STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046094	A. BUILDING: _____ B. WING _____	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERCREST AT COLLEGE VIEW	13600 WEST 110TH TERRACE LENEXA, KS 66215

(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 complaints 197468, 197159, 196798, 195811, 194321, 189208, 188692, and 188641 at the above named assisted living conducted on 01/12/26, 01/13/26, and 01/14/26.	S 000		
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: KAR 26-41-202(a)(1)(2) The facility reported a census of 68 residents with six residents included in the sample and three focused reviews. Based on observation,	S3085		

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

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S3085	Continued From page 1 interview, and record review the administrator failed to ensure the "Negotiated Service Agreements" (NSA) for Residents (R)3 and R7 described the services they received based on their "Functional Capacity Screens" (FCS) and failed to ensure R3's "NSA" identified the provider of each service. Findings included: - Record review for R3 revealed an admission date of 01/22/24 with diagnoses of type two diabetes mellitus and hemiplegia and hemiparesis affecting left side. The 11/21/25 "FCS" identified R3 required physical assistance with toileting and was independent with bathing, dressing, and management of medications. The 11/21/25 "NSA" identified R3 received extensive assistance by two persons for toileting and was independent and did "not require assistance with toileting." R3 received extensive assistance by a caregiver for dressing, "did not require assistance with dressing," and minimal assistance of reminders and/or supervision. R3 received assistance by two persons for bathing, had a caregiver that assisted with bathing, and "did not require assistance with bathing." R3 received extensive assistance by qualified staff to administer medications and "did not require assistance with medication." R3's "NSA" failed to describe the services she received based on her "FCS" and the provider of the services.	S3085		

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S3085	Continued From page 2 Observation on 01/14/26 at approximately 01:37 PM revealed R3 sat in a wheelchair in a common area. A private duty caregiver propelled R3 from the common area to her room. On 01/14/26 at approximately 01:37 PM R3 stated a private caregiver assisted her daily with bathing, dressing, and toileting. Another private caregiver came every two weeks and set up her medications so she could self-administer them. On 01/14/26 at approximately 02:41 PM Administrative Nurse B confirmed R3's "NSA" failed to describe the services she received based on her "FCS" and the "NSA" failed to name the provider of the services. - Record review for R7 revealed an admission date of 11/22/21 with a diagnosis of dementia. The 04/02/25 "FC" identified R7 required physical assistance for walking/mobility. The 04/15/25 "NSA" identified R7 used a wheelchair for walking/mobility. The "NSA" failed to describe the services R7 received to ambulate in her wheelchair. On 01/14/26 at 03:20 PM Administrative Nurse B confirmed R7's "NSA" failed to describe the services R3 recieved to ambulate in her wheelchair. The revised 08/25 facility's "Negotiated Service Agreement" policy documented the "NSA" for each resident would describe the services they received and identify the provider for each	S3085		

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S3085	Continued From page 3 service. The administrator failed to ensure the "NSAs" for R3 and R7 described the services they received based on their "FCS" and failed to ensure the "NSA" for R3 identified the provider of each service.	S3085		
S3101 SS=E	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) The facility reported a census of 66 residents with six residents included in the sample and three focused reviews. Based on interview and record review the administrator failed to ensure designated staff ensured each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for Resident (R) 1 and R3. Findings included: - Record review for R1 revealed an admission date of 08/15/20 with diagnoses of abdominal	S3101		

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S3101	Continued From page 4	S3101		

aortic aneurysm and chronic obstructive pulmonary disorder.

The 03/06/25 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with bathing, dressing, toileting, and management of medications, and was marked at risk for falls.

The 03/14/25 "NSA" identified R1 received physical assistance with showers from a family member and was independent with dressing and toileting. Facility staff assisted with management of medications and reminded him to ask for assistance when needed to prevent falls.

The 03/14/25 "NSA" lacked signatures of the resident and/or his legal representative

On 01/14/26 at 03:19 PM Administrative Nurse C confirmed R1's "NSA" lacked signatures of all individuals involved in its development.

- Record review for R3 revealed an admission date of 01/22/24 with diagnoses of type two diabetes mellitus and hemiplegia and hemiparesis affecting left side.

The 11/21/25 "FCS" identified R3 required physical assistance with toileting and walking/mobility, and was at risk for falls. impaired vision, and impaired hearing.

The 11/21/25 "NSA" identified R3 received assistance from facility staff for toileting, assistance to propel wheelchair from caregiver or facility staff, did not have impaired vision, and was independent with hearing aids for impaired

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S3101	Continued From page 5 hearing. The 11/21/25 "NSA" lacked signatures of the resident and/or their legal representative. On 01/14/25 at 02:41 PM Administrative Nurse C stated R3's "FCS" was not accurate. R3 required assistance with bathing, dressing, and management of medications. She confirmed R3's "NSA" lacked signatures of all individuals involved in its development. The revised 08/2025 facility's "Negotiated Service Agreement" policy documented each individual involved in the development of the "NSA" would sign the agreement. The administrator failed to ensure designated staff ensured each individual involved in the development of the "NSA" signed the agreement for R1 and R3.	S3101		
S3171 SS=E	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 66 residents with six residents included in the sample and three focused reviews. Based on observation,	S3171		

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S3171	Continued From page 6	S3171		

interview, and record review the administrator failed to ensure the bed assist devices for Resident (R)3 and R8 posed no risk for entrapment.

Findings included:

- Record review for R3 revealed an admission date of 01/22/24 with diagnoses of type two diabetes mellitus and hemiplegia and hemiparesis affecting left side.

The 11/21/25 "FCS" identified R3 required supervision for transfers.

The 11/21/25 "NSA" identified R3 received supervision for transfers.

Observation on 01/14/26 at approximately 01:37 PM revealed a bed assist device at the left side of R3's bed. The vertical gap within the rail, two gaps on both sides of the device support under the rail, and the horizontal gap between the rail and the mattress all measured greater than 4 ¾ inches.

On 01/14/26 at approximately 01:37 PM Administrative Nurse B confirmed the gaps on R3's bed assist device were greater than 4 ¾ inches.

- Record review for R8 revealed an admission date of 05/28/24 with a diagnosis of Alzheimer's disease.

The 03/13/25 "FCS" identified R8 required supervision for transfers.

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S3171	Continued From page 7 The 03/17/25 "NSA" identified R8 received minimal assistance by staff for transfers. Observation on 01/14/26 at approximately 02:03 PM revealed a bed assist device at the right side of R8's bed. The vertical gap within the rail, two gaps on both sides of the device support under the rail, and the horizontal gap between the rail and the mattress all measured greater than 4 ¾ inches. On 01/14/26 at approximately 02:03 PM Administrative Nurse B confirmed the gaps on R8's bed assist device were greater than 4 ¾ inches. The revised 07/24 facility's "Resident Assessments" policy documented a side rail evaluation was completed for residents who utilized bed assist devices. The policy did not address ensuring the devices did not pose a risk for entrapment. The administrator failed to ensure the bed assist devices for R3 and R8 posed no risk for entrapment.	S3171		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed	S3175		

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S3175	Continued From page 8 an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 66 residents with six included in the sample and three closed record reviews. Based on interview and record review the administrator failed to ensure a licensed nurse performed an annual assessment to determine if Resident (R) 1 could continue self-administering medications safely and failed to ensure a licensed nurse performed an initial assessment to determine if R9 could begin self-administering medications safely. Findings included: - Record review for R1 revealed an admission date of 08/15/20 with diagnoses of hypertension, chronic obstructive pulmonary disorder, and abdominal aortic aneurysm. The 03/06/25 "Functional Capacity Screen" (FCS) identified R1 required physical assistance	S3175		

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S3175	Continued From page 9	S3175		

with management of medications.

The 03/14/25 "Negotiated Service Agreement" (NSA) identified R1 received extensive assistance from facility for administering medications per physician's orders.

The 02/15/23 "Self-Medication Assessment" documented R1 could safely administer medications.

R1's record lacked evidence of documentation a licensed nursed completed a self-administration of medications assessment on an annual basis.

On 01/13/25 at approximately 10:56 AM Administrative Nurse C confirmed R1's record lacked evidence of documentation a licensed nurse completed a self-administration of medication assessment annually.

On 01/14/26 at approximately 01:23 PM R1 stated he self-administered oxycodone which he kept stored in a locked box in his room. Facility staff administered all his other medications.

- Record review for R9 revealed an admission date of 03/13/24 with a diagnosis of type two diabetes mellitus.

The 03/14/25 "FCS" identified R9 required physical assistance with management of medications.

The 03/19/25 "NSA" identified R9 received administration of all oral medications from facility staff and self- administered insulin.

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S3175	Continued From page 10 R9's record lacked evidence of documentation a licensed nursed completed a self-administration of medications assessment to determine if he could safely self-administer insulin. On 01/13/26 at 11:33 AM Administrative Nurse C confirmed R9's record lacked evidence of documentation a licensed nursed completed a medication self-administration assessment. The revised 08/2025 facility's "Self-Administration of Medications" policy documented a self-administration competency would be completed by a licensed nurse to determine a resident's cognitive, physical, and visual capabilities, and safety of others. The administrator failed to ensure a licensed nurse performed an annual assessment to determine if R1 could continue self-administering medications safely and failed to ensure a licensed nurse performed an initial assessment to determine if R9 could begin self-administering medications safely.	S3175		
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	S3211		

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S3211	Continued From page 11 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 66 residents with 50 residents living in the assisted living areas. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of all over-the-counter (OTC) medications. Findings included: - Observation on 01/12/26 at 12:59 PM revealed Certified Medication Aide (CMA) D unlocked and opened the first-floor medication cart. The following OTC medications lacked residents' full names: One bottle of PreserVision Areds, 60 tablets One bottle of Metamucil 6.1 ounces (oz) One bottle of iron 65 milligrams (mg) 365 tablets On 01/12/26 at approximately 01:00 PM Administrative Nurse B confirmed three bottles in the first-floor medication cart lacked residents' full names. Observation on 01/12/26 at 01:14 PM revealed Administrative Nurse C unlocked and opened the	S3211		

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S3211	Continued From page 12 second-floor B medication cart. The following OTC medications lacked residents' full names: One bottle of d-mannose 1000 mg, 180 capsules One bottle of ibuprofen 200 mg, 200 tablets On 01/12/26 at approximately 01:14 PM Administrative Nurse C confirmed two bottles in the second-floor B medication cart lacked residents' full names. Observation on 01/12/26 at 01:22 PM revealed CMA E unlocked and opened the second-floor A medication cart. The following OTC medications lacked resident's full names: One bottle of vitamin B-12 1000 milligrams, 160 tablets One bottle of vitamin D3 2000 international units (iu), 400 tablets One bottle of Bayer aspirin 81 mg, 400 tablets. On 10/12/26 at approximately 01:22 PM Administrative Nurse B confirmed three bottles in the second-floor A medication cart lacked residents full names. The revised 08/2025 facility's "Self-Administration of Medications" policy documented nursing staff were responsible for supervising the storage of medications. The policy did not address storage of OTC medications the facility managed. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of eight OTC medications.	S3211		

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S3215 SS=F	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 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:	S3215		

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S3215	Continued From page 14 KAR 26-41-205(h) The facility reported a census of 66 residents. Based on observation and interview, the administrator failed to ensure medications were stored in accordance with each manufacturer's recommendations. Findings included: - Observation on 01/12/26 at 12:59 PM revealed a refrigerator in the medication room that contained an opened vial of tuberculin inside an opened box. The box had handwriting which read "5/27" while the vial lacked an open date. The box and the vial of tubersol contained instructions that a vial of which had been opened and in use for 30 days should be discarded. On 01/12/26 at approximately 12:59 PM Administrative Nurse B confirmed the tubersol vial had not been discarded 30 days after it was opened. The revised 08/2025 facility's "Self-Administration of Medications" policy documented nursing staff were responsible for supervising the storage of medications. The policy did not address storage of facility managed medications. The administrator failed to ensure medications were stored in accordance with each manufacturer's recommendations.	S3215		

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	N046094	A. BUILDING: _____ B. WING _____	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERCREST AT COLLEGE VIEW	13600 WEST 110TH TERRACE LENEXA, KS 66215

(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
S3298	Continued From page 15	S3298		
S3298 SS=E	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 66 residents. The facility had a main kitchen where dietary staff stored, prepared, and served food and a satellite kitchen where food was served to 16 memory care residents. Based on observation and interview the administrator failed to ensure designated staff documented food temperatures for all meals served from the memory care satellite kitchen. Findings included:	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3298	Continued From page 16 - Review of the facility's "Daily Food Temp Log" from 12/28/25 to 01/12/26 revealed the log was blank for all evening meals except for two which were on 01/02/26 and 01/10/26. On 01/212/26 at approximately 01:48 PM Administrative Nurse B confirmed the memory care kitchen's food temperature log lacked documentation of food temperatures for all evening meals. The undated facility's "Safe Food Handling" policy documented food must be kept at an appropriate temperature of 145 degrees Fahrenheit (F) or above for hot foods and 45 degrees F or below for cold foods. The "Dietary Guidelines for Americans 2005 recommended to make sure food was cooked and held at proper temperatures and to keep cold food cold. Keep food out of the "danger zone" (40 degrees Fahrenheit to 140 degrees Fahrenheit) where bacteria can multiply rapidly. The operator failed to ensure dietary staff documented food temperatures.	S3298		
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 17 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: KAR 26-41-207(c) The facility reported a census of 66 residents. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for one of five sampled staff. Findings included: - Review of Certified Nurse Aide (CNA) F's record revealed a hire date of 10/28/24. The 08/16/24 TB skin test was read on 08/18/25 with negative results. Her record lacked evidence of documentation she completed the second of a two-step TB skin test. On 01/13/26 at approximately 10:00 AM Administrative Staff A confirmed CNA F's employees record lacked evidence of documentation she completed the second step of a two-step TB skin test.	S3310		

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S3310	Continued From page 18 The undated facility's "Tuberculosis Testing/Screening Policy" documented each new employee would received a two-step TB skin test within seven days of employment. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		