

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/19/2026
NAME OF PROVIDER OR SUPPLIER ROCOCO HEALTHCARE SERVICES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 741 N NELSON ROAD OLATHE, KS 66061		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 08/18/26 and 08/19/26.	S 000		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-206 (c) The home reported a census of 7 residents. The sample included 3 residents (R). Based on record review and interview the home failed to ensure to have on file the instructions from a medical provider or licensed dietitian for preparing thicken liquid for R2. Findings included: - Record for R2 revealed an admission date of	S5185		

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

TITLE

(X6) DATE

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S5185	Continued From page 1 08/05/24 with diagnoses of dementia, acute urinary retention, and iron deficiency. Review of R2's Functional Capacity Screen dated 08/04/26 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R2 lacked the ability to manage her own medication and medical treatments and was incontinent. R2 had impaired short-term memory, long-term memory, memory/recall, and impaired decision-making. R2 was sometimes able to be understood and sometimes understood others and marked at risk for falls and impaired decision-making. Review of R2's Negotiated Service Agreement dated 10/03/25 identified the facility staff would provide R2 with qualified staff to assist with bathing, dressing, toileting, transferring, walking, and eating. Review of facility provided document titled "Geriatric Primary Care" under the section titled "Oropharyngeal dysphagia" an order for thickened liquid. Interview on 08/18/26 at approximately 02:50 PM with Operator A confirms the home lacks the instructions on preparing thickened liquid from a medical provider or licensed dietitian. The home failed to ensure to have on file the instructions from a medical provider or licensed dietitian for preparing thicken liquid for R2.	S5185		
S5245 SS=F	26-42-105 (b) Resident Records Confidential (b) Each administrator or operator shall ensure	S5245		

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S5245	Continued From page 2 that all information in each resident's record, regardless of the form or storage method for the record, is kept confidential, unless release is required by any of the following: (1) Transfer of the resident to another health care facility; (2) law; (3) third-party payment contract; or (4) the resident or legal representative of the resident. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-105 (b) The home reported a census of 7 residents with three included in the sample. Based on observation and record review the home failed to ensure all information in each resident's record was kept confidential. Findings included: - Observation on 08/18/26 at approximately 12:20 PM revealed an open closet including medical records for all residents. Interview on 08/18/26 at approximately 01:05 PM with Operator A confirmed the closet door was left open and not locked, which included the resident's medical records. The home failed to ensure all information in each resident's record was kept confidential.	S5245		

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S5250	Continued From page 3	S5250		
S5250 SS=E	26-42-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This REQUIREMENT is not met as evidenced by: K.A.R 26-42-105 (f) (6) The home reported a census of 7 residents. The sample included 3 residents (R). Based on record review and interview, the home failed to ensure each resident record contained at least the negotiated service agreement and any revisions for R1 and R2.	S5250		

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S5250	Continued From page 4 Findings included: - Record for R1 revealed an admission date of 02/10/25 with diagnoses of depression and Alzheimer's disease. Review of R1's "Functional Capacity Screen"(FCS) dated 03/04/26 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R1 was lacking the ability to manage her own medication and medical treatments and was incontinent. R1 had impaired short-term memory, long-term memory, memory/recall, and impaired decision-making. R1 was rarely understood and rarely understood by others and marked at risk for falls, wandering, inappropriate behavior and impaired decision-making. Review of R1's "Negotiated Service Agreement" (NSA) dated 03/04/26 identified the facility staff would provide R1 with qualified staff to assist with bathing, dressing, toileting, transferring, walking, and eating. R1's medical record lacked evidence of the previous negotiated service agreement except for the signature page. - Record for R2 revealed an admission date of 08/05/24 with diagnoses of dementia, acute urinary retention, and iron deficiency. Review of R2's FCS dated 08/04/26 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R2 lacked the ability to manage her own medication and medical treatments and was incontinent. R2 had impaired short-term memory,	S5250		

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S5250	Continued From page 5 long-term memory, memory/recall, and impaired decision-making. R2 was sometimes able to be understood and sometimes understood others and marked at risk for falls and impaired decision-making. Review of R2's NSA dated 10/03/25 identified the facility staff would provide R2 with qualified staff to assist with bathing, dressing, toileting, transferring, walking, and eating. R2's medical record lacked evidence of the previous negotiated service agreement except for the signature page. Interview on 08/18/26 at approximately 03:30 PM with Operator A confirmed she had discarded all of the previous NSA pages except the signature page. Operator A continued to confirm the medical record should contain at least the negotiated service agreement and any revisions. The home failed to ensure each resident record contained at least the negotiated service agreement and any revisions for R1 and R2.	S5250		
S5251 SS=E	26-42-105 (f) (11) Resident Records 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:	S5251		

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S5251	Continued From page 6 K.A.R. 26-42-105 (f) (11) The home reported a census of 7 residents. The sample included 3 residents (R). Based on record review and interview, the home failed to ensure all residents records contained documentation of all incidents, symptoms and other indications of illness or injury including the date, time of occurrence, actions taken and results of the actions taken for R1 and R2. Findings included: - Record for R1 revealed an admission date of 02/10/25 with diagnoses of depression and Alzheimer's disease. Review of R1's "Functional Capacity Screen"(FCS) dated 03/04/26 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R1 was lacking the ability to manage her own medication and medical treatments and was incontinent. R1 had impaired short-term memory, long-term memory, memory/recall, and impaired decision-making. R1 was rarely understood and rarely understood by others and marked at risk for falls, wandering, inappropriate behavior and impaired decision-making. Review of R1's "Negotiated Service Agreement"(NSA) dated 03/04/26 identified the facility staff would provide R1 with qualified staff to assist with bathing, dressing, toileting, transferring, walking, and eating. Review of facility provided document titled "Charting Notes" revealed an entry dated 05/29/26 at 12:49 PM signed by Operator A which	S5251		

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S5251	Continued From page 7 recorded, "Resident was observe by provider today and an order was given to start resident on nectar thickened liquids." Review of facility provided document titled "Charting Notes" revealed an entry dated 07/16/26 at 01:26 PM signed by Operator A which recorded, " Resident was outside today watching birds residents body is itching resident has hydrocortisone cream as needed that was applied to relief the itching." R1's medical record lacked documentation of results of action. - Record for R2 revealed an admission date of 08/05/24 with diagnoses of dementia, acute urinary retention, and iron deficiency. Review of R2's FCS dated 08/04/26 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R2 lacked the ability to manage her own medication and medical treatments and was incontinent. R2 had impaired short-term memory, long-term memory, memory/recall, and impaired decision-making. R2 was sometimes able to be understood and sometimes understood others and marked at risk for falls and impaired decision-making. Review of R2's NSA dated 10/03/25 identified the facility staff would provide R2 with qualified staff to assist with bathing, dressing, toileting, transferring, walking, and eating. Review of facility provided document titled "Charting Notes" revealed an entry dated 06/04/26 at 06:01 PM signed by Operator A which recorded, "Provider gave new order for Olfaxacin	S5251		

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S5251	Continued From page 8 3% for 7 days related to stye." Review of facility provided document titled "Charting Notes" revealed an entry dated 06/24/26 at 04:28 PM signed by Operator A which recorded, " Resident has edema to bilateral lower extremities. Orders given to increase Lasix to 40 milligrams daily. R2's medical record lacked documentation of results of action. Interview on 08/19/26 at approximately 11:05 AM with Operator A confirmed R1's and R2's medical records lacked documentation of results of action. The home failed to ensure all residents records contained documentation of all incidents, symptoms and other indications of illness or injury including the date, time of occurrence, actions taken and results of the actions taken for R1 and R2.	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas	S5258		

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S5258	Continued From page 9 nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-102 (d) (3) The home reported a census of 7. The sample included 3 residents (R) and 5 newly hired employees. Based on record review and interview the home 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 "Certified Nurses Aide"(CNA) B and "Certified Medication Aide" (CMA) C. Findings included: - Record review for CNA B revealed she began employment on 11/26/25. Review of the homes provided documents for CNA B revealed a background check was preformed 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 CNA B did not have a	S5258		

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S5258	Continued From page 10 finding of abuse, neglect, or exploited a resident in an adult care home. Record review for CMA C revealed she began employment on 11/05/25. Review of the homes provided documents for CMA C revealed a background check was preformed 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 C did not have a finding of abuse, neglect, or exploited a resident in an adult care home. The home 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 CNA B and CMA C.	S5258		
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)	S5335		

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S5335	Continued From page 11 The home reported a census of 7 residents. The sample included 3 residents. Based on observation and record review, the home failed to ensure the home was maintained to protect the health and safety of the residents, personnel, and the public. Findings included: - Observation on 08/18/26 at approximately 12:29 PM revealed black build up along the floor and base boards in the entry sitting room, common living room, and both hallways. The build up was noted in all common bathrooms across the entry way and around the baseboards of the rooms. Observation on 08/18/26 at approximately 12:45 PM revealed brown spots of an unidentifiable substance from the floor to halfway up the wall in the dining room. Interview on 08/18/26 at approximately 01:00 PM with Operator A confirmed there was black build up along the base boards in entry sitting room, common living room, both hallways, and common bathrooms. Operator A continued to confirm there was an unidentifiable substance on the wall in the dining room. The home failed to ensure the home was maintained to protect the health and safety of the residents, personnel, and the public.	S5335		