The sample included 3 residents. Based on record review and interview, the Operator failed to ensure each resident's record contained documentation of all incidents, symptoms, and other indications of illness and injury including the date, time of occurrence, actions taken, and the results of the action for Resident (R)1 and R3. Findings included: - Record review for R1 revealed an admission date of 08/31/21 with diagnoses of mild cognitive impairment, unspecified dementia and, Vitamin D deficiency. Review of R1's "Functional Capacity Screen"(FCS) dated 06/30/26 revealed R1 required physical assistance with bathing, dressing, and toileting. R1 was independent with mobility and eating and lacked the ability to manage her own medication and medical treatments. R1 required supervision with transfers and was usually continent. R1 was	S3261		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046033A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/21/2026
NAME OF PROVIDER OR SUPPLIER THE RESERVE AT MISSION SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 W 95TH ST OVERLAND PARK, KS 66206			
(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
S3261	Continued From page 5 marked for impaired short-term memory, memory/recall, and impaired decision making. R1 was able to make herself understood and understood others. R1 was marked at risk for falls/unsteadiness. Review of R1's "Negotiated Service Agreement" (NSA) dated 06/17/26 identified facility staff provided R1 with qualified staff to assist with bathing, dressing and toileting and supervision with transfers. R1 required facility staff to administer and manage medication and medical treatments. Review of R1's electronic "Medical Record" revealed a note dated 05/12/26 at 04:44 PM which recorded, "Resident noted to have bilateral swollen ankles Lasix 20 milligrams once a day times 3 days ordered." R1's electronic "Medical Record" lacked documentation of results of actions taken when R1 had swollen ankles. Review of facility provided document titled "Emergency Department" dated 06/02/26 under section titled "Physical Exam" revealed an entry stating "Bruising along right labia minora" R1's electronic "Medical Record" lacked documentation of occurrence, actions taken, and results of the action. - Record review for R3 revealed an admission date of 10/28/25 with diagnoses of unspecified dementia, anxiety and urinary tract infection. Review of R3's "Functional Capacity Screen" (FCS) dated 03/11/26 revealed R3 required physical assistance with bathing, supervision with	S3261			

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046033A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/21/2026
NAME OF PROVIDER OR SUPPLIER THE RESERVE AT MISSION SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 W 95TH ST OVERLAND PARK, KS 66206			
(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
S3261	Continued From page 6 toileting and was independent with dressing, transfers, mobility and eating. R3 lacked the ability to manage his own medication and medical treatments. R3 was marked for impaired short-term and long-term memory, memory/recall, and impaired decision making. R3 was continent. R3 was able to make himself understood and he understood others. R3 was marked at risk for falls and used a walker mobility device. Review of R3's "Negotiated Service Agreement" (NSA) dated 04/16/26 identified facility staff provided R3 with qualified staff to assist with bathing and supervision with toileting. R3 required facility staff to administer and manage medication and medical treatments. Review of facility provided document titled "Communication Log" dated 04/03/26 revealed a handwritten note "Visit made today facility nurse had already flushed catheter reporting blood clots and red urine. Assessed urine drainage after drinking full glass of water and urine becoming lighter red." Note entered from outside provider. R3's "Medical Record" revealed R3's lacked documentation of time of occurrence, actions taken and results of the action. The Operator failed to ensure each resident's record contained documentation of all incidents, symptoms, and other indications of illness and injury including the date, time of occurrence, actions taken, and the results of the action for R1 and R3.	S3261			
S3320 SS=F	28-39-254 CONSTRUCTION	S3320			

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046033A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/21/2026
NAME OF PROVIDER OR SUPPLIER THE RESERVE AT MISSION SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 W 95TH ST OVERLAND PARK, KS 66206		
(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
S3320	Continued From page 7 (a) The assisted living facility or residential health care 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 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. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: K.A.R 28-39-254 (a) The facility reported a census of 27 residents. The sample included 3 residents. Based on observation and interview, the Operator failed to ensure the facility was maintained to protect the health and safety of the residents, personnel, and the public. Findings included: - Observation on 07/20/26 at approximately	S3320		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046033A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/21/2026
NAME OF PROVIDER OR SUPPLIER THE RESERVE AT MISSION SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 W 95TH ST OVERLAND PARK, KS 66206		
(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
S3320	Continued From page 8 11:15 AM located in the common hallway near the front entry door revealed a blue electrical box inside the wall with an exposed gray wire folded inside. The electrical box lacked a cover. Interview on 07/20/26 at approximately 11:15 AM with Operator A confirmed the blue electrical box lacked a cover to secure the wire. Operator A confirmed a cover should have been over the exposed wire. The Operator failed to ensure the facility was maintained to protect the health and safety of the residents, personnel, and the public.	S3320		