Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087219	A. BUILDING: _____ B. WING _____	11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE COTTAGE, LLC	531 N. CRESTLINE WICHITA, KS 67212

(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 the licensure resurvey with attached complaint numbers 191343 and 190684, for the above-named facility conducted on 11/10/25 and 11/12/25.	S 000		
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 secure location. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-104 (d) (3) The facility reported a census of 4 residents. Based on record review and interview the Operator failed to ensure a quarterly review of the facility's emergency management plan with all residents.	S5215		

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

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S5215	Continued From page 1 Findings included: - Record review of the facility provided document titled "Fire Drill Record" for the year of 2025 revealed on the second page revealed the following handwritten questions; 1. What would you do if the fire alarm goes off? 2. Where are the exits? 4. Could you alert others when to exit? Across the bottom of the page was handwritten "Quarter" (Q) 1, Q2, Q3 and Q4, and the names of the residents in the home at the time of the training. Interview on 11/12/25 at approximately 03:30 PM with Operator A confirmed fire was the only topic covered with residents during this training. Review of the facility provided document titled "Emergency Preparedness Review" and dated was 11/19/24. Interview on 11/12/25 at approximately 03:30 PM with Operator A confirmed the facility lacked documentation of the "Emergency Preparedness Review" being performed quarterly for all residents. The Operator failed to ensure a quarterly review of the facility's emergency management plan with all residents.	S5215		