STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052009	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAITH COTTAGES THE WILLOW	15707 PINEHURST DRIVE BASEHOR, KS 66007

(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 an initial certification survey with complaints 189586, and 192416 at the above named Assisted Living conducted on 12/09/25 and 12/10/25.	S 000		
S3081 SS=E	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(1) The facility reported a census of 14 residents. The sample included three residents and two abbreviated record reviews. Based on interview, and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for Resident (R)101 and R102 at least once every 365 days. Findings included: - R101's medical record revealed she moved	S3081		

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

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S3081	Continued From page 1 into the facility on 02/23/19 with a diagnosis of Parkinson's Disease. The most current FCS available in R101's medical records was dated 07/19/24 with no documentation to show a FCS was completed since this date. On 12/09/25 at 03:12 PM Administrative Nurse C stated she was not aware an FCS needed to be completed annually and confirmed one was not completed annually for R101 in 2025. The operator failed to ensure designated staff completed a FCS for R101 at least once every 365 days. - R102's medical record revealed she moved into the facility on 02/07/24 with a diagnosis of congestive heart failure. The most current FCS available in R102's medical records was dated 11/20/24 with no documentation to show a FCS was completed since this date. On 12/09/25 at 04:08 PM Administrative Nurse C confirmed an FCS was not completed annually for R102 in 2025. The operator failed to ensure designated staff completed a FCS for R102 at least once every 365 days.	S3081		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care	S3085		

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S3085	Continued From page 2 facility 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 26-41-202(a)(1) The facility reported a census of 14 residents with three residents included in the sample. Based on observation, 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 and R103. Findings included: - R101's medical record revealed she moved into the facility on 02/23/19 with a diagnosis of Parkinson's Disease.	S3085		

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S3085	Continued From page 3 The 07/19/24 FCS identified R101 required physical assistance with transfers and mobility. The 05/14/25 NSA did not identify that R101 used an assist device for transfers and had a knee brace. On 12/10/25 at 11:13 AM R101 sat in her wheelchair in her apartment. She was alert and oriented, wore a knee brace. There was a free-standing transfer assist device next to her bed. On 12/09/25 at 03:41 PM Administrative Nurse B confirmed R101's NSA did not include the use of a bed assist device or a knee brace. The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS, his service needs, and preferences. - R103's medical record revealed she moved into the facility on 10/11/25 with a diagnosis of anxiety. The 10/11/25 FCS identified R103 required physical assistance with the management of treatments. The 10/11/25 NSA did not address what services staff provided R103 concerning the management of treatments. On 12/09/25 at 02:50 PM Administrative Nurse C stated she expected that if something triggered on the resident's FCS that it would be addressed on the NSA.	S3085		

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S3085	Continued From page 4 The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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: KAR 26-41-205(g)(3) The facility reported a census of 14 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of "over-the-counter" (OTC) medications. A total of five containers of medications were found not labeled. Findings included:	S3211		

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S3211	Continued From page 5 - Observation on 12/09/25 at 12:36 PM revealed the medication room contained the following OTC medications which were not labeled with a resident's full name: One container of Calcium Citrate Two 1/3 fluid ounce bottles of Systane Eyedrops One 1 fluid ounce bottle of Systane Eyedrops One bottle of Now brand EpiCor Plus Immunity One bottle of Solaray brand Mega Multi Mineral The 03/2025 "Medication Management Policy" documented, "All over-the-counter medications will need the first and last name listed, this must be completed by a nurse or pharmacist." The operator failed to ensure all OTC medications were labeled with the resident's full name.	S3211		