STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089036	A. BUILDING: _____ B. WING _____	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING HILLS ASSISTED LIVING APARTMENTS	2410 SW URISH ROAD TOPEKA, KS 66614

(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 represents the findings of a resurvey with attached complaint 190349, 192077, 193284, 193806, and 194966 at the above named assisted living facility conducted on 12/29/25 & 12/31/25.	S 000		
S3101 SS=E	26-41-202 (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: KAR 26-41-202(h) The facility reported a census of 29 residents with three residents included in the sample and three closed record reviews. Based on interview and record review the operator failed to obtain signatures of each individual involved in the development of the "Negotiated Service Agreements" (NSA) for Resident (R) 2. Findings included: - Record review for R2 revealed an admission date of 01/04/24 with a diagnosis of Alzheimer's disease. The 03/17/25 Functional Capacity Screen (FCS)	S3101		

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

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S3101	Continued From page 1 identified R2 was unable to perform bathing, dressing, toileting, transfers, eating, and management of medications and treatments; required physical assistance with mobility; was incontinent of bladder; had short-term memory, long-term memory, memory/recall, and decision making difficulty; rarely or never understood others or was understandable during communication; and was at risk of falls. The 03/17/25 combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HSP) for R2 listed facility staff as provider for management of medications and treatments; complete assistance for bathing, dressing, toileting, and transfers; and some assistance with mobility and eating. Staff allowed time for resident to respond and spoke calm when communicating and kept a safe environment for prevention of falls. R2's record lacked evidence of documentation of each individual's signatures involved in the development of the 03/17/25 NSA. - Record review for R3 revealed an admission date of 08/09/22 with a diagnosis of dementia. The 03/17/25 FCS identified R2 required physical assistance with bathing and management of medications and treatments; was independent with dressing, toileting, transfers, mobility, and eating; and was at risk of falls. The 03/17/25 NSA documented family provided physical assistance with bathing and staff managed medications and treatments. The NSA documented staff maintained a safe environment	S3101		

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S3101	Continued From page 2 to prevent falls. R3's NSA lacked evidence of documentation of each individual's signature involved in the development of the 03/17/25 NSA. On 12/31/25 at approximately 10:52 PM Administrative Staff B confirmed R2 and R3's records lacked evidence of documentation of each individual's signatures involved in the development of the 03/17/25 NSAs. The operator failed to obtain signatures of each individual involved in the development of the NSAs for R2 and R3.	S3101		
S3261 SS=D	26-41-105 (f) (11) Resident Record 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 This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 29 residents with three residents included in the sample and three closed record reviews. Based on interview and record review the operator failed to ensure staff provided adequate documentation of incidents including date and time of incident and results of the action taken when Resident (R) 6	S3261		

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S3261	Continued From page 3	S3261		

sustained a fall.

Findings included:

- Record review for R6 revealed an admission date of 08/01/17 with diagnoses of history of falling, depression, and atrial fibrillation.

The 05/28/24 Functional Capacity Screen (FCS) identified R6 required physical assistance with bathing, toileting, and management of medications and treatments; was independent with transfers, mobility, and eating; was frequently incontinent of bladder; had short-term memory, memory/recall, and decision making impairments; had impaired vision and hearing; and was at risk for falls.

The 05/28/24 Negotiated Service Agreement (NSA) identified facility would familiarize with R6's routine and maintain safe environment to prevent falls.

The 11/01/24 at 00:00 AM "Nurses Note" documented R6's family was notified of a fall and emergency room visit. The notes failed to document details of the incident including date and time incident occurred and result of the action taken.

On 12/31/25 at approximately 02:30 PM Administrative Nurse C confirmed R6 had fallen and an incident report was completed but the resident's medical record lacked documentation of the incident.

The operator failed to ensure staff provided adequate documentation of incidents Resident

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S3261	Continued From page 4 (R) 6 sustained a fall.	S3261		