Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087082	A. BUILDING: _____ B. WING _____	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOVE ESTATES SENIOR LIVING COMMUNITY	1400 S 183RD WEST GODDARD, KS 67052

(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 09/15/25 and 09/16/25.	S 000		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, 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 facility, 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: K.A.R. 26-41-201 (a) The facility reported a census of 54 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Administrator failed to ensure a screening was performed that determined R2's functional capacity at the time of R2's admission to the facility.	S3080		

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

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S3080	Continued From page 1 Findings included: - Record review for R2 revealed an admission date of 09/18/23 with diagnoses of obesity, chronic pain, osteoporosis, spinal stenosis, osteoarthritis, and hypertension. Review of R2's FCS dated 10/31/24 revealed R2 required supervision with bathing. R2 required physical assistance with dressing, toileting, and transferring. R2 lacked the ability to manage her own medications/medical treatments and had impaired short-term memory and impaired memory/recall. R2 was able to make herself understood and she understood others. R2 lacked the ability to manage her own medications/medical treatments. R2 was documented at risk for falls and impaired vision. R2 used a walker and wheelchair mobility device. Review of R2's combined NSA/HSP dated 10/31/25 instructed facility staff to provide R2 with supervision with bathing. Facility staff were instructed to provide R2 with physical assistance with dressing and toileting. R2 lacked the ability to manage her own mediations/medical treatments. Review of R2's electronic "Medical Record" under the section titled "Nurse Notes" revealed the following entry; R2 returned to the facility on 05/28/25 after a stay at a local rehabilitation center. Interview on 09/16/25 at approximately 10:45 AM with Administrative Nurse A confirmed R2 had a	S3080		

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S3080	Continued From page 2 hospital stay from 04/25/25 and returned to the facility on 05/28/25, and she further confirmed the medical record lacked documentation of a FCS being performed upon R2's return to the facility. The Administrator failed to ensure a screening was performed that determined R2's functional capacity at the time of R2's admission to the facility.	S3080		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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. 26-41-202 (a) (1) (2) (3)	S3085		

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S3085	Continued From page 3	S3085		

The facility reported a census of 54 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3.
Based on record review and interview the Administrator failed to ensure the "Negotiated Service Agreements" (NSA)'s for R1 and R2 provided a description of services, identification of the provider for each service and identification of each party responsible for payment when an outside resource was used for "Physical Therapy" (PT) services.

Findings included:

- Record review for R1 revealed an admission date of 07/23/25.

R1's electronic medical record lacked a list of medical diagnoses.

Review of R1's "Functional Capacity Screen" (FCS) dated 07/14/25 revealed R1 was independent with bathing, dressing, toileting, walking/mobility, eating, and management of her medications. R1 was continent, had impaired short-term memory and impaired memory/recall. R1 was able to make herself understood and she understood others. R1 used a "walking stick" mobility device.

Review of R1's combined NSA/"Health Service Plan" (HSP) dated 07/14/25 instructed facility staff to provide assistance at R1's request and ensure R1 was wearing her glasses for safety.

Review of R1's electronic "Medical Record" under the section titled "Physician Orders"

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revealed and order dated 08/19/25 and signed by R1's medical care provider for PT to evaluate and treat.

Review of R1's electronic "Medical Record" under the section titled "Patient Documents" revealed a document titled "Rehabilitation Services Consent for Treatment" that was signed and dated on 08/20/25.

Interview on 09/16/25 at approximately 10:45 AM with Administrative Nurse A confirmed R1 requested PT for balance and strength, and Administrative Nurse A further confirmed R1's NSA/HSP lacked the identification of the PT services, a description of the PT services, and each party responsible for payment of services.

- Record review for R2 revealed an admission date of 09/18/23 with diagnoses of obesity, chronic pain, osteoporosis, spinal stenosis, osteoarthritis, and hypertension.

Review of R2's FCS dated 10/31/24 revealed R2 required supervision with bathing. R2 required physical assistance with dressing, toileting, and transferring. R2 lacked the ability to manage her own medications/medical treatments and had impaired short-term memory and impaired memory/recall. R2 was able to make herself understood and she understood others. R2 lacked the ability to manage her own medications/medical treatments. R2 was documented at risk for falls and impaired vision. R2 used a walker and wheelchair mobility device.

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S3085	Continued From page 5 Review of R2's combined NSA/HSP dated 10/31/25 instructed facility staff to provide R2 with supervision with bathing. Facility staff were instructed to provide R2 with physical assistance with dressing and toileting. R2 lacked the ability to manage her own mediations/medical treatments. Review of R2's electronic "Medical Record" under the section titled "Patient Documents" revealed a document titled "Rehabilitation Services Consent for Treatment" that was signed and dated on 06/04/25. Interview on 09/16/25 at approximately 10:45 AM with Administrative Nurse A confirmed R2's combined NSA/HSP lacked the identification of the PT services, a description of the PT services, and each party responsible for payment of services. The Administrator failed to ensure the NSA's for R1 and R2 provided a description of services, identification of the provider for each service and identification of each party responsible for payment when an outside resource was used for PT services.	S3085		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.	S3299		

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S3299	Continued From page 6 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-206 (e) The facility reported a census of 54 residents. Based on observation and interview the Administrator failed to ensure the food stored in the satellite kitchen refrigerator freezer combination was stored under safe and sanitary conditions. Findings included; - Observation on 09/15/25 at approximately 03:00 PM of the satellite combined refrigerator/ freezer located on the west side of the facility's main dining room were the following food items that lacked the beyond use dates; In the refrigerator section; 1 small metal container covered with plastic wrap that contained what appeared to be sour cream. 1 small metal container covered with plastic wrap that contained what appeared to be shredded cheese. In the freezer section; 3 large zip lock bags of frozen strawberries. Interview with dietary staff D confirmed the satellite kitchen is used by the facility baker, and that all food items should contain the date opened.	S3299		

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S3299	Continued From page 7 The Administrator failed to ensure the food stored in the satellite kitchen refrigerator freezer combination was stored under safe and sanitary conditions.	S3299		