STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087228	A. BUILDING: _____ B. WING _____	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE KOTTAGE #3	1411 S MAIZE RD WICHITA, KS 67209

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure survey for the above named Home Plus facility conducted on 11/19/25 and 11/20/25.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the	S 225		

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

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S 225	Continued From page 1 adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(3) The facility reported a census of eight residents(R). The sample included three residents. Based on interview and record review for one (R4) of three sampled residents revealed the operator failed to complete a written admission agreement with R4 or her legal representative when she moved into her current home from a sister facility. Findings included: - Review of R4's medical record revealed she moved into the facility on 11/19/25 from a sister facility. She admitted with diagnosis of dysphagia and Alzheimer's disease.	S 225		

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S 225	Continued From page 2 R4's record included her "Admission Agreement" from the prior facility and an "Admission Agreement Addendum" dated 11/19/24. The Addendum failed to include in detail the services and goods the resident would receive and specify the obligations the resident had toward the facility. Review of R4's nursing progress notes revealed she moved from a sister house to this particular house on 11/19/25 so that she could be closer to her family. Interview on 11/19/25 at 03:11 PM Administrative Staff A reported she did the Addendum because she considered R4 as transferring from one house to the other and not as a new admission. The operator failed to ensure at the time of admission, a written agreement was executed with R4 or her legal representative.	S 225		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates	S5080		

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S5080	Continued From page 3 the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of eight residents (R). The sample included three residents. Based on record review and interview for one (R4) of three sampled residents the operator failed to ensure designated staff completed R4's "Functional Capacity Screen" on or before admission to the Home Plus. Findings included: - Review of R4's medical record revealed she moved into the facility on 11/19/25 from a sister facility. She admitted with diagnosis of dysphagia and Alzheimer's disease. R4's record did not include an admission "Functional Capacity Screen" (FCS) when she moved from one "House" to the other on 11/19/25. It included FCS dated 06/27/24, prior to the move, and one dated 06/27/25, months after she moved into the home. Review of R4's nursing progress notes revealed she moved from a sister house to this house on 11/19/25 so that she could be closer to her family.	S5080		

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S5080	Continued From page 4 Interview on 11/20/25 at 08:50 AM Administrative Nurse B confirmed she had not completed a new FCS when R4 moved into the Home Plus. The operator failed to ensure designated staff completed R4's FCS on or before admission to the facility.	S5080		
S5105 SS=E	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: KAR 26-42-202(a)(2) The facility reported a census of eight residents(R). The sample included three residents. Based on interview, and record review for two (R3, R4) of three sampled residents the operator failed to ensure designated staff	S5105		

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S5105	Continued From page 5	S5105		

developed a "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and service needs, which include name of the provider for podiatry services.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 04/17/25 with a diagnosis of chronic obstructive pulmonary disease.

R3's "Functional Capacity Screen" dated 07/09/25 revealed she needed physical assistance with showers and dressing and stand by assistance with mobility.

R3's "Negotiated Service Agreement" (NSA) dated 07/09/25 identified she received podiatry services but failed to identify the provider of the service.

Interview on 11/20/25 at 08:45 AM Administrative Nurse B reviewed R3's NSA and confirmed it did not identify who provided R3's podiatry services.

The operator failed to ensure designated staff completed R3's NSA to include the provider of R3's podiatry service.

- Review of R4's medical record revealed she moved into the facility on 11/19/25 from a sister facility. She admitted with diagnosis of dysphagia and Alzheimer's disease.

R4's "Functional Capacity Screen" dated 06/27/25 identified she needed physical assistance with activities of daily living.

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S5105	Continued From page 6 R4's "Negotiated Service Agreement" (NSA) dated 06/27/25 identified she received podiatry services but did not identify the provider of the service. Interview on 11/20/25 at 08:46 AM Administrative Nurse B looked at R4's NSA and confirmed it did not identify who provided R4 podiatry services. The operator failed to ensure designated staff completed R4's NSA to include the provider of R4's podiatry services.	S5105		
S5115 SS=D	26-42-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (c) The facility reported a census of eight residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure the development of an initial "Negotiated Service Agreement" for one (R4) of three residents upon admission to the facility. Findings included: - Review of R4's medical record revealed she moved into the facility on 11/19/25 from a sister	S5115		

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S5115	Continued From page 7 facility. She admitted with diagnosis of dysphagia and Alzheimer's disease. R4's record did not include an initial 'Negotiated Service Agreement" (NSA) when she moved from one "House" to the other on 11/19/25. It included NSA dated 06/27/24, prior to the move, and one dated 06/27/25, months after she moved into the home. Review of R4's nursing progress notes revealed she moved from a sister house to this particular house on 11/19/25 so that she could be closer to her family. Interview on 11/20/25 at 08:50 AM Administrative Nurse B confirmed she had not completed a new NSA when R4 moved into the Home Plus. The operator failed to ensure designated staff completed an initial NSA for R$ when she moved into the facility.	S5115		
S5156 SS=D	26-42-204 (b) Health Care Services (b) If the functional capacity screening indicates that a resident is in need of health care services, a licensed nurse, in collaboration with the resident, the resident ' s legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, shall develop a health care service plan to be included as part of the negotiated service agreement. This REQUIREMENT is not met as evidenced by:	S5156		

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S5156	Continued From page 8 KAR 26-42-204(b) The facility reported a census of eight residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure a licensed nurse completed a "Health Care Service Plan" for one (R4) of three sampled residents who required health care services. Findings included: - Review of R4's medical record revealed she moved into the facility on 11/19/25 from a sister facility. She admitted with diagnosis of dysphagia and Alzheimer's disease. R4's record did not include an admission "Health Care Service Plan" (HCSP) for when she moved into the facility on 11/19/24. Review of R4's nursing progress notes revealed she moved from a sister house to this particular house on 11/19/25 so that she could be closer to her family. Interview on 11/20/25 at 12:41 PM Administrative Nurse B looked in the resident's chart and did not find a HCSP completed when she moved into the facility. The operator failed to ensure a licensed nurse developed a HCSP upon admission for R4 who needed health are services.	S5156		
S5230 SS=D	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a	S5230		

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S5230	Continued From page 9	S5230		

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:
K.A.R 26-42-207(c)

The facility reported a census of eight residents(R). The sample included three residents. Based on interview and record review for one (R$) of three sampled residents 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 K.A.R. 26-39-105.

Findings included:

- Review of R4's medical record revealed she moved into the facility on 11/19/25 from a sister facility. She admitted with diagnosis of dysphagia and Alzheimer's disease.

Review of R4's record on 11/19/25 at 03:42 PM included the following Tuberculosis (TB)

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S5230	Continued From page 10 information: TB smpton screen conducted on 01/24/24 and another on 06/27/24. It also include a TB symptom screen 12/04/23 and two-step skin test on 12/04/23 and 12/26/23. Review of R4's nursing progress notes revealed she moved from a sister house to this particular house on 11/19/25 so that she could be closer to her family. Interview on 11/20/25 at 12:41 PM Administrative Nurse B looked in R4's record and did not find an admission TB screen or skin test. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes- June, 2013" included specific directions for new residents: Each shall receive an initial TB symptom screen within seven days of admission. Each shall receive a two-step skin test within seven days of admission. The operator failed to ensure an initial TB symptom screen and a two-step skin test was completed when R4 moved into the facility to remain in compliance with TB guidelines.	S5230		