STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046045	A. BUILDING: _____ B. WING _____	01/07/2026

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STRATFORD COMMONS MEMORY CARE COMMUNIT	12340 QUIVIRA ROAD OVERLAND PARK, KS 66213

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaint/incidents 188409, 190656, 191213, 191694, 194953, 196219, 197475, 197720, and 197296 at the above named assisted living facility conducted on 01/05/26-01/07/26.	S 000		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 40 residents with three residents included in the sample, four focused record reviews, and three closed record reviews. Based on observation, interview, and record review the operator failed to ensure standard of practice was followed when R1's low air loss mattress was not properly used according to manufacturer or provider recommendations, had multiple pressure wounds, loss of weight, and were not offered food alternatives at mealtime. Findings included: - Record review for R1 revealed an admission date of 10/01/25 with a diagnosis of Alzheimer's.	S3171		

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

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The 01/01/26 FCS identified R1 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating; was unable to perform management of medications and treatments; had short-term memory, memory/recall, and decision-making cognitive difficulties; was usually understandable and understood others during communication; was incontinent of bladder, at risk of falls, had impaired hearing, and impaired decision-making.

The 01/01/26 "Service Plan Report" which is the facility's combined Negotiated Service Agreement and Healthcare Service Plan (NSA/HSP) for R1 acknowledged facility staff provided assistance with bathing, dressing, toileting, transferring, walking/mobility, management of medications, and with cognitive difficulties. The NSA/HSP indicated R1's goal was to maintain appropriate weight and nutritional status. Facility staff was to encourage food, fluids, supervise and cue R1 during eating. The NSA/HSP listed a pressure reducing mattress of a low air loss with bolster overlay.

Review of R1's "Weight Summary" revealed her ideal body weight range to be between 123 and 149 pounds. On 10/01/25 R1 weighed 112.4 pounds and 12/08/25 she dropped to 104.2 pounds.

Review of "Progress Notes" dated 12/09/25 at 11:27 AM documented R1 had an open area to right trochanter hip area about the size of a quarter.

Review of "Progress Notes" dated 01/04/26 documented a wound on R1's buttocks was

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S3171	Continued From page 2	S3171		

found when changing.

Review of local hospital's discharge paperwork dated 12/31/25 instructed facility staff to turn R1 every two hours while in bed and shift hourly if in chair. It also instructed staff on wound care for sacral, right medical knee, and left lateral heel wounds.

Observation on 01/07/26 at 12:05 PM revealed a low air loss mattress applied to R1's bed with the pump dial set to 260 pounds and the static button was flipped on.

Observation on 01/07/26 revealed at 11:41 AM R1 was pushed to the dining room in her wheelchair leaning toward the right side, at 12:23 PM R1 was visualized putting napkin in her mouth, and at 12:28 PM R1 told Administrative Staff A she is not hungry and was still leaning in same positioning on right side. R1 did not show any attempt to pick up fork or spoon with food. She consumed 0% of meal. Staff assisted R1 to take a sip of a shake then was pushed to the common area. No alternative food was offered.

Observation on 01/07/26 at 02:10 PM revealed a pillow had been placed under R1's right arm but she was still leaning toward the right which indicated R1 had not been shifted in her chair in two- and one-half hours.

Interview on 01/07/26 at 02:11 PM R1 stated the food is not good and she does not eat at least two times a week. She could not remember if she ate lunch.

On 01/07/26 at 12:06 PM Administrative Nurse B

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S3171	Continued From page 3 stated the hospice company told her via phone today the low air loss mattress settings should be on their plan of care. Administrative Nurse B confirmed the paperwork does not include the settings and she does not know what they should be or have the manual for the mattress. Administrative Nurse B was asked about the hospitals instructions to reposition R1 and she stated that it was up to hospice and she was not sure what their instructions were. On 01/07/26 at approximately 12:10 PM Administrative Nurse C confirmed the static button should not be turned on for R1. On 01/07/26 at 03:40 PM a policy for the low air loss mattress was requested and Administrative Nurse C confirmed they do not have requested policy. The operator failed to ensure standard of practice was followed when R1's low air loss mattress was not properly used according to manufacturer or provider recommendations, had multiple pressure wounds, sustained loss of weight, and were not offered food alternatives at mealtime.	S3171		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall	S3215		

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S3215	Continued From page 4 store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 40 residents. Based on observation and interview the operator failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations.	S3215		

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S3215	Continued From page 5 Findings included: - Observation on 01/05/26 at 02:53 PM of the medication room cabinets and refrigerator which stored medications for the residents revealed the following medications: One bottle citracal max plus 180 caplets with expiration date 10/22 One bag acetaminophen 650 milligram suppositories with expiration date 05/25 Eight bags bisacodyl 10 milligram suppositories with expiration dates of 07/25 and 11/25 On 01/05/26 at 03:10 PM Administrative Nurses B and C confirmed the medications were expired. - Observation on 01/05/26 at 03:17 PM of the evening cart unlocked by Certified Medication Aide G revealed one bottle oxybutynin 5 milligram, 90 tablets with expiration date of 12/16/25. On 01/05/26 at approximately 03:20 PM Licensed Nurse D confirmed the medication was past date of use. - Observation on 01/05/26 at approximately 03:22 PM of the treatment cart unlocked by Licensed Nurse D revealed two 300 unit lantus pens without dates opened one with approximately 100 units used and the other approximately 140 units used. The labels read to discard 28 days after date first used. On 01/05/26 at approximately 03:25 PM Licensed Nurse D confirmed the insulins were not dated.	S3215		

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S3215	Continued From page 6 A policy regarding medication storage and labeling was requested which the facility failed to provide. The operator failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations.	S3215		
S3296 SS=F	26-41-206 (c) (1) Dietary Services Weekly Menu (c) (1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(c)(1) The facility reported a census of 40 residents. Based on observation and interview the operator failed to ensure the menu was available to all residents on at least a weekly basis. Findings included: - Observation on 01/05/26 at approximately 03:55 PM revealed a weekly menu was not posted for residents to access. On 01/05/26 at 03:55 PM Dietary Staff E stated she thought Administrative Staff A posted the menu. On 01/05/26 at 03:57 PM Administrative Nurse C confirmed a weekly menu was not available to	S3296		

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S3296	Continued From page 7 the residents. On 01/05/26 at 03:58 PM Administrative Staff A stated her expectation was for the dietary staff to post the menu. The operator failed to ensure a weekly menu was available to all residents.	S3296		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 40 residents. The facility had a main kitchen where food was	S3298		

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S3298	Continued From page 8 stored, prepared, and served. Based on interview and record review the operator failed to ensure food was served at the proper temperature. Findings included: - Review of the food temperature logs for 11/16/25 through 12/31/25 revealed food temperatures were not recorded for nine out of forty-six breakfast meals, nine out of forty-six lunch meals, and 19 out of 46 dinner meals. On 01/05/26 at approximately 03:50 PM Dietary Staff E confirmed the food temperature logs were not completed for each meal. Dietary guidelines for Americans 2005 recommended using a clean thermometer that measured the internal temperature of cooked food to make sure food is cooked to and held at proper temperatures and to keep food out of the "danger zone" (40 degrees Fahrenheit to 140 degrees Fahrenheit) where bacteria can multiply rapidly. A policy regarding taking food temperatures was requested which the facility failed to provide. The operator failed to ensure food was served at the proper temperature.	S3298		