STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B046090	A. BUILDING: _____ B. WING _____	10/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REMEDY HEALTHWORKS LLC	9780 W 101ST TERRACE OVERLAND PARK, KS 66212

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S 000	INITIAL COMMENTS The following represent the findings of an initial survey for the above named home plus conducted on 10/26/26 and 10/27/26. The facility reported a census of two residents. The sample included two residents.	S 000		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(g) The facility reported a census of two residents. Based on observation and interview the facility failed to ensure a notice of the availability of the facility's policies and procedures was posted in a public accessible area. Findings included: - Observation on 10/26/26 at approximately 12:20 PM during the initial tour revealed a notice that the facility's policies and procedures were available was not posted. On 10/26/26 at approximately 12:20 PM Administrative Staff B confirmed a notice of the	S5029		

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

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S5029	Continued From page 1 facility's policies and procedures available was not posted. The facility failed to ensure a notice of the availability of the facility's policies and procedures was posted in a place accessible to all residents.	S5029		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) Based on interview and record review the facility failed to ensure the "Functional Capacity Screen" (FCS) for Resident (R) 1 included all elements and definitions specified by the department.	S5080		

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S5080	Continued From page 2 Findings included: - Record review for R1 revealed an admission date of 05/09/25 with diagnoses of Huntington's disease and anxiety. The 04/08/25 "FCS" cognition section was blank with a handwritten note on the side which read "impaired." The 04/08/25 "Negotiated Service Agreement" lacked a description of services R1 received for cognition. On 10/27/26 at approximately 12:55 PM Administrative Staff B confirmed R1's "FCS" cognition section was blank. Review of the facility's provided policies revealed lack of "FCS" policy. The facility failed to ensure the "FCS" for the R1 included all elements and definitions specified by the department.	S5080		
S5085 SS=F	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.	S5085		

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S5085	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-42-201(c)(1) Based on interview and record review the facility failed to ensure designated staff conducted a "Functional Capacity Screen" (FCS) for Residents (R)1 and R2 at least once every 365 days. Findings included: - Record review for R1 revealed an admission date of 05/09/25 with diagnoses of Huntington's disease and anxiety. The 04/08/25 (most recent) "FCS" identified R1 was unable to perform management of medications and treatments. The cognition section was blank with a handwritten note on the side which read "impaired." He was rarely or never understandable and sometimes understood others during communication. R1 was marked at risk for falls, impaired vision, impaired hearing, impaired decision-making, and inappropriate behavior. The 05/09/25 (most recent) "NSA" identified licensed staff managed medications and treatments per physician's orders. He received engagement and validation in conversation and had a durable power of attorney (DPOA) for impaired decision-making. Licensed staff documented changes in behavior. The "NSA" failed to describe the services and identify the providers of the services R1 received for cognitive difficulties, falls, impaired vision, and impaired hearing. - Record review for R2 revealed an admission date of 07/18/25 with diagnoses of Parkinson's	S5085		

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S5085	Continued From page 4 disease and right hemiplegia. The 06/04/25 (most recent) "FCS" identified R2 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, eating, and management of medications and treatments. He was frequently incontinent of bladder and was rarely or never understandable with communication. R2 was marked at risk for falls, impaired hearing, and impaired decision-making. The 06/18/25 (most recent) "NSA" identified R2 received assistance twice a week from facility staff with bathing, facility staff managed medications, and he had a DPOA for impaired decision-making. The "NSA" failed to describe the services and identify the providers of the services R2 received for dressing, toileting, transfers, walking/mobility, eating, management of treatments, bladder incontinence, communication, falls, and impaired hearing. On 10/27/26 at approximately 12:55 PM Administrative Staff B confirmed R1 and R2's records lacked evidence of documentation their "FCSs" were completed at least once every 365 days. Review of the facility's provided policies revealed lack of "FCS" policy. The facility failed to ensure designated staff conducted an "FCS" for R1 and R2 at least once every 365 days.	S5085		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written	S5105		

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S5105	Continued From page 5 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: KAR 26-42-202(a)(1)(2) Based on interview and record review the facility failed to ensure the "Negotiated Service Agreements" (NSA) for Residents (R) 1 and R2 described the services they received based on their "Functional Capacity Screens" (FCS), needs, and preferences and failed to identify the provider of the services. Findings included: - Record review for R1 revealed an admission date of 05/09/25 with diagnoses of Huntington's disease and anxiety. The 04/08/25 (most recent) "FCS" cognition section was blank with a handwritten note on the side which read "impaired." R1 was marked at risk for falls, impaired vision, and impaired hearing.	S5105		

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S5105	Continued From page 6 The 05/09/25 (most recent) "NSA" failed to describe the services and identify the providers of the services R1 received for cognitive difficulties, falls, impaired vision, and impaired hearing. - Record review for R2 revealed an admission date of 07/18/25 with diagnoses of Parkinson's disease and right hemiplegia. The 06/04/25 (most recent) "FCS" identified R2 was unable to perform dressing, toileting, transfers, walking/mobility, eating, and management of treatments. He was frequently incontinent of bladder and was rarely or never understandable with communication. R2 was marked for falls and impaired hearing. The 06/18/25 (most recent) "NSA" failed to describe the services and identify the providers of the services R2 received for dressing, toileting, transfers, walking/mobility, eating, management of treatments, bladder incontinence, communication, falls, and impaired hearing. On 10/27/26 at approximately 12:55 PM Administrative Staff B confirmed R1 and R2's "NSAs" failed to describe all the services and identify all the providers of the services they received. Review of the facility's provided policies revealed lack of "NSA" policy. The facility failed to ensure the "NSAs" for R1 and R2 described the services they received based on their "FCS", needs, and preferences and failed to identify the provider of the services.	S5105		

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S5116	Continued From page 7	S5116		
S5116 SS=F	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: KAR 26-42-202(d)(1) Based on interview and record review the facility failed to update the "Negotiated Service Agreements" (NSA) for Residents (R) 1 and R2 at least once every 365 days. Findings included: - Record review for R1 revealed an admission date of 05/09/25 with diagnoses of Huntington's disease and anxiety. The 04/08/25 (most recent) "Functional Capacity Screen" (FCS) identified R1 was unable to perform management of medications and treatments. The cognition section was blank with a handwritten note on the side which read "impaired." He was rarely or never	S5116		

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S5116	Continued From page 8 understandable and sometimes understood others during communication. R1 was marked at risk for falls, impaired vision, impaired hearing, impaired decision-making, and inappropriate behavior. The 05/09/25 (most recent) "NSA" identified licensed staff managed medications and treatments per physician's orders. He received engagement and validation in conversation and had a durable power of attorney (DPOA) for impaired decision-making. Licensed staff documented changes in behavior. The "NSA" failed to describe the services and identify the providers of the services R1 received for cognitive difficulties, falls, impaired vision, and impaired hearing. - Record review for R2 revealed an admission date of 07/18/25 with diagnoses of Parkinson's disease and right hemiplegia. The 06/04/25 (most recent) "FCS" identified R2 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, eating, and management of medications and treatments. He was frequently incontinent of bladder and was rarely or never understandable with communication. R2 was marked at risk for falls, impaired hearing, and impaired decision-making. The 06/18/25 (most recent) "NSA" identified R2 received assistance twice a week from facility staff with bathing, facility staff managed medications, and he had a DPOA for impaired decision-making. The "NSA" failed to describe the services and identify the providers of the services R2 received for dressing, toileting, transfers, walking/mobility, eating, management of treatments, bladder incontinence,	S5116		

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S5116	Continued From page 9 communication, falls, and impaired hearing. On 10/27/26 at approximately 12:55 PM Administrative Staff B confirmed R1 and R2's records lacked evidence of documentation their "NSAs" were completed at least once every 365 days. Review of the facility's provided policies revealed lack of "NSA" policy. The facility failed to update the "NSAs" for R1 and R2 at least once every 365 days.	S5116		
S5230 SS=F	26-42-207 (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; (c) Each administrator or operator shall ensure the home ' 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: KAR 26-42-207(c) Based on interview and record review the facility failed to remain in compliance with the	S5230		

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S5230	Continued From page 10 department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for Resident (R) 1 and R2. Findings included: - Record review for R1 revealed an admission date of 05/09/25 with a diagnosis of Huntington's disease, anxiety and depression. His record lacked evidence of documentation of an annual symptom screen questionnaire. -Record review for R2 revealed an admission date of 7/18/25 with a diagnosis of Parkinson's, right hemiplegia and CKD. His record lacked evidence of documentation of an annual symptom screen questionnaire. On 10/27/26 at approximately 12:55 PM Administrative Staff B confirmed R1 and R2's records lacked evidence of documentation of an annual symptom screen questionnaire. The undated facility's "Tuberculosis (TB) Control" policy documented each new resident should have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire. The facility failed to remain in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S5230		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A	S5313		

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S5313	Continued From page 11 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: KAR 26-41-205(g)(3) Based on observation and interview the facility failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages of five over-the-counter (OTC) medications. Findings included: - Observation on 10/26/26 at 01:15 PM revealed Administrative Staff B unlocked and opened the medication cart. The following OTC medications lacked residents' full names: One bottle of vitamin D3 One bottle of fish oil One bottle of acetaminophen Two bottles of melatonin One bottle of Zyrtec On 10/26/26 at approximately 01:16 PM Administrative Staff B confirmed the OTC medications lacked residents' full names.	S5313		

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S5313	Continued From page 12 Review of policies provided by the facility revealed lack of medication storage policy. The facility failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages of all OTC medications.	S5313		
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: KAR 28-39-437(a) Based on observation and interview the facility failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area. Findings included: - Observation on 10/26/26 at approximately 01:28 PM revealed an unlocked laundry room. The following unsecured chemicals in the cabinet had labels which read "Keep out of reach of children": One bottle of Odoban, one gallon	S5335		

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S5335	Continued From page 13 One bottle of Fabuloso 56 ounce (oz) One bottle of bleach, one quart One bottle of Lysol, 32 oz On 10/26/26 at 01:30 PM Administrative Staff A confirmed the laundry room contained unlocked chemicals. Review of policies provided by the facility revealed lack of chemical storage policy. The facility failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area.	S5335		