STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089084	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE WIND SENIOR LIVING INC	5227 SE 77TH STREET BERRYTON, KS 66409

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 12/09/25 and 12/10/25.	S 000		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-202 (h) The facility reported a census of 3 residents. The sample included 3 "Residents'" (R)'s. Based on observation, record review, and interview, the Operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" sign the agreements for R2 and R3. Findings included: - Record review for R2 revealed an admission date of 08/04/24 with diagnoses of post-polio syndrome, protein-calorie malnutrition, hemiplegia of the left side as late effect of cerebrovascular disease, and non-intractable epilepsy. Review of R2's "Functional Capacity Screen"	S5126		

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

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S5126	Continued From page 1 (FCS) dated 08/01/25 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R2 lacked the ability to manage her own medications and had impaired short-term memory, long-term memory, memory/recall, and decision making. R2 was at risk for falls and used a walker mobility device. Review of R2's NSA dated 08/01/25 identified the facility staff would provide R2 with physical assistance for meals, bathing, dressing, toileting, mobility, and transferring, and manage and administer R2's medications. Under the section titled "Acknowledgements" the following "Signature Lines" lacked a signature; "Resident, Legal Representative, Family Member." Handwritten under the "Signatures" was the following: Plan reviewed with the R2's family member/"Durable Power of Attorney" (DPOA) by phone. Will get signed at a later visit. Observation on 12/09/25 at approximately 03:00 PM R2 was returned to the home by her family member/DPOA. Interview on 12/10/25 at approximately 11:30 AM with Operator B confirmed Operator B failed to obtain the signature on R2's NSA from R2's family member/DPOA. - Record review for R3 revealed an admission date of 03/17/20 with diagnoses of dementia, benign prostatic hyperplasia, and glaucoma. Review of R3's FCS dated 03/01/25 revealed R3 required supervision with bathing, dressing,	S5126		

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S5126	Continued From page 2 toileting, and transferring. He was independent with walking and eating. R3 lacked the ability to manage his own medications. R3 had impaired short-term memory, long-term memory, memory/recall, and decision making. Review of R3's NSA dated 03/01/25 identified the facility staff would provide supervision with his bathing, toileting, and dressing. Facility staff would monitor R3 for changes in his ability to transfer and manage and administer his medications. Under the section titled "Acknowledgements" the following "Signature Lines" lacked a signature; "Resident, Legal Representative, Family Member." Interview on 12/10/25 at approximately 11:30 AM Operator A confirmed R3's NSA lacked a signature from his legal representative or family. The Operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" sign the agreements for R2 and R3.	S5126		
S5190 SS=F	26-42-206 (d) Dietary Services (d)(1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-206 (d) (1)	S5190		

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S5190	Continued From page 3 The facility reported a census of 3 residents. Based on observation and interview the Operator failed to ensure the homes menu plans were available to each resident on at least a weekly basis. Findings included: - Observation on 12/09/25 at approximately 03:30 PM during the homes initial tour, revealed a lack of the home's weekly menu plans being posted in the homes common area. The home further lacked documentation of the home's weekly menu plan being posted in the home's kitchen. Interview on 12/09/25 at approximately 03:30 PM with CMA A confirmed the home's weekly menu plans are not posted. CMA A continued to confirm that the home had "stopped doing them". The Operator failed to ensure the homes menu plans were available to each resident on at least a weekly basis.	S5190		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures,	S5192		

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S5192	Continued From page 4 holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-206 (e) The facility reported a census of 3 residents. Based on interview the Operator failed to ensure the homes food was served at the proper temperature. Findings included: - Interview on 12/10/25 at approximately 11:30 AM with Operator B confirmed the home's employees due not obtain food temperatures and record them prior to serving the residents the food. The Operator failed to ensure the homes food was served at the proper temperature.	S5192		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.	S5251		

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S5251	Continued From page 5	S5251		

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-42-105 (f) (11)

The facility reported a census of 3 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview, the Operator failed to ensure R2's resident record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.

Findings included:

- Record review for R2 revealed an admission date of 08/04/24 with diagnoses of post-polio syndrome, protein-calorie malnutrition, hemiplegia of the left side as late effect of cerebrovascular disease, and non-intractable epilepsy.

Review of R2's "Functional Capacity Screen" (FCS) dated 08/01/25 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R2 lacked the ability to manage her own medications and had impaired short-term memory, long-term memory, memory/recall, and decision making. R2 was at risk for falls and used a walker mobility device.

Review of R2's NSA dated 08/01/25 identified the facility staff would provide R2 with physical

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S5251	Continued From page 6 assistance for meals, bathing, dressing, toileting, mobility, and transferring, and manage and administer R2's medications. Review of R2's "Health Service Plan" (HSP) dated 08/01/25 instructed the facility staff to provide R2 with physical assistance with bathing, dressing, toileting, changing from a seated to standing position, provide stand by assistance with mobility, and manage her medications. Review of R2's Medical Record revealed a document from the local hospital emergency room titled "After Visit Summary" dated 11/03/25. Under the section titled "Today's Visit; Reason for visit Seizures; Diagnoses Acute cystitis with hematuria". Review of R2's Medical Record under the "Nurse Notes" tab revealed a document titled "Skin Check" dated 08/04/23. R2's Medical record lacked documentation of indications of illness prior to going to the local emergency room on 11/03/25. Interview on 12/10/25 at approximately 11:30 AM with Operator B confirmed R2's record lacked documentation of R2's family taking her to the local emergency room during a family outing and being diagnosed with Acute cystitis with hematuria. The Operator failed to ensure R2's resident record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.	S5251		

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S5313 SS=D	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (g) (3) The facility reported a census of 3 residents. Based on observation and interview the Operator failed to ensure the "Licensed Nurse" (LN) or the Licensed Pharmacist placed the full name of the resident on the tube of an "Over the Counter" (OTC) topical gel. Findings included: - Observation on 12/09/25 at approximately 03:10PM, "Certified Medication Aide" (CMA) A unlocked the homes "Medication Closet". On the second shelf down, was a tube of Diclofenac Sodium Topical gel that lacked a name of the resident it was for.	S5313		

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S5313	Continued From page 8 Interview on 12/09/25 at approximately 03:10 PM with CMA A confirmed the tube of Diclofenac Sodium gel lacked the full name of the resident it was for. The Operator failed to ensure the LN or the Licensed Pharmacist placed the full name of the resident on the tube of an OTC topical gel.	S5313		
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. (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	S5315		

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S5315	Continued From page 9 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: K.A.R. 26-42-205 (h) (1) The facility reported a census of 3 residents. Based on observation and interview the Operator failed to ensure the homes "Certified Medication Aide" (CMA) stored all non-controlled medications managed by the home in a locked medication room, cabinet, or medication cart. Findings included: - Observation on 12/09/25 at approximately 03:15PM of the counter that divided the kitchen from the dining area, on the north end of the kitchen sat a nasal bottle of Flonase Nasal Spray and a bottle of Systane Eye drops. Interview on 12/09/25 at approximately 03:10 PM with CMA A confirmed the bottle of Flonase Nasal Spray and Systane Eye drops were to be in the homes locked medication closet. The Operator failed to ensure the homes CMA stored all non-controlled medications managed by the home in a locked medication room, cabinet, or medication cart.	S5315		