STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087066	A. BUILDING: _____ B. WING _____	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVITA SENIOR LIVING AT DERBY	719 N KLEIN CIRCLE DERBY, KS 67037

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey for the above named Assisted Living facility conducted on 04/20/26 and 04/21/26.	S 000		
S3085 SS=D	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)(1)(2)(3) The facility reported a census of 35 residents (R). The sample included three residents. Based on interview and record review the Executive Director failed to ensure the "Negotiated Service Agreements" for one (R3) of three sampled	S3085		

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

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	N087066	A. BUILDING: _____ B. WING _____	04/21/2026

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S3085	Continued From page 1	S3085		

residents included a description of services the resident received, who provided the services, and if the service was provided by an outside resource who was responsible for payment of the service, based on the resident's "Functional Capacity Screen" and service needs.

Findings included:

- Review of R3's medical record (electronic and paper) revealed she moved into the facility on 11/27/25 with diagnoses of muscle weakness, failed corneal transplant of the right eye, and glaucoma.

R3's "Functional Capacity Screen" (FCS) dated 11/27/25 revealed she needed physical assistance with dressing and supervision with the rest of her activities of daily living, including medication administration. She had bladder incontinence and impaired vision. R3's FCS identified she self-administered her medications with her family setting up medication pill containers.

R3 "Negotiated Service Agreement" dated 12/13/26 failed to include a description of services related to R3's need for physical assistance with dressing, failed to include information that her family set up pill containers for R3 to be able to self-administer her medications. It also failed to include a description of services related to her bladder incontinence, blind in right eye with glaucoma in left and failed to include she received services from a local podiatry company.

Interview on 04/21/26 at 09:55 AM Administrative

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	N087066	A. BUILDING: _____ B. WING _____	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3085	Continued From page 2 Licensed Nurse B reviewed R3's "Negotiated Service Agreement" and confirmed it did not include services related to R3's need for assistance with dressing, visual impairments, bladder incontinence, podiatry services or that her family set up pill containers for her to be able to self-administer medications. The executive director failed to ensure designated staff completed R3s "Negotiated Service Agreement" to identify she received podiatry services.	S3085		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c) The facility reported a census of 35 residents(R). The sample included three residents. Based on interview and record review the executive director failed to ensure one (R3) of three sampled residents had an initial "Negotiated Service Agreement" completed at the time of admission. Findings included: - Review of R3's medical record revealed she	S3090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087066	A. BUILDING: _____ B. WING _____	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3090	Continued From page 3 moved into the facility on 11/27/25 with a diagnoses of glaucoma and heart disease. R3's paper chart included the signed/completed "Negotiated Service Agreement" which was electronically signed by the nurse on 12/13/25 and signed by the family on 01/18/26. Interview on 04/21/26 at 09:51 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreements" are typically done on the day a resident moves in and confirmed R3's was not. The Executive Director failed to ensure designated staff completed an admission Negotiated Service Agreement for R3, at the time of admission	S3090		
S3261 SS=E	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 35 residents (R). The sample included three residents. Based on interview and record review the executive director failed to ensure three (R3, R4, R5) of	S3261		

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	N087066	A. BUILDING: _____ B. WING _____	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3261	Continued From page 4	S3261		

three sampled residents record contained documentation of all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken.

Findings included:

- Review of R3's medical record (electronic and paper) revealed she moved into the facility on 11/27/25 with diagnoses of muscle weakness, failed corneal transplant of the right eye, and glaucoma.

R3's "Functional Capacity Screen" (FCS) dated 11/27/25 revealed she needed physical assistance with dressing and supervision with the rest of her activities of daily living, including medication administration. She had bladder incontinence and impaired vision. R3's FCS identified she self-administered her medications with her family setting up medication pill containers.

R3 "Negotiated Service Agreement" dated 12/13/26 identified staff provided stand-by-assistance with bathing, transfers and used a four wheeled walker and wheelchair for mobility.

Review of R3's electronic Nursing "Progress Notes" revealed the following:

01/03/26 -R3 is on an antibiotic medication for right wrist cellulitis/swelling. Still red in color warm, swelling is down but has some pain when applying pressure.
01/09/26 -R3 seen at physician office and X-rays of right wrist obtained. R3 can wear splint to right

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	N087066	A. BUILDING: _____ B. WING _____	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3261	Continued From page 5	S3261		

wrist for comfort as needed.
The record lacked documentation of when R3 started the antibiotic, physician notification of wrist red and swollen. It also lacked follow up when the cellulitis and swelling resolved and what the x-ray results were.
03/10/26 - New order for Pilocarpine (increases saliva production) three times a day for dryness. The record lacked follow up if medication helped with residents' dry mouth.

Interview on 04/21/26 at 10:03 AM Administrative Licensed Nurse B reported she would expect documentation in progress notes to include any changes a resident had, conversations with family, physician, or resident, and documentation of any wounds or concerns. Administrative Licensed Nurse B confirmed the documentation should have included follow-up related to R3's wrist and effects of the Pilocarpine.

The executive director failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken.

- Review of R4's medical record revealed she moved into the facility on 10/28/23 with diagnoses of dementia and neuromuscular dysfunction of bladder.

R4's "Functional Capacity Screen" dated 08/13/25 revealed she needed physical assistance with dressing, bathing and toileting and with management of her medications.

R4's "Negotiated Service Agreement" dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087066	A. BUILDING: _____ B. WING _____	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVITA SENIOR LIVING AT DERBY	719 N KLEIN CIRCLE DERBY, KS 67037

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S3261	Continued From page 6 08/13/25 identified qualified staff would help with bathing, dressing, and toileting and would administer medications and medical treatments. Review of R4's electronic Nursing "Progress Notes" revealed the following: 06/29/25 - R4 complained of chest pain, 911 called and EMS transported R4 to the emergency room for evaluation. The record lacked documentation that she had been admitted to the hospital or that she returned from the hospital. 08/15/25 - noted R4 was on 72-hour charting. 08/20/25 - Suprapubic catheter came out and Home Health unable to reinsert so R4 went to local medical center. She returned later in the day with an indwelling urethral catheter. The record lacked documentation that R4 later went to urologist to have suprapubic catheter reinserted. 09/09/25 - New orders for Miracel ear drops, couple drops in each ear two days a week at bedtime. The record lacked documentation as to why the medication was started or results of starting it. Interview on 04/21/26 at 01:15 PM Administrative Licensed Nurse B confirmed the documentation should have included R4's admission to the hospital and her return to the facility. As well as why the Miracel was initiated and if it helped with her ear problems. The executive director failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action	S3261		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVITA SENIOR LIVING AT DERBY	719 N KLEIN CIRCLE DERBY, KS 67037

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S3261	Continued From page 7	S3261		

taken for R4.

- Review of R5's record revealed she moved into the facility on 08/05/21 with diagnoses of end stage renal disease and type II diabetes.

R5's "Functional Capacity Screen" dated 10/09/25 identified she needed physical assistance with dressing and management of her medications and had a risk for falls.

R5's "Negotiated Service Agreement" directed staff to help with her socks in the morning and evening and qualified staff would administer medications and monitor her blood glucose.

Review of R5's electronic Nursing "Progress Notes" revealed the following:

12/02/25 -- New order to change loratadine (for allergy symptoms) from 10 mg daily to every other day.
The record lacked follow up if decreasing the medication had any effects.
01/08/26 - New order entry for Trazodone for insomnia.
The record lacked documentation if this helped with her insomnia.
01/22/26 - New orders to resume Loratadine daily and start Flonase 2 sprays each nostril.
The record lacked follow-up if changing the Loratadine and starting the Flonase improved her symptoms.
03/04/26 - complaining of vaginal itching and states she has a yeast infection. Left message with Dr. Turner.
03/07/26 - New order for Fluconazole take 1 tablet by mouth now and then repeat in 3 days if

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	N087066	A. BUILDING: _____ B. WING _____	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3261	Continued From page 8 needed. The record lacked follow up to identify if medication helped relieve symptoms. 04/11/26 - Resident signed out at 0935 stated that she was going to the emergency room due to a UTI, had no sleep during the night. Returned with New orders to start Cephalexin (antibiotic) three times a day for 10 days. 04/16/26 - New order to discontinue Cephalexin and start Nitrofurantoin twice a day for 10 days. The record lacked follow up if the antibiotic improved her UTI symptoms or not. Interview on 04/21/26 at 12:42 PM Administrative Licensed Nurse B confirmed the documentation should have included follow-up on medications and if symptoms improved. The executive director failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken for R4.	S3261		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s	S3310		

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	N087066	A. BUILDING: _____ B. WING _____	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3310	Continued From page 9 tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 35 residents (R). The sample included three residents and review of five newly hired employees' records. Based on interview and record review the executive director failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105, for three of five newly hired employees. Findings included: Review of the following employee records revealed the following: - Dietary Aide C hired on 03/28/25 and started working on 03/31/25 had her initial TB symptom screen completed on 01/15/26, her initial TB skin test done on 04/14/25, 10 days after starting work and had her second TB skin test on 04/22/25 but did not have evidence of it being read. - Certified Medication Aide D hired on 06/23/25 did not have her initial TB Symptom Screen completed until 12/15/25, more than five months after hire date.	S3310		

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	N087066	A. BUILDING: _____ B. WING _____	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVITA SENIOR LIVING AT DERBY	719 N KLEIN CIRCLE DERBY, KS 67037

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S3310	Continued From page 10 - Certified Medication Aide E rehired on 12/23/25 had her TB symptom screen completed on 01/09/26, 17 days after her hire date. Interview on 04/20/25 at 03:20 PM Administrative Staff A reported the TB symptom screens are to be a part of the employees' onboarding process. She looked in the computer and confirmed the TB symptom screens were not in the three employee onboarding records. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new employee shall have an initial two-step TB skin test initiated within seven days of employment and a two-step skin test initiated within seven days of employment. The executive Director failed to ensure designated staff completed TB skin testing and TB symptom screens according to the departments guidelines.	S3310		