STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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 a resurvey with a complaint 198276 at the above named Assisted Living conducted 03/18/26 and 03/19/26	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: 3085 KAR 26-41-202(a)(1) The facility reported a census of 18 residents with three residents included in the sample.. Based on interview, and record review the operator failed to ensure the "Negotiated Service	S3085		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3085	Continued From page 1 Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for Resident (R)101 and R102. Findings included: - R101's medical record revealed she moved into the facility on 10/02/25 with a diagnosis of dementia. The 10/02/25 FCS was not completed in R101's electronic medical records. R101's NSA dated 10/01/25 was completed before the FCS was started on 10/02/25. Since the FCS was not completed, the NSA was not based on a completed functional capacity screen. On 03/18/26 at 01:55 PM Administrative Nurse B acknowledged the FCS was not completed but stated she based the development of R101's NSA off of the information she went over with the resident's family. The operator failed to ensure R101's NSA was fully developed to include all items based on a completed FCS, her service needs, and preferences. - R102's medical record revealed she moved into the facility on 05/01/21 with a diagnosis of dementia. The 08/19/25 FCS identified R102 was at risk for falls and wandering.	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3085	Continued From page 2 The 08/23/25 NSA did not address what services staff provided R102 concerning falls or wandering. On 03/19/26 at 11:03 PM Administrative Nurse B confirmed R102's NSA did not address wandering, and stated fall interventions were addressed on R102's unsigned care plan. 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: 3211 KAR 26-41-205 (g)(3)	S3211		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3211	Continued From page 3 The facility reported a census of 18 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 and that no stock medications were in use. Findings included: - On 03/18/26 at 09:49 AM an observation of the medication cart revealed the following: One bottle of Bayer Low Dose Aspirin that was not labeled with the full name of a resident. One bottle of GeriCare Geri-Mox Antacid labeled as STOCK One bottle of Milk of Magnesia labeled as STOCK One bottle of Medline Acetaminophen labeled as STOCK One bottle of Medline Ibuprofen labeled as STOCK On 03/19/26 a policy concerning medication labeling was requested from the operator but the policy provided did not address the labeling of OTC medications. The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
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	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3298	Continued From page 4 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 by: 3298 KAR 26-41-206(d) The facility had a census of 18 residents. All 18 residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature. Findings included: - On 03/18/26 review of the "Food Temperature Log" 03/08 - 03/14 (2026) revealed no food temperatures were documented on: Wednesday- 03/11 for lunch Thursday- 03/12 for breakfast and lunch Friday- 03/13 for breakfast and lunch Saturday- 03/14 for breakfast, lunch and dinner	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3298	Continued From page 5 Review of the "Food Temperature Log" 03/15 - 03/21 (2026) revealed no food temperatures were documented on: Sunday- 03/15 for breakfast and lunch Monday- 03/16 for breakfast and lunch Tuesday- 03/17 for breakfast and lunch Wednesday- 03/18 for breakfast On 03/18/26 at 09:35 AM Dietary Staff C confirmed there were missing entries on the food temperature logs from 03/11 through 03/18 and stated this was unacceptable. Review of the "Dietary Services Policy and Procedures" reviewed/reapproved on 01/07/2026 documented, "Food...shall be served at the proper temperature." The 2005 "Dietary Guidelines for Americans" documented in order to keep food out of the bacterial growth danger zone, cold food should be stored below 40 degrees Fahrenheit (F). Frozen food items should be kept at zero degrees Fahrenheit or below and these temperatures should be checked with an appliance thermometer. To keep food out of this danger zone, keep cold food cold (below 40°F) and hot food hot (above 140°F). The operator failed to ensure food items were served at the proper temperature.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and	S3299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3299	Continued From page 6 cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: 3299 KAR 26-41-206(e) The facility had a census of 18 residents. All 18 residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to document temperatures of food items stored in the refrigerator/freezer were at acceptable temperatures according to food safety guidelines. Findings included: - Observation of the kitchen on 03/18/26 at 09:27 AM revealed the following refrigerator temperatures documented to be above the acceptable limit of 41 degrees Fahrenheit (F): The Drinks/Deli Meats refrigerator March 2026 "Daily Temperature Log" had 11 of 17 temperatures that registered above the acceptable limit with the highest temperature documented as 52 F. The February 2026 "Daily Temperature Log" lacked documentation from 02/01/26 to 02/05/26, and recorded 18 of 23 temperatures were above the acceptable limit with the highest temperature documented as 56 F. The Eggs/Milk/Cheese refrigerator March 2026	S3299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3299	Continued From page 7 "Daily Temperature Log" had 13 of 22 temperatures that registered above the acceptable limit with the highest temperature documented as 44 F. The February 2026 "Daily Temperature Log" lacked documentation from 02/01/26 to 02/05/26, and recorded 10 of 23 temperatures that registered above the acceptable limit with the highest temperature documented as 44 F. The Condiment/Leftovers refrigerator March 2026 "Daily Temperature Log" had three of 16 temperatures that registered above the acceptable limit with the highest temperature documented as 50 F. The February 2026 "Daily Temperature Log" lacked documentation from 02/01/26 to 02/05/26 and recorded three of 23 temperatures that registered above the acceptable limit with the highest temperature documented as 50 F. The "Dietary Services Policy and Procedures" dated 01/07/26 documented, "Food will be stored under safe and sanitary conditions." The 2005 "Dietary Guidelines for Americans" documented in order to keep food out of the bacterial growth danger zone, cold food should be stored below 40 degrees Fahrenheit. The operator failed to ensure food items were stored under safe and sanitary conditions.	S3299		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating	S3420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3420	Continued From page 8 systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels.	S3420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3420	Continued From page 9 This REQUIREMENT is not met as evidenced by: 3420 KAR 28-39-256(c)(2)(B) The facility reported a census of 18 residents. Based on observation, record review, and interview, the operator failed to ensure the temperature of hot water ranged between 98 degrees Fahrenheit (F) and 120 degrees F in common areas and in resident apartments. Findings included: On 03/19/26 at approximately 10:15 AM a hot water temperature was obtained from R103's kitchen sink that registered 132.6 F. On 03/19/26 at 10:28 AM a hot water temperature reading was obtained from the coffee bar sink located in the kitchen/dining room area and registered 138.5 F. The operator obtained a hot water temperature comparable to the surveyor thermometer using a facility thermometer. On 03/19/26 at 10:38 AM a hot water temperature was obtained from R102's kitchen sink which registered 138.2 F. Review of "Water Temperature Log" documentation from 01/2025 to 01/2026 revealed the following hot water temperature ranges: 01/08/25- 121.1 F to 135.4 F 02/12/25- 121.1 F to 135.3 F	S3420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3420	Continued From page 10 03/17/25- 121.2 F to 134.9 F 04/07/25- 121.0 F to 135.0 F 05/12/25- 120.5 F to 135.3 F 06/03/25- 121.4 F to 135.1 F 07/07/25- 120.3 F to 135.3 F 08/11/25- no documentation 09/08/25- 120.3 F to 134.7 F 10/06/25- 121.3 F to 134.7 F 11/03/25- 120.9 F to 134.7 F 12/08/25- 120.7 F to 135.0 F 01/05/26- 108.2 F to 125.8 F 02/09/26- 108.3 F to 125.6 F On 03/19/26 at 10:26 AM Administrative Staff A stated he checked water temperatures monthly. Administrative Staff A stated he expected the water temperatures in resident rooms to register between 115 and 120 F but was not sure what the regulations were for hot water temperature ranges. Administrative Staff A acknowledged the water temperatures were too high and stated he turned down the thermostat on the hot water heaters. The operator failed to ensure the temperature of hot water ranged between 98 degrees F and 120 degrees F at sinks located in publicly accessible areas and in resident apartments.	S3420		