STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087043	A. BUILDING: _____ B. WING _____	C 09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON AT CHERRY CREEK	8200 E PAWNEE ST WICHITA, KS 67207

(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 represent the findings of an abbreviated survery for complaints #189859, #188263, #188001, #187586, #186983, #186747, #186680, #186610, and #185791 at the above named assisted living conducted on 08/20/24 and 09/03/24.	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) The facility reported a census of 97 residents with five residents included in the sample and two closed record reviews. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreements" (NSA) for	S3085		

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

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S3085	Continued From page 1 Residents (R) 2, R3, R6, and R7, described the services they received based on their "Functional Capacity Screens" (FCS). Findings included: - Record review for R2 revealed an admission date of 01/29/24 with diagnoses of malignant neoplasm of bladder and stimulant dependence. The 03/22/24 "FCS" identified R2 was unable to perform walking/mobility and was identified at risk for inappropriate behavior. The 03/22/24 "NSA" failed to describe the services provided for walking/mobility and inappropriate behavior. - Record review for R3 revealed an admission date of 04/05/24 with diagnoses of type 1 diabetes mellitus and schizophrenia. The 04/05/24 "FCS" identified R3 was at risk for impaired vision and impaired hearing. The 04/05/24 "NSA" failed to describe the services provided for impaired vision and impaired hearing. - Record review for R6 revealed an admission date of 03/02/18 with a diagnosis of type 2 diabetes mellitus. The 05/27/24 "FCS" identified R6 was at risk for impaired vision and impaired decision-making. The 05/27/24 "NSA" failed to describe the services provided for impaired vision and impaired decision-making.	S3085		

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S3085	Continued From page 2 - Record review for R7 revealed an admission date of 10/31/22 with diagnoses of history of traumatic brain injury and muscle weakness. The 08/16/23 "FCS" identified R7 was at risk for impaired vision. The 08/16/23 "NSA" failed to describe the services provided for impaired vision. On 09/03/24 at appproximately 01:48 PM Licensed Nurses C and D confirmed R2, R3, R6 and R7's "NSA's" failed to describe the services they received based on their "FCS's." The administrator failed to ensure the "NSA's" for R2, R3, R6, and R7 described the services they received based on their "FCS."	S3085		