STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087275	A. BUILDING: _____ B. WING _____	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COZY COTTAGE SENIOR LIVING	2650 N GENTRY STREET WICHITA, KS 67220

(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 initial survey for the above named home plus conducted on 01/08/25.	S 000		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of six residents. The facility had a main kitchen where dietary staff stored, prepared, and served food. Based on observation and interview the operator failed to ensure designated staff stored food items under safe conditions. Findings included: - Observation on 01/08/25 at approximately 09:57 AM of the kitchen revealed a sink which contained two packages of uncooked meat with a handwritten label that read "steak." On 01/08/25 at approximately 09:57 AM Certified Medication Aide (CMA) B confirmed the items had been removed from the freezer and were	S5195		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087275	A. BUILDING: _____ B. WING _____	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COZY COTTAGE SENIOR LIVING	2650 N GENTRY STREET WICHITA, KS 67220

(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
S5195	Continued From page 1 going to be cooked and served for lunch. The August 2017 Kansas Department of Agriculture's "Focus on Food Safety" booklet documented to never thaw foods at room temperature. The thawed portions on the outside would support bacterial growth and can result in an unsafe product. The 05/14/24 facility's "Nutrition" policy documented meat should be thawed in refrigerator, submerged in cold water in leak-proof plastic bag, or in microwave. The operator failed to ensure designated staff stored food items under safe conditions.	S5195		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of six residents with three residents included in the sample. Based on interview and record review the	S5286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087275	A. BUILDING: _____ B. WING _____	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COZY COTTAGE SENIOR LIVING	2650 N GENTRY STREET WICHITA, KS 67220

(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
S5286	Continued From page 2 operator failed to ensure Resident (R) 1's "Negotiated Service Agreements" (NSA) identified who was responsible for the administration of select medications. Findings included: - Record review for R1 revealed an admission date of 10/01/24 with diagnoses of dementia and type two diabetes mellitus. The 10/24/24 "Functional Capacity Screen" (FCS) identified R1 was independent with management of medications. The 10/24/24 "NSA" identified facility staff provided oversight and observation for administration of medications. The 10/24/24 "NSA" failed to identify who was responsible for the administration of select medications. The December 2024 "Electronic Medication Administration Record" (eMAR) documented "Tresiba Flextouch 200 units/millileter (ml) inject 25 units subcutaneous at bedtime; staff cannot inject insulin, give to resident to self-administer." On 01/08/24 at 01:52 PM Administrative Staff A confirmed R1's "NSA" failed to identify who was responsible for administration of select medications. The 05/14/24 facility's "Medication Management" policy documented "A Negotiated Service Agreement must reflect resident self-administration ability."	S5286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087275	A. BUILDING: _____ B. WING _____	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COZY COTTAGE SENIOR LIVING	2650 N GENTRY STREET WICHITA, KS 67220

(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
S5286	Continued From page 3 The operator failed to ensure R1's "NSA" identified who was responsible for administration of select medications.	S5286		
S5335 SS=F	28-39-437 Construction (a) Each home-plus 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. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area. Findings included: - Observation on 01/08/25 at approximately 09:57 AM revealed a cabinet under the sink in the kitchen. The cabinet had a key lock and a child safety lock installed. Both locks were unlocked. The cabinet contained the following chemicals:	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087275	A. BUILDING: _____ B. WING _____	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COZY COTTAGE SENIOR LIVING	2650 N GENTRY STREET WICHITA, KS 67220

(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
S5335	Continued From page 4 One bottle of Pine Sol, 60 ounces (oz) One bottle of Clorox Bleach, one gallon One spray can of oven cleaner Two spray bottles of glass cleaner One refill bottle of Windex On 01/08/25 at approximately 09:57 AM Certified Medication Aide (CMA) B confirmed the cabinet with chemicals was unlocked. The operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area.	S5335		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure water temperatures were maintained within a safe range between 98 degrees Fahrenheit (F) and 120 degrees F. The facility had a main shower room where residents	S5380		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087275	A. BUILDING: _____ B. WING _____	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COZY COTTAGE SENIOR LIVING	2650 N GENTRY STREET WICHITA, KS 67220

(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
S5380	Continued From page 5 bathed. During initial tour of the facility, the hot water temperature in the main shower room measured 140.0 degrees F. Findings included: - Observation on 01/08/25 at 10:54 AM revealed the water temperature in the main shower room sink was 140.0 degrees Fahrenheit (F). On 01/08/24 at approximately 10:54 AM Certified Medication Aide (CMA) B confirmed was temperature was 140.0 degrees F on state surveyor's thermometer. On 01/08/24 at approximately 10:54 AM Administrative staff stated she thought the water heater thermostat was set to its lowest setting but when she checked it, someone had turned it up. She turned it back to lowest setting. On 01/08/24 at 01:12 PM water temp in main shower room was 95.9 degrees F on state surveyor's thermometer and CMA B obtained 96.7 degrees F on facility's thermometer. CMA stated she would turn the water thermostat water heater up a little and continue to monitor water temperature. The operator failed to ensure water temperatures were maintained within a safe range between 98 degrees Fahrenheit (F) and 120 degrees F.	S5380		