STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087288	A. BUILDING: _____ B. WING _____	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FUSION SENIOR CARE AT MALLARD	12046 W 33RD ST N WICHITA, KS 67205

(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 facility conducted on 10/14/25.	S 000		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: 5029 KAR 26-42-101(g) The operator reported a census of two residents. Based on observation and interview the operator failed to ensure a notice of availability of policies and procedures related to resident services was posted in a place readily accessible to residents. Findings included: - On 10/14/25 at 10:13 AM during the initial tour of the facility a notice of availability of policies and procedures was not located. On 10/14/25 at 03:30 PM Administrative Staff A acknowledged a sign of availability of policies and procedures was not posted.	S5029		

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

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S5029	Continued From page 1 The operator failed to ensure a notice of availability was posted in a place readily accessible to residents.	S5029		
S5105 SS=D	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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: 5105 KAR 26-42-202(a)(1) The facility reported a census of two residents with both residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for Resident (R)101.	S5105		

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S5105	Continued From page 2 Findings included: - R101's medical record revealed he moved into the facility on 04/14/25 with a diagnosis of depressive disorder. The 04/14/25 FCS identified R101 was at risk for falls and unsteadiness and impaired decision-making. The 04/14/25 NSA did not address R101's staff services to address falls and impaired decision-making. On 10/14/25 at 03:00 PM Administrative Staff A confirmed that R101's NSA did not address all that triggered on the FCS. The operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS.	S5105		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: 5161 KAR 26-42-204(d)	S5161		

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	B087288	A. BUILDING: _____ B. WING _____	10/14/2025

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S5161	Continued From page 3	S5161		

The facility reported a census of two residents with both residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for Resident (R)101 and R102.

Findings included:

- R101's medical record revealed he moved into the facility on 04/14/25 with a diagnosis of depressive disorder.

R101's most recent NSA was completed on 04/14/25 with "Licensed Nurse" (LN) B listed as the nurse responsible.

LN B was no longer employed by the facility and no addendum to the NSA was completed to identify the new nurse responsible for the implementation and supervision of the health care services plan.

On 10/14/25 at 03:00 PM Administrative Staff A stated an addendum to R101's NSA was not completed to show the new nurse responsible after LN B no longer worked at the facility.

The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R101.

- R102's medical record revealed he moved into

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	B087288	A. BUILDING: _____ B. WING _____	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FUSION SENIOR CARE AT MALLARD	12046 W 33RD ST N WICHITA, KS 67205

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S5161	Continued From page 4 the facility on 04/21/25 with a diagnosis of schizophrenia. R102's most recent NSA was completed on 04/21/25 with LN B listed as the nurse responsible. LN B was no longer employed by the facility and no addendum to the NSA was completed to identify the new nurse responsible for the implementation and supervision of the health care services plan. On 10/14/25 at 03:20 PM Administrative Staff A stated an addendum to R102's NSA was not completed to show the new nurse responsible after LN B no longer worked at the facility. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R102.	S5161		
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:	S5195		

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	B087288	A. BUILDING: _____ B. WING _____	10/14/2025

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S5195	Continued From page 5 5195 KAR 26-42-206(f) The facility had a census of two residents and both residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to ensure foods stored in the refrigerators were kept at 40 degrees Fahrenheit (F) or lower according to Food Safety Guidelines. Findings included: - On 10/14/25 at 10:23 AM observation of the kitchen revealed both the refrigerator and freezer had digital thermometers which did not work. Review of the "Refrigerator Temperature Record" for October 2025 revealed temperatures were not recorded from 10/11/25 to 10/13/25. On 10/14/25 at 10:30 AM "Certified Nurse Aide" (CNA) C stated the thermometers were replaced in the refrigerator/freezer about three days prior to the survey but did not work. A policy concerning food storage temperatures was requested from the facility on 10/14/25 at approximately 03:30 PM but no policy was provided. The 2005 "Dietary Guidelines for Americans" documented in order to keep food out of the bacterial growth danger zone, cold food should be stored below 40 degrees Fahrenheit. Frozen food items should be kept at zero degrees	S5195		

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	B087288	A. BUILDING: _____ B. WING _____	10/14/2025

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FUSION SENIOR CARE AT MALLARD	12046 W 33RD ST N WICHITA, KS 67205

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S5195	Continued From page 6 Fahrenheit or below and these temperatures should be checked with an appliance thermometer. The operator failed to ensure food items were stored under safe and sanitary conditions by failing to document refrigerator/freezer temperatures and ensure thermometers were in working order.	S5195		
S5210 SS=F	26-42-104 (b) Written Emergency Plan b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: 5210 KAR 26-42-104(b)(6)(7) The facility reported a census of two residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure the disaster and emergency plan include all required items as it failed to include	S5210		

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S5210	Continued From page 7 information concerning loss of electricity/water and natural gas leak. Findings included: - On 10/14/25 review of the emergency management plan revealed it did not include information concerning loss of electricity/water and natural gas leak. On 10/14/25 at approximately 03:30 PM Administrative Staff A acknowledged the facility emergency management plan lacked information on loss of electricity/water and natural gas leak. The operator failed to ensure the emergency management plan included all the required items.	S5210		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a	S5215		

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FUSION SENIOR CARE AT MALLARD	12046 W 33RD ST N WICHITA, KS 67205

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S5215	Continued From page 8 secure location. This REQUIREMENT is not met as evidenced by: 5215 KAR 26-42-104(d)(3) The facility reported a census of two residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's "Emergency Management Plan" (EMP) with employees and residents. Findings included: - On 10/14/25 documentation of quarterly reviews of the EMP was requested from Administrative Staff A. Review of the documentation revealed the facility lacked documentation of a quarterly review of the EMP for the third quarter of 2025. On 10/14/25 at approximately 03:30 PM Administrative Staff A confirmed a review of the EMP was not completed with staff and residents for the third quarter of 2025. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff.	S5215		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies	S5230		

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	B087288	A. BUILDING: _____ B. WING _____	10/14/2025

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S5230	Continued From page 9 (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 employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' 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: 5320 KAR 26-42-207(c) The facility reported a census of two residents. Based on interview and record review for two residents and five new employee records, the operator 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. Findings included: - Review of five newly hired staff records revealed the following: "Certified Medication Aide" (CMA) D's employee record revealed a hire date of 04/20/25. The facility failed to ensure a two-step TB skin test was initiated upon hire.	S5230		

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	B087288	A. BUILDING: _____ B. WING _____	10/14/2025

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S5230	Continued From page 10 "Certified Nurse Aide" (CNA) E's employee record revealed a hire date of 09/01/25. The facility failed to ensure a two-step TB skin test was initiated upon hire. CMA G's employee record revealed a hire date of 04/24/25. The facility failed to ensure a TB screening questionnaire was completed within seven days of hire, and failed to ensure the first step of the two-step TB skin test was administered within seven days of hire. On 10/14/25 at 02:35 PM Administrative Staff A confirmed the facility lacked evidence of documentation of TB symptom screen questionnaires and two-step TB skin tests were not completed according to TB guidelines. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen ...within seven days of ...employment ...Each new ...employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of ...employment ..." The operator 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 regarding newly hired employees.	S5230		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information:	S5258		

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S5258	Continued From page 11 (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: 5258 KAR 26-42-102(d)(1) The facility reported a census of two residents. Based on interview and record review, the operator failed to ensure two of five newly hired employees records included evidence of verification of registration and certification was completed prior to staff employment. Findings included:	S5258		

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	B087288	A. BUILDING: _____ B. WING _____	10/14/2025

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FUSION SENIOR CARE AT MALLARD	12046 W 33RD ST N WICHITA, KS 67205

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S5258	Continued From page 12 - Review of employee files conducted on 10/14/25 revealed the following: "Registered Nurse" (RN) G was hired on 04/14/25. Documentation revealed verification of registration with the State was not completed until 05/13/25 which was 29 days late. "Certified Medication Aide" (CMA) D was hired on 04/20/25. Documentation revealed a verification with the nurse aide registry was completed on 05/16/25 which was 36 days after being hired. The operator failed to ensure verification of registration and certification were completed prior to staff employment.	S5258		
S5315 SS=F	26-42-205 (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 home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home 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.	S5315		

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S5315	Continued From page 13 (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 home. (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: 5315 KAR 26-42-205(h)(1) The facility reported a census of two residents. Based on observation and interview the operator failed to ensure resident medications were only accessible by licensed nurses or certified medication aides. Findings included: - An observation during the initial tour of the facility on 10/14/25 at 10:42 AM revealed a locked medication storage closet. "Certified Nurse Aide" (CNA) C obtained the keys to this closet and unlocked it for inspection. On 10/14/25 at 11:33 AM Administrative Staff A	S5315		

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S5315	Continued From page 14 stated either the CNA or "Certified Medication Aide" (CMA) on duty have access to the medications and set them out for the residents to self-administer. A policy for medication storage was requested on 10/14/25 but none was provided. The operator failed to ensure medications were only accessible by licensed nurses or certified medication aides.	S5315		
S5327 SS=E	26-42-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: 5327 KAR 26-42-205(l)(2) The facility reported a census of two residents	S5327		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087288	A. BUILDING: _____ B. WING _____	10/14/2025

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FUSION SENIOR CARE AT MALLARD	12046 W 33RD ST N WICHITA, KS 67205

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S5327	Continued From page 15	S5327		

with both residents included in the sample. Based on interview, and record review the operator failed to ensure staff followed up on pharmacist review recommendations for Resident (R)101 and R102.

Findings included:

- R101's medical record revealed he moved into the facility on 04/14/25 with a diagnosis of depressive disorder.

The 04/14/25 "Functional Capacity Screen" (FCS) identified R101 was unable to manage his medications by himself.

The 04/14/25 "Negotiated Service Agreement" (NSA) documented licensed staff administered and set up R101's medication planner. The aide set out medication planner at meals and the resident self-administered his own medications.

Review of R101's medical record revealed pharmacy reviews completed on 07/07/25, and 09/30/25 with recommendations sent to the provider. A provider response was not located in R101's medical chart.

On 10/14/25 at 03:00 PM Administrative Staff A confirmed there was no response to the pharmacist's recommendation to the provider in R101's medical records.

The operator failed to ensure pharmacy recommendations were followed up and responded to by R101's provider.

- R102's medical record revealed he moved into

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087288	A. BUILDING: _____ B. WING _____	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FUSION SENIOR CARE AT MALLARD	12046 W 33RD ST N WICHITA, KS 67205

(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
S5327	Continued From page 16 the facility on 04/21/25 with a diagnosis of schizophrenia. The 04/21/25 FCS identified R102 was unable to manage his medications by himself. The 04/21/25 NSA documented licensed staff administered and set up R102's medication planner. The aide set out medication planner at meals and the resident self-administered his own medications. Review of R102's medical record revealed pharmacy reviews completed on 07/07/25 with recommendations sent to the provider. A provider response was not located in R102's medical chart. On 10/14/25 at 03:20 PM Administrative Staff A confirmed there was no response to the pharmacist's recommendation to the provider in R102's medical records. The operator failed to ensure pharmacy recommendations were followed up and responded to by R102's provider.	S5327		
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,	S5335		

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S5335	Continued From page 17 county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: 5335 KAR 28-39-437 (a) The facility reported a census of two residents. Based on observation and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - Observation on 10/14/25 at 10:18 AM during the initial tour of the facility revealed a bathroom located near the dining room and kitchen which contained the following unlocked chemicals with KEEP OUT OF REACH of CHILDREN warning labels: One 210 fluid ounce (fl. oz.) bottle of Fabuloso Multi-purpose cleaner One 32 fl. oz. bottle of Equate-brand hydrogen peroxide topical solution On 10/14/25 at 10:20 AM an observation of the unlocked laundry closet revealed the following chemicals: One 32 fl. oz. container of Sunnyside specs paint thinner One 97.7 fl. oz. container of Xtra laundry detergent One 170 fl. oz. container of Member's Mark fabric softener	S5335		

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	B087288	A. BUILDING: _____ B. WING _____	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FUSION SENIOR CARE AT MALLARD	12046 W 33RD ST N WICHITA, KS 67205

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S5335	Continued From page 18 A policy concerning chemical storage was requested on 10/14/25 but none was provided. The operator failed to ensure staff kept chemicals locked for resident safety.	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: 5380 KAR 28-39-437(i)(2) The facility reported a census of two residents. There was a kitchen accessible to all residents. Based on observation, and interview, the operator failed to ensure the temperature of hot water ranged between 98 degrees Fahrenheit (F) and 120 degrees F at the kitchen sink. Findings included: - On 10/14/25 at 10:23 AM an observation of the facility kitchen revealed the kitchen sink had a hot water temperature of 127.9 degrees F. The	S5380		

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	B087288	A. BUILDING: _____ B. WING _____	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FUSION SENIOR CARE AT MALLARD	12046 W 33RD ST N WICHITA, KS 67205

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S5380	Continued From page 19 water temperature was checked by Certified Nurse Aide G using the facility thermometer resulting in a reading of 127.4 degrees F. Review of the "Water Temperature Log" revealed hot water temperatures were documented as being no hotter than 121 degrees F for the months of July, August, September and October 2025. The undated "American Burn Association Scald Injury Prevention Educator's Guide" documented older adults have thinner skin so hot liquids cause deeper burns with even brief exposure. Their ability to feel heat may be decreased due to certain medical conditions or medications so they may not realize water is too hot until injury has occurred. Exposure to hot liquids 127 degrees F for one minute or more could result in third degree burns. The operator failed to ensure the temperature of hot water ranged between 98 degrees F and 120 degrees F at a faucet which was readily accessible to all residents which put all residents at risk for severe burns.	S5380		