Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087087	A. BUILDING: _____ B. WING _____	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOVE ESTATES MEMORY HAVEN	1500 S 183RD ST W GODDARD, KS 67052

(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 Re-Licensure Survey with complaint investigations 193417 and 196272 for the above named assisted living facility conducted on 03/03/26 and 03/04/26.	S 000		
S3050 SS=F	26-41-101 (k) Ombudsman (k) Ombudsman. Each administrator or operator shall ensure the posting of the names, addresses, and telephone numbers of the Kansas department on aging and the office of the long-term care ombudsman with information that these agencies can be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the facility. The administrator or operator shall ensure that this information is posted in an area readily accessible to all residents and the public. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(k) The facility reported a census of 16 residents. Based on observation, interview, and record review the administrator failed to ensure the posting of names, address, and telephone numbers of the Kansas Department for Aging and Disability Services (KDADS) that anyone can contact to report actual or potential abuse, neglect, or exploitation of residents, or to register complaints concerning the operation of the facility. This information is to be posted in a	S3050		

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

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S3050	Continued From page 1 public area readily accessible to all residents and the public. Findings included: During initial tour on 03/04/26 from 09:30 to 11:00 AM the surveyor saw one posting of Ombudsman information. This poster was around the corner of the northwest hall by the mailboxes that residents and visitors could only see if they walked down that hall. On 03/04/26 at 11:20 AM Administrative Staff A confirmed the poster was the only one she had observed in the facility. She then reported she thought the number on the poster was the same number for the KDADS hotline. Surveyor called both numbers on the poster and they both went directly to the Kansas State Ombudsman office. The administrator failed to ensure a posting of names, addresses, and contact information for KDADS and the Long-term Care Ombudsman to report abuse, neglect, and exploitation and complaints regarding operation of the facility was posted in an area readily accessible for all residents and the public.	S3050		