STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023009A	A. BUILDING: _____ B. WING _____	12/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDON WOODS AT ALVAMAR	1501 INVERNESS DR LAWRENCE, KS 66047

(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 represents the findings of a resurvey with attached complaint 197161, 194864, 194468 at the above named assisted living facility conducted on 12/04/25 & 12/15/25.	S 000		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The facility reported a census of 29 residents with three included in the sample. Based on interview and record review the operator failed to ensure designated facility staff documented the residents' functional capacity accurately on the functional capacity screening form for Resident (R)3. Findings included: - Record review for R3 revealed an admission date of 08/22/25 with diagnoses of insomnia, iron deficiency anemia, and hypertension. The 10/21/25 Functional Capacity Screen (FCS) identified R3 required physical assistance with bathing, dressing, toileting, transfers, and mobility; required supervision with management of medications and treatments; had no cognitive	S3082		

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

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S3082	Continued From page 1 difficulties; was at risk for falls; had impaired vision, impaired hearing, and impaired decision making. The 10/21/25 "Service Plan" which is the facility's combined Negotiated Service Agreement and Health Service Plan (NSA/HSP) identified staff coordinated medication refills, stored controlled substances, and administered medications to R3. On 12/15/25 at 01:35 PM R3 stated the staff managed all of her medications and treatments. On 12/15/25 at 11:28 AM Administrative Nurse B confirmed R3's FCS failed to identify her correct level of function for management of medications and treatments. The operator failed to ensure designated facility staff documented the residents' functional capacity accurately on the functional capacity screening form for R3.	S3082		
S3101 SS=D	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h)	S3101		

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S3101	Continued From page 2 The facility reported a census of 29 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure that each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreement for Resident (R) 2. Findings included: - Record review for R2 revealed an admission date of 04/01/23 with a diagnosis of Alzheimer's disease. The 09/01/25 Functional Capacity Screen (FCS) identified R2 was unable to perform bathing, dressing, toileting, transfers, mobility, and management of medications and treatments; was incontinent of bladder; had short-term memory, long term memory, memory recall, and decision-making difficulties; and was at risk of falls, impaired vision, and impaired decision-making. The 08/18/25 "Service Plan" which is the facility's combined Negotiated Service Agreement and Health Service Plan (NSA/HSP) identified facility staff provided physical assistance with all activities of daily living. The NSA/HSP was only signed by Certified Medication Aide C. The 08/18/25 NSA lacked signature by R2 or his legal representative and a licensed nurse. On 12/15/25 at 11:35 AM Administrative Nurse B confirmed R2's NSA was completed before the FCS and lacked signatures by R2's legal	S3101		

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S3101	Continued From page 3 representative and a licensed nurse. The operator failed to ensure that each individual involved in the development of the "NSA" signed the agreement for R2.	S3101		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 29 residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the facility's emergency management plan with all	S3280		

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S3280	Continued From page 4 staff and residents. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing resident. Review on 12/15/24 of the facility's in-services revealed the following reviews with staff: On 11/15/24 severe weather, fire, and missing resident were reviewed On 02/26/25 missing resident was reviewed On 04/30/25 severe weather was reviewed On 05/28/25 severe weather was reviewed On 07/30/25 fire was reviewed On 09/24/25 the entire plan was reviewed The facility failed to review the procedures to manage potential emergencies including flood, explosion, natural gas leak, and lack of electrical and water service for the fourth quarter of 2024 with staff. The facility failed to review the procedures to manage potential emergencies including fire, severe weather, tornado, flood, explosion, natural gas leak, and lack of electrical and water service for the first quarter of 2025 with staff. The facility failed to review the procedures to manage potential emergencies including fire, missing resident, tornado, flood, explosion, natural gas leak, and lack of electrical and water	S3280		

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S3280	Continued From page 5 service for the first quarter of 2025 with staff. On 12/15/25 at PM Administrative Staff A confirmed the entire emergency management plan was not reviewed each quarter with all staff. The operator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the facility's emergency management plan with all staff and residents.	S3280		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care 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. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.	S3320		

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S3320	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 29 residents. Based on observation and interview the operator failed to ensure the facility was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas. Findings included: - Observation on 12/15/25 at 02:08 PM of R2's bathroom revealed an unlockable cabinet below the sink that contained the following chemicals with labels that said "Keep out of reach of children." Two 32 ounce spray bottles odor ban One 32 ounce spray bottle of Clorox disinfectant On 12/15/25 at approximately 04:20 PM Administrative Staff A stated she expected staff and families to keep chemicals in locked cabinets and confirmed chemicals under the sink were not stored in a locked area. The operator failed to ensure the building was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within a locked area.	S3320		