STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023021	A. BUILDING: _____ B. WING _____	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEUVANT MD MEMORY CARE LLC	1216 BILTMORE DRIVE LAWRENCE, KS 66049

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints 194232, 195479, and 196835 at the above named Residential Health Care Facility conducted between 01/14/26 and 01/15/26.	S 000		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A 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) The facility reported a census of 25 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of "over-the-counter" (OTC) with a total of 16 containers of medications that were not labeled.	S3211		

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

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S3211	Continued From page 1 Findings included: - On 01/14/26 at 11:10 AM an observation of the east building medication cart revealed the following OTC medications not labeled with the full name of the resident: Two containers of Nature Made Multi+Omega-2 gummies One bottle of CVS Health Calcium 600 milligrams and Vitamin D One bottle of Nature's Bounty B-12 1000 micrograms Three boxes of Equate Lidocaine Pain Relieving Patches One bottle of Nature Made Hair Skin and Nails One 26-ounce bottle of Phillips Milk of Magnesia labelled as stock The "Ordering, Labeling and Indentification of Medication(s) or Biological(s)" policy revised on 03/30/11 documented, "The Administrator or designee shall monitor to ensure over-the-counter medication(s) or biological(s) are: Clearly labeled and that the facility nurse or pharmacist places the full name of the resident..." The operator failed to ensure all over-the-counter medications were labeled with the resident's full name.	S3211		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by	S3280		

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S3280	Continued From page 2 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: 3280 KAR 26-41-104(d)(3) The facility reported a census of 25 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents that included all eight required topics. Findings included: - On 01/14/26 review of the "Appendix B Documentation of Resident Reviews" for 2025 revealed the following:	S3280		

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S3280	Continued From page 3 01/23/25 review of the "Emergency Management Plan" (EMP) included the required subject of fire. 05/19/25 review of the EMP included fire, flooding, power failure and severe weather. 07/18/25 review of the EMP included fire, tornado and elopement. 11/16/25 review of the EMP included winter storm and power failure. The documentation provided did not indicate all eight required items for review were covered on a quarterly basis. On 01/14/26 at 10:15 AM Administrative Staff A stated emergency topics were reviewed with residents on a quarterly basis but did not include all required topics during any one quarter but instead discussed all eight required items throughout the year or as seasonally appropriate. The operator failed to ensure the completion of quarterly reviews covering all the required items of the emergency management plan with employees and residents.	S3280		
S3310 SS=F	26-41-207 (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	S3310		

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S3310	Continued From page 4 employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' 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: 3310 KAR 26-41-207(c) The facility reported a census of 25 residents. Based on record review for five new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility. Findings included: - Review of five newly hired employee files revealed the following: "Certified Medication Aide" (CMA) B was hired on 10/10/25. Her employee file contained a one-step TB skin test (TST) competed on 11/04/24 which was completed more than six months prior to hire and there was no documentation a two-step TST was completed upon hire.	S3310		

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S3310	Continued From page 5 The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall receive a two-step TST ...within 7 days of ...employment unless one of the following conditions is met: ...The new ...employee provide satisfactory documentation of receiving the two-step TST ...within 6 months prior to ...employment that read not positive ..." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		
S3320 SS=F	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	S3320		

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S3320	Continued From page 6 (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: 3320 KAR 28-39-254 (a) The facility reported a census of 25 residents. Based on observation, and record review the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - An observation during the facility tour completed on 01/14/26 at 10:56 AM revealed the activities supply closet revealed a 12-ounce (oz.) spray can of Rust-Oleum Satin Paint/Primer. On 01/14/26 at approximately 11:00 AM revealed the unlocked staff breakroom contained the following unlocked chemicals with a KEEP OUT OF REACH OF CHILDREN warning label: One 12.5 oz. spray can of Lysol Disinfectant Spray One 8 oz. spray can of Glade Air Freshener One container of Lysol disinfecting wipes. On 01/14/26 at 02:45 PM an observation of the East House restroom revealed the door to the restroom was open and unoccupied. There was a white cabinet hanging on the wall above the toilet which contained the following chemicals with a KEEP OUT OF REACH OF CHILDREN	S3320		

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S3320	Continued From page 7 warning label: One 24 oz. squeeze bottle of Amazon Basics Toilet Bowl Cleaner One container of Lysol Disinfectant wipes One 12.5 oz. spray can of Lysol Disinfectant Spray The "Housekeeping/Laundry Services/Chemical storage" policy revised on 06/02/10 documented, "All chemicals shall be clearly labeled and securely locked in designated storage areas that are not accessible to residents..." The operator failed to ensure staff kept chemicals locked for resident safety.	S3320		