STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B046039	A. BUILDING: _____ B. WING _____	C 10/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIORCARE HOMES FONTANA HOUSE	10001 FONTANA LANE OVERLAND PARK, KS 66207

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S 000	INITIAL COMMENTS The following citations represent the fndings of a Health Licensure Resurvey and Complaint survey regarding allegations in the following complaints: 199889 conducted on 10/19/26. The facility reported a census of 8 residents. The sample included 3 residents.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-202 (a)(1) Based on interview and record review, the facility failed to provide a description of services the resident would receive for wound treatment on the Negotiated Service Agreement for 2 of 3 residents reviewed for Negotiated Service Agreement (NSA), Resident (R) 1 and R2.	S5105		

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

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S5105	Continued From page 1 Findings included: R1 diagnoses included dementia. The 08/13/26 Functional Capacity Screen (FCS) revealed R1 was unable to perform management of medical treatments. The 08/20/26 NSA revealed it lacked the description of who was to provide management of medical treatments. R1 admitted on 08/13/26 and required physical assistance. The NSA dated 08/20/26 directed staff to provide physical assistance with bathing, toileting, dressing and management of medications. The 08/31/26 "Physician Order" revealed instructions to apply skin prep to bilateral heels, place optifoam heel protector every Thursday for skin integrity. The surveyor reviewed Progress Note dated 10/16/26 signed by Licensed Nurse (LN) B, which showed open area noted to right groin and rope alginate was applied after cleaning. On 10/19/26 at approximately 02:17 PM Administrative Staff A confirmed R1's NSA lacked the description of services for who was to provide management of medical treatments when R1 had wounds. R2 diagnoses included cellulitis of right lower limb The 07/17/26 FCS revealed R2 was unable to	S5105		

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S5105	Continued From page 2 perform management of medical treatments. The 07/17/26 NSA revealed it lacked the description of who was to provide management of medical treatments. R2 admitted on 06/22/26 and required physical assistance. The NSA dated 07/17/26 directed staff to provide physical assistance with bathing, toileting, dressing, and management of medications. The surveyor reviewed Progress Note dated 10/08/26 signed by LN C, which showed R2 had a skin tear to back of left hand which was cleaned with cleanser and xeroform applied and covered with band aide. On 10/19/26 at approximately 02:20 PM Administrative Staff A confirmed R2's NSA lacked the description of services for who was to provide management of medical treatments when R2 had wounds. The failure placed R1 and R2 at risk for increased wound infections.	S5105		
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	S5185		

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S5185	Continued From page 3 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) Based on interview and record review, the facility failed to have medical provider or licensed dietitian instructions on how to prepare the consistency of thickened liquids for 1 of 3 residents reviewed for dietary services, Resident (R) 2. Findings included: R2 diagnoses included alcohol induced persisting dementia. The 07/17/26 Functional Capacity Screen revealed R2 was unable to perform eating. The 07/17/26 Negotiated Service Agreement revealed R2 required staff assistance with feeding. R2 admitted on 06/22/26 and required physical assistance. The NSA dated 07/17/26 directed staff to provide physical assistance with bathing, toileting, dressing, and eating. The 07/10/26 "Physician Order" revealed an order	S5185		

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S5185	Continued From page 4 for mix thick-it powder as needed with all liquids for nectar consistency. On 10/19/26 at approximately 02:15 PM Administrative Staff A confirmed the facility lacked having instructions on how to prepare the consistency of thickened liquids from a medical provider or licensed dietitian for R2. The failure placed R2 at risk for the wrong consistency of liquids being served to R2.	S5185		
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: K.A.R. 26-42-105 (f)(11) Based on interview and record review, the facility failed to document all incidents, symptoms, and other indications of illness or injuring including the date, time of occurrence, actions taken, and results of the action for 2 of 3 residents reviewed for resident records, Residents (R) 1 and R2. Finding included: R1 diagnoses included dementia. The 08/13/26 Functional Capacity Screen (FCS)	S5251		

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S5251	Continued From page 5	S5251		

revealed R1 was at risk for falls.

The 08/20/26 Negotiated Service Agreement (NSA) revealed R1 was to use call button when needing assistance.

R1 admitted on 08/13/26 and required physical assistance.

The NSA dated 08/20/26 directed staff to provide physical assistance with bathing, dressing, toileting, and mobility.

The surveyor reviewed Progress Note dated 09/22/26 signed by Licensed Nurse (LN) D, which showed R1 slid out of the recliner onto the floor.

On 10/19/26 at approximately 02:20 PM with Administrative Staff A confirmed R1's documentation lacked results of the action when R1 had a fall.

R2 diagnoses included alcohol induced persisting dementia.

The 07/17/26 FCS revealed R2 was unable to manage medical treatments.

The 07/17/26 NSA revealed R2 requires check and change at least every two hours to prevent skin break down.

R2 admitted on 06/22/26 and required physical assistance.

The NSA dated 07/17/26 directed staff to provide physical assistance with bathing, dressing, toileting, and mobility.

The surveyor reviewed Progress Note dated

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S5251	Continued From page 6 10/08/26 signed by LN C, which showed R2 had a skin tear to back of left hand which was cleaned with cleanser and xeroform applied and covered with band aide. On 10/19/26 at approximately 02:25 PM with Administrative Staff A confirmed R2's documentation lacked results of the action when R2 obtained a skin tear to back of left hand.	S5251		