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	B037001	A. BUILDING: _____ B. WING _____	C 08/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON EUREKA LLC	1820 E RIVER STREET EUREKA, KS 67045

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 196822, 196815, and 196797 for the above named facility conducted on 08/04/26 and 08/05/26.	S 000		
S5085 SS=E	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-201 (c)(1) The facility reported a census of 8 residents with three included in the sample and one selected for a focused review. Based on interview and record review the facility failed to ensure the review of R2's, R3's and R4's "Functional Capacity Screen" (FCS) at least once every 365 days. Findings included: - Record review for R2 revealed an admission date of 07/17/25 with diagnoses of heart failure, insomnia, anxiety and chronic kidney disease, stage 3. Review of R2's "Functional Capacity Screen"	S5085		

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

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S5085	Continued From page 1 dated 07/15/25 revealed R2 required physical assistance with bathing, dressing, and toileting. R2 required supervision with transferring and mobility and was usually continent. R2 lacked the ability to manage her own medications and medical treatments. The resident's record lacked evidence any additional FCS were completed at the time of the survey. Review of R2's "Negotiated Service Agreement" (NSA) dated 07/17/25 identified the facility staff provided R2 with physical assistance with bathing, dressing, and toileting. Facility staff were instructed to provide supervision with transfers and mobility and were instructed to provide assistance with administration of medication and medical treatment. R2's "Medical Record" lacked documentation of the FCS being reviewed every 365 days. - Record review for R3 revealed an admission date of 05/30/25 with diagnoses of anemia, bipolar disorder, chronic pain, and compression fracture of L5 vertebra. Review of R3's "Functional Capacity Screen dated 04/15/25 revealed R3 required physical assistance with bathing, dressing, and toileting. R3 required supervision with transferring and mobility and was independent with eating. R3 lacked the ability to manage her own medication and medical treatments and was occasionally incontinent. R3 had impaired memory recall and was marked at risk for vision and hearing. R3 was able to make herself understood and understood others. The resident's record lacked evidence any additional FCS were completed at the time of the survey.	S5085		

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S5085	Continued From page 2 Review of R3's "Negotiated Service Agreement" (NSA) dated 05/29/25 identified the facility staff provided R3 with physical assistance with bathing, dressing, and toileting. Facility staff were instructed to provide supervision with transferring and mobility and were instructed to provide assistance with administration of medication and medical treatments. Staff were instructed to provide reminders and adequate lighting. R3's "Medical Record" lacked documentation of the FCS being reviewed every 365 days. - Record review for R4 revealed an admission date 06/04/25 with diagnoses of type 2 diabetes, depression, generalized anxiety disorder, and insomnia. Review of R4's "Functional Capacity Screen" dated 06/03/25 revealed R4 required supervision with bathing, dressing, transferring, and mobility. R4 was independent with toileting, eating, and management of medication and medical treatments. R4 was marked at risk for falls and impaired vision. The resident's record lacked evidence any additional FCS were completed at the time of the survey. Review of R4's "Negotiated Service Agreement" dated 06/04/25 instructed facility staff to provide supervision with bathing, dressing, transferring and mobility. Staff were instructed to ensure R4 put her glasses on when awake. R4's "Medical Record" lacked documentation of the FCS being reviewed every 365 days. The facility failed to ensure the review of R2's, R3's and R4's FCS at least once every 365 days.	S5085		

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S5116	Continued From page 3	S5116		
S5116 SS=E	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-202 (d)(1) The facility reported a census of 8 residents with three included in the sample and one focused review. Based on interview and record review the facility failed to ensure the review of R2's and R3's "Negotiated Service Agreement" (NSA) at least once every 365 days. Findings included: - Record review for R2 revealed an admission date of 07/17/25 with diagnoses of heart failure, insomnia, anxiety and chronic kidney disease stage 3. Review of R2's "Functional Capacity Screen" dated 07/15/25 revealed R2 required physical	S5116		

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S5116	Continued From page 4	S5116		

assistance with bathing, dressing, and toileting. R2 required supervision with transferring and mobility and was usually continent. R2 lacked the ability to manage her own medications and medical treatments.

Review of R2's "Negotiated Service Agreement" (NSA) dated 07/17/25 identified the facility staff provided R2 with physical assistance with bathing, dressing, and toileting. Facility staff were instructed to provide supervision with transfers and mobility and were instructed to provide assistance with administration of medication and medical treatment.

R2's "Medical Record" lacked documentation of the NSA being reviewed every 365 days.

- Record review for R3 revealed an admission date of 05/30/25 with diagnoses of anemia, bipolar disorder, chronic pain, and compression fracture of L5 vertebra.

Review of R3's "Functional Capacity Screen dated 04/15/25 revealed R3 required physical assistance with bathing, dressing, and toileting. R3 required supervision with transferring and mobility and was independent with eating. R3 lacked the ability to manage her own medication and medical treatments and was occasionally incontinent. R3 had impaired memory recall and was marked at risk for vision and hearing. R3 was able to make herself understood and understood others.

Review of R3's "Negotiated Service Agreement" (NSA) dated 05/29/25 identified the facility staff provided R3 with physical assistance with bathing, dressing, and toileting. Facility staff were instructed to provide supervision with transferring

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S5116	Continued From page 5 and mobility and were instructed to provide assistance with administration of medication and medical treatments. Staff were instructed to provide reminders and adequate lighting. R3's "Medical Record" lacked documentation of the NSA being reviewed every 365 days. Interview on 08/05/26 at approximately 12:20 PM with Operator A confirmed R2's and R3's "NSA" lacked documentation of review and revision every 365 days. The facility failed to ensure the review of R2's and R3's "Negotiated Service Agreement" (NSA) at least once every 365 days.	S5116		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced	S5192		

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S5192	Continued From page 6 by: K.A.R. 26-42-206 (e) The facility reported a census of 8 residents. The sample included 3 residents and 1 selected for a focused review. Based on record review and interview the facility failed to ensure food was served at the proper temperature. Findings included: - Interview on 08/04/26 at approximately 10:00 AM with Licensed Nurse B revewaled food temperatures were not being checked. by facility staff. Interview on 08/05/26 at approximately 12:00 PM with Operator A confirmed facility staff were not taking food temperatures. The facility failed to ensure food was served at the proper temperature.	S5192		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted	S5215		

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S5215	Continued From page 7 at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-104(d)(3) The facility reported a census of 8 residents. The sample included 3 residents and 1 selected for a focused review. Based on record review and interview the facility failed to ensure their emergency management plan was reviewed at least quarterly with all residents Findings included: - Interview on 08/04/26 at approximately 01:45 PM with Maintenance Staff C confirmed residents were provided with an emergency management plan at admission. Maintenance Staff C continued to confirm that the emergency preparedness plan was not provided to all residents at least quarterly. The facility failed to ensure their emergency management plan was reviewed at least quarterly with all residents.	S5215		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service	S5265		

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S5265	Continued From page 8 gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (a) The facility reported a census of 8 residents. The sample included 3 residents and 1 focused review. Based on record review and interview, the facility failed to ensure Resident (R) 1 had a completed assessment determining R1 could safely and accurately self-administer her own insulin. Findings included: - Record review for R1 revealed an admission date of 04/19/26 with diagnoses of anxiety, history of traumatic brain injury, and chronic back pain. Review of R1's FCS dated 04/19/26 revealed R1 required physical assistance with bathing, dressing, and transferring. R1 lacked the ability to manage her own medications and medical treatments and noted the resident was usually continent. R1 was independent with toileting,	S5265		

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S5265	Continued From page 9 mobility and eating and was marked as at risk for falls. R1 understood others and was able to make herself understood. Review of R1's NSA dated 04/19/26 identified facility staff would administer R1's medications. In the section titled "Insulin Pen" identified facility staff would dial the pen and R1 would inject the insulin. Review of R1's "Medication Administration Record" revealed the following orders: Ozempic 2 milligram/3 milliliter subcutaneous solution. Inject 0.5 milligrams subcutaneously weekly. Tresiba FlexTouch 100 units/ milliliters subcutaneous solution. Inject 18 units subcutaneously three times a day. R1's "Medical Record" lacked an assessment for self-administration of insulin using a prefilled syringe. Interview on 08/04/26 with "Licensed Nurse" B confirmed R1 did self-administer her own insulin. Licensed Nurse B continued to confirm that R1's medical record lacked documentation of an assessment of R1's ability to safely and accurately self-administer her own insulin. The facility failed to ensure R1 had a completed assessment determining R1 could safely and accurately self-administer her own insulin.	S5265		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may	S5313		

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S5313	Continued From page 10 accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205(g)(3) The facility reported a census of 8 residents. The sample included 3 residents and 1 selected for a focused review. Based on observations and interview the facility failed to ensure a licensed pharmacist or the licensed nurse placed the full name of the resident on the "Over-The-Counter"(OTC) medication container. Findings included: - Observation on 08/04/26 at approximately 09:42 AM of the medication cart located in common dinning room revealed Licensed Nurse (LN) D unlocked the medication cart and the following OTC medications that lacked the full name of the resident were noted: 1 tube of Biofreeze (topical analgesic) 1 tube of Arthritis pain cream (topical nonsteroidal anti- inflammatory drugs) 1 tube of Triple Antibiotic ointment (topical	S5313		

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S5313	Continued From page 11 antibiotic) 1 bottle of Nasal moisturizing spray 1 bottle of Miralax (osmotic laxatives) 1 bottle of Iron 65 milligrams (anti-anemic drugs) Interview on 08/04/26 at approximately 09:47 AM with LN D confirmed the OTC's lacked the full name of the resident. The facility failed to ensure a licensed pharmacist or the licensed nurse placed the full name of the resident on the "Over-The-Counter" (OTC) medication container.	S5313		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides.	S5315		

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S5315	Continued From page 12 (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (h)(4) The facility reported a census of 8 residents. The sample included 3 residents and 1 selected for a focused review. Based on observations and interview the facility failed to ensure the Licensed Nurse (LN) stored all facility mediations in accordance with each manufacturer's recommendations, those of the pharmacy provider, and within federal and state laws and regulations. Findings included: - Observation on 08/04/26 at approximately 09:17 AM revealed a refrigerator located in a room off of the main kitchen. Inside the refrigerator was a box with a vial of tuberculin inside. On the inside of the top of the box was handwritten date of 04/14/26 and expiration date of 05/12/26. The vial of tuberculin contained instructions that a vial opened and in use for 30 days should be discarded.	S5315		

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S5315	Continued From page 13 Interview on 08/04/26 at approximately 09:50 AM with LN B confirmed the vial of tuberculin was out of date. The operator failed to ensure the "Licensed Nurse" stored all facility medications in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations in the home.	S5315		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-437 (a) The facility reported a census of 8 residents. The sample included 3 residents and 1 selected for a focused review. Based on observations and interview, the facility failed to ensure the home was maintained to protect the health and safety of the residents, personnel, and the public. Findings included: - Observation on 08/04/26 at approximately 09:11 AM revealed an unlabeled room located off	S5335		

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S5335	Continued From page 14 the main dinning room the door to the room was held open with a basket. Inside the room were three shelves with the following unsecured chemicals: 1 container of dish soap, 67 fluid ounces 1 spray bottle of glass cleaner, 32 fluid ounces 1 aerosol spray can of glass cleaner 2 bottles of toilet bowl cleaner with bleach, 24 fluid ounces 1 can of aerosol spray foaming bathroom cleaner 2 bottles of aerosol air freshener spray 1 bottle of multi-surface cleaner, 41fluid ounces 1 bottle of bleach 1 bottle of scrub cleaner with bleach 1 bottle of hydrogen peroxide, 32 fluid ounces 1 aerosol spray can of crawling insect killer Interview on 08/04/26 at approximately 09:15 AM with Licensed Nurse D confirmed the door to the unlabeled room was held open with the basket. Licensed Nurse D continued to confirm the chemicals were unsecured. The facility failed to ensure the home was maintained to protect the health and safety of the residents, personnel, and the public.	S5335		