Kansas State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N026001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE HAYS KS LLC	2225 CANTERBURY DR , HAYS, Kansas, 67601

(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) COMPLETION DATE
S0000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint #2715386 for the above named facility conducted on 02/24/26 and 02/25/26.	S0000		
S3080 SS = E	Functional Capacity Screen on Admission CFR(s): 26-41-201 (a) (b) a) On or before each individual ' s admission to an assisted living facility or residential health care facility, 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 facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-201 (a) The census equaled 39 residents. The sample included 3 residents. Based on record review and interview for 2 Residents (R)2 and R3, the facility failed to ensure designated facility staff conducted a screening on or before admission to the assisted living facility to determine the resident’s functional capacity. Findings included: Review of the “Resident Roster” obtained on 02/24/26 included R2 and R3. The roster indicated R2 had a fall in the last 180 days. The roster indicated R3 gave his own meds, required insulin by injection, had a fall within the last 180 days and had a wound.	S3080		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N026001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE HAYS KS LLC	2225 CANTERBURY DR , HAYS, Kansas, 67601

(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) COMPLETION DATE
S3080 SS = E	Continued from page 1 - Record review for R2 revealed an admission date of 01/28/26 with diagnoses of chronic kidney disease hypertension and anxiety. Review of R2's record lacked completion of a "Functional Capacity Screen" (FCS). Review of R2's current "Negotiated Service Agreement" (NSA) dated 01/28/26 recorded facility staff assisted with bathing and dressing and managed her medications and blood sugar checks. - Record review for R3 revealed an admission date of 08/27/25 with diagnosis of diabetes mellitus type I with foot ulcer, peripheral vascular disease and hyperlipidemia. Review of R3's record lacked completion of a "Functional Capacity Screen" (FCS). Review of resident's "Negotiated Service Agreement" (NSA) dated 10/17/25 recorded R3 was independent with bathing, dressing, toileting, transfer, walk/ mobility and eating. The NSA further recorded facility staff managed R3's medications and he used a walker and wheelchair for ambulation. Observation on 02/24/26 at 11:10 AM revealed Certified Medication Aide (CMA) B administer medications to R3 while sitting in his wheelchair in the dining room of the facility. Interview on 02/25/26 at 10:21 AM with Operator/ Licensed Nurse A confirmed a FCS was not developed for R2 and R3. The facility failed to ensure designated facility staff conducted a screening on or before admission to the assisted living facility to determine the resident's functional capacity for R2 and R3.	S3080		
S3090 SS = D	Admission Negotiated Service Agreement CFR(s): 26-41-202 (c) (c) Each administrator or operator shall ensure the	S3090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N026001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE HAYS KS LLC	2225 CANTERBURY DR , HAYS, Kansas, 67601

(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) COMPLETION DATE
S3090 SS = D	Continued from page 2 development of an initial negotiated service agreement at admission. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-202 (c) The census totaled 39 residents. The sample included 3 residents. Based on interview and record review for 1 Resident (R)3, Operator/ Licensed Nurse (LN) A failed to ensure the development of an initial negotiated service agreement upon admission. Findings included: - Review of the “Resident Roster” obtained on 02/24/26 included R3 and recorded an admission date of 08/27/25. The roster indicated R3 gave his own meds, required insulin by injection, had a fall within the last 180 days and had a wound. - Record review for R3 revealed an admission date of 08/27/25 with diagnosis of diabetes mellitus type I with foot ulcer, peripheral vascular disease and hyperlipidemia. Review of R3’s record lacked completion of a "Functional Capacity Screen” (FCS). Record lacked completion of a negotiated service agreement completed upon admission. Review of resident’s current “Negotiated Service Agreement” (NSA) dated 10/17/25 recorded R3 was independent with bathing, dressing, toileting, transfer, walk/ mobility and eating. The NSA further recorded facility staff managed R3’s medications and he used a walker and wheelchair for ambulation. Interview on 02/25/26 at 10:45 AM with Operator/ LN A confirmed unable to locate R3’s admission negotiated service agreement. Operator/ LN A failed to ensure the development of an initial negotiated service agreement upon admission for R3.	S3090		