STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N019014	A. BUILDING: _____ B. WING _____	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKVIEW ESTATES	316 WICKWARE DRIVE FRONTENAC, KS 66763

(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 represent the findings of a resurvey for the above named Residential Health Care facility conducted on 02/09/26 and 02/10/26.	S 000		
S3055 SS=F	26-41-101 (l) Survey Report (l) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a public area to residents and any other individuals wishing to examine survey results. This REQUIREMENT is not met as evidenced by: 3055 KAR 26-41-101 (l) The facility reported a census of 31 residents. Based on observation and interview, the operator failed to ensure a copy of the most recent survey report was available in a public area for residents and any other individuals for examination. Findings included: - Observation on 02/09/26 at approximately 01:30 PM during the initial tour of the facility revealed that a copy of the most current inspection report was not accessible for review in a common area. On 02/09/26 at approximately 03:00 PM Administrative Staff A stated she found the "Current State Survey Report" notebook in her	S3055		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N019014	A. BUILDING: _____ B. WING _____	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKVIEW ESTATES	316 WICKWARE DRIVE FRONTENAC, KS 66763

(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
S3055	Continued From page 1 filing cabinet and said that it should be displayed in a common area. Administrative Staff A acknowledged the most current survey included in the notebook was dated 05/27/2021 which was not the last survey completed. The operator failed to ensure staff kept the most recent survey results in an area available in a public area for anyone to review.	S3055		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: 3165 KAR 26-41-204(d) The facility reported a census of 31 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement / Plan of Care" (NSA/POC) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for Resident (R)101, R102 and R103. Findings included:	S3165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N019014	A. BUILDING: _____ B. WING _____	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKVIEW ESTATES	316 WICKWARE DRIVE FRONTENAC, KS 66763

(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
S3165	Continued From page 2 - R101's medical record revealed she moved into the facility on 08/24/22 with a diagnosis of diabetes mellitus. R101's most recent NSA/POC was completed on 08/19/25 and did not identify the current nurse responsible for the implementation and supervision of the health care services plan. On 02/10/26 at 11:15 AM "Licensed Nurse" (LN) B stated it was her understanding that the information about the nurse responsible just carried over from the previous nurse and was not aware that this needed to be updated to identify the current nurse responsible for the implementation and supervision of the health care services plan The operator failed to ensure R101's NSA/POC identified the licensed nurse responsible for the implementation and supervision of the health care services plan. - R102's medical record revealed she moved into the facility on 01/06/25 with a diagnosis of diabetes mellitus. R102's most recent NSA/POC was completed on 10/21/25 and did not identify the current nurse responsible for the implementation and supervision of the health care services plan. On 02/10/26 at 11:20 AM LN B acknowledged R102's NSA/POC was not updated to identify the current nurse responsible for the implementation and supervision of the health care services plan The operator failed to ensure R102's NSA/POC	S3165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N019014	A. BUILDING: _____ B. WING _____	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKVIEW ESTATES	316 WICKWARE DRIVE FRONTENAC, KS 66763

(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
S3165	Continued From page 3 identified the current licensed nurse responsible for the implementation and supervision of the health care services plan. - R103's medical record revealed she moved into the facility on 08/13/24 with a diagnosis of chronic obstructive pulmonary disease. R103's most recent NSA was completed on 12/11/25 and did not identify the current nurse responsible for the implementation and supervision of the health care services plan. On 02/10/26 at 11:55 AM LN B acknowledged R103's NSA/POC was not updated to identify the current nurse responsible for the implementation and supervision of the health care services plan. The operator failed to ensure R103's NSA/POC identified the current licensed nurse responsible for the implementation and supervision of the health care services plan.	S3165		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.	S3186		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N019014	A. BUILDING: _____ B. WING _____	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKVIEW ESTATES	316 WICKWARE DRIVE FRONTENAC, KS 66763

(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
S3186	Continued From page 4 This REQUIREMENT is not met as evidenced by: 3186 KAR 26-41-205(b) The facility reported a census of 31 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement/Plan of Care" (NSA/POC) for Resident (R)102 and R103 identified who was responsible or administration and management of selected medications. Findings included: -R102's medical record revealed she moved into the facility on 01/06/25 with a diagnosis of diabetes mellitus. The 10/21/25 "Functional Capacity Screen" (FCS) identified R102 required physical assistance with the management of her medications. The 10/21/25 NSA/POC documented staff administered R102's medications. The NSA/POC did not identify that R102 self-injected her insulin. On 02/10/26 at 09:59 AM R102 stated staff prepared her insulin pen and handed it to her to self-inject. On 02/10/26 at 11:20 AM "Licensed Nurse" (LN)	S3186		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N019014	A. BUILDING: _____ B. WING _____	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKVIEW ESTATES	316 WICKWARE DRIVE FRONTENAC, KS 66763

(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
S3186	Continued From page 5 B stated R102's NSA/POC did not identify what selected medications R102 self-administered. The operator failed to ensure R102's NSA/POC identified who was responsible for administration and management of her insulin. -R103's medical record revealed she moved into the facility on 08/13/24 with a diagnosis of diabetes mellitus. The 12/11/25 FCS identified R103 was unable to manage her own medications. The 12/11/25 NSA/POC documented R103 self-administered her own medications. The NSA/POC did not identify that facility staff administered her controlled medications. On 02/10/26 at 10:48 AM R103 stated she administered all her own medications. On 02/10/26 at 11:55 AM LN B stated the facility stored R103's controlled medications in the medication cart and the Certified Medication Aides (CMA) popped these from the medication card and took them to R103. LN B confirmed R103's NSA did not identify who administered select controlled medications. The operator failed to ensure R103's NSA/POC identified who was responsible for administration and management of select medications.	S3186		