STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087033	A. BUILDING: _____ B. WING _____	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEDGWICK PLAZA	2455 N WOODLAWN STREET WICHITA, KS 67220

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints 197583, 197580, 197571, 197572, 197516, 196925, 196077, and 195946 at the above named assisted living conducted on 03/16/26, 03/17/26, and 03/18/26.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care 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) The facility reported a census of 48 residents with three residents included in the sample and two focused reviews. Based on interview and	S3085		

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

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S3085	Continued From page 1	S3085		

record review the operator failed to ensure the development of "Negotiated Service Agreements" (NSA) for Residents (R) 3, R4, and R5.

Findings included:

- Record review for R3 revealed an admission date of 12/01/25 with diagnoses of mild cognitive impairment and repeated falls.

The 01/08/26 "Functional Capacity Screen " (FCS) identified R3 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and management of medications. She was unable to perform management of treatments, was occasionally incontinent of bladder, and had short-term memory, memory/recall, and decision-making cognitive difficulties. R3 was at risk for falls and impaired decision-making.

The 03/14/26 "Service Plan" identified R3 received physical assistance with bathing twice a week, physical assistance with dressing, toileting, and bladder incontinence. She received assistance of two staff with transfers and staff escort to meals and activities for walking/mobility. Facility staff administered medications and managed monthly vital signs and weights for treatments. R3 was able to leave the community and return independently or with supervision for cognitive difficulties, received assistance by two staff with transfers for falls and had a durable power of attorney (DPOA) for impaired decision-making.

R3's record lacked vidence of documentation of

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S3085	Continued From page 2	S3085		

an "NSA."

- Record review for R4 revealed an admission date of 05/31/22 with diagnoses of heart failure and diabetes mellitus.

The undated "FCS" identified R4 required physical assistance with bathing, dressing, toileting, and transfers and she was incontinent of bladder.

The 11/06/25 "Service Plan" identified R4 received physical assistance twice a week for bathing, and physical assistance with dressing, toileting, bladder incontinence, and transfers.

R4's record lacked evidence of documentation of an "NSA."

- Record review for R5 revealed an admission date of 01/17/22 with a diagnosis of ischemic stroke.

The 01/08/26 "FCS" identified R5 required physical assistance with bathing, dressing, transfers, and management of medications and treatments.

The 01/08/26 "Service Plan" identified R5 received physical assistance twice a week for bathing, set up assistance with dressing, and physical assistance with transfers. Facility staff administered medications and managed monthly vital signs and weights for treatments.

R5's record lacked evidence of documentation of an "NSA."

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S3085	Continued From page 3 On 03/17/26 at 03:46 PM Administrative Staff A stated the residents' "Service Plans" were also the "NSAs." She confirmed R3, R4, and R5's records lacked a document identified as an "NSA." The 10/22/25 facility's "Evaluation/Service Plan/Care Conference" policy did not address developing an "NSA." The operator failed to ensure the development of "NSAs" for R3, R4, and R5.	S3085		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 48 residents with three included in the sample and two focused reviews. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSAs) for Residents (R) 3, R4, and R5 named the licensed nurse responsible for implementing and supervising their "Healthcare Service Plans" (HSP). Findings included:	S3165		

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S3165	Continued From page 4	S3165		

- Record review for R3 revealed an admission date of 12/01/25 with diagnoses of mild cognitive impairment and repeated falls.

The 01/08/26 "Functional Capacity Screen " (FCS) identified R3 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and management of medications. She was unable to perform management of treatments, was occasionally incontinent of bladder, and had short-term memory, memory/recall, and decision-making cognitive difficulties. R3 was at risk for falls and impaired decision-making.

The 03/14/26 "Service Plan" identified R3 received physical assistance with bathing twice a week, physical assistance with dressing, toileting, and bladder incontinence. She received assistance of two staff with transfers and staff escort to meals and activities for walking/mobility. Facility staff administered medications and managed monthly vital signs and weights for treatments. R3 was able to leave the community and return independently or with supervision for cognitive difficulties, received assistance by two staff with transfers for falls and had a durable power of attorney (DPOA) for impaired decision-making.

R3's "Service Plan" failed to name the nurse responsible for implementing and supervising her "HSP."

- Record review for R4 revealed an admission date of 05/31/22 with diagnoses of heart failure

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S3165	Continued From page 5	S3165		

and diabetes mellitus.

The undated "FCS" identified R4 required physical assistance with bathing, dressing, toileting, and transfers and she was incontinent of bladder.

The 11/06/25 "Service Plan" identified R4 received physical assistance twice a week for bathing, and physical assistance with dressing, toileting, bladder incontinence, and transfers.

R4's "Service Plan" failed to name the nurse responsible for implementing and supervising her "HSP."

- Record review for R5 revealed an admission date of 01/17/22 with a diagnosis of ischemic stroke.

The 01/08/26 "FCS" identified R5 required physical assistance with bathing, dressing, transfers, and management of medications and treatments.

The 01/08/26 "Service Plan" identified R5 received physical assistance twice a week for bathing, set up assistance with dressing, and physical assistance with transfers. Facility staff administered medications and managed monthly vital signs and weights for treatments.

R5's "Service Plan" failed to name the nurse responsible for implementing and supervising his "HSP."

On 03/17/26 at 03:46 PM Administrative Staff A stated the residents' "Service Plans" were also

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S3165	Continued From page 6 the "NSAs" and confirmed R3, R4, and R5's "NSAs" failed to name the nurse responsible for implementing and supervising their "HSPs." The 10/22/25 facility's "Evaluation/Service Plan/Care Conference" policy did not address identification of the nurse responsible for implementing and supervising the "HSP." The operator failed to ensure the "NSAs" for R3, R4, and R5 named the licensed nurse responsible for implementing and supervising their "HSPs."	S3165		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. 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, 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	S3298		

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S3298	Continued From page 7 by: KAR 26-41-206(d) The facility reported a census of 48 residents. The facility had a main kitchen where food was prepared and served. Based on observation and interview the operator failed to ensure designated staff served food at the proper temperature. Findings included: - Review of the facility's food temperature log from 03/01/26 to 03/15/26 revealed food temperatures were not documented for the following meals: 03/01/26 - breakfast, lunch, and dinner 03/02/26 - breakfast, lunch, and dinner 03/03/26 - breakfast, lunch, and dinner 03/04/26 - breakfast and lunch 03/05/26 - breakfast, lunch, and dinner 03/06/26 - breakfast and lunch 03/07/26 - breakfast and lunch 03/14/26 - lunch 03/15/26 - dinner That was 20 out of 45 possible meals the food temperature logs were blank. On 03/18/26 at 11:12 AM dietary staff C confirmed the food temperature logs lacked evidence of documentation. The facility's 03/06/25 "Food Temping" policy documented all foods were to be temped every 30 minutes during meal periods until the end of	S3298		

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S3298	Continued From page 8 service to ensure proper hot holding temperatures. The "Dietary Guidelines for Americans 2005 recommended to make sure food was cooked and held at proper temperatures and to keep cold food cold. Keep food out of the "danger zone" (40 degrees Fahrenheit to 140 degrees Fahrenheit) where bacteria can multiply rapidly. The operator failed to ensure designated staff ensured served food at the proper temperature.	S3298		