STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052006	A. BUILDING: _____ B. WING _____	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF LEAVENWORTH	5150 HUGHES RD LEAVENWORTH, KS 66048

(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 citations represent the findings of a resurvey with complaints #188397, 191478, 195694, 196769, 197457 and 197365 at the above named Assisted Living conducted on 12/02/25, 12/03/25 and 12/04/25.	S 000		
S3320 SS=D	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. This REQUIREMENT is not met as evidenced by: 3320	S3320		

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

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S3320	Continued From page 1 KAR 28-39-254(a) The facility reported a census of 35 residents. Based on observation, interview and record review the operator failed to protect the safety of residents at risk for elopement when designated staff failed to secure and monitor all exit doors. Findings included: - On 12/02/25 an observation of the northwest exit door leading to the courtyard had a keypad that utilized a wander management system feature which locked the door when a resident who wore a wander bracelet came near the door. The 15-second fire egress feature was disabled, and supplementary alarm was installed near the top of the door. This same system was used on the southwest exit door leading to the courtyard as well. The 11/04/25 "Nurses Note" documented R106 was able to get out of the facility door due to a door malfunction. On 12/02/25 at 01:46 PM Administrative Staff A stated all exit doors were equipped with a keypad lock which required a code and incorporated a wander management system which locked the door when a resident wearing a wander bracelet came near the door, Administrative Staff A stated the 15-second egress function on the doors were disabled and the doors were always locked unless the fire alarm was activated and then the doors would open freely. Administrative Staff A stated an extra alarm had been added to help staff hear when	S3320		

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S3320	Continued From page 2 the door was opened without a code being entered on the keypad. On 12/03/25 at 02:08 PM "Certified Nurse Aide" (CNA) C stated she was in her car when she noticed R106 walking outside from the backside of the building. CNA C stated she got out of her car and approached R106 to make sure he was okay, and he was easily redirected back into the building. Once inside to building CNA C alerted other staff and they went throughout the building to account for all of the other residents. CNA C stated she did not hear the door alarm sounding until halfway down the hall and found the southwest courtyard door open. CNA C stated that both the magnetic lock and the extra door alarm were not enabled at the time R106 exited the door. Review of the "Resident Monitoring Systems" logbook report revealed maintenance staff had checked for the operation of door monitors and patient wandering system functionality on 11/01/25, three days prior to R106 getting out of the southwest courtyard door. On 12/04/25 at 12:59 PM Administrative Staff A stated it was her expectation that when the maintenance person checked the facility exit doors, he would check to make sure all systems were functioning properly. The operator failed to ensure designated staff monitored all exit doors to make sure the doors were secured, and the resident monitoring systems were functioning properly.	S3320		