STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089043	A. BUILDING: _____ B. WING _____	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDLAND CARE RESIDENTIAL CENTER	120 SW FRAZIER CIRCLE TOPEKA, KS 66606

(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 198303 at the above named residential healthcare and adult day care facility conducted on 04/22/26 and 04/23/26.	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)(1)(2) The facility reported a census of ten residents with three residents included in the sample. Based on interview, observation, and record review the operator failed to ensure the	S3085		

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

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S3085	Continued From page 1 Negotiated Service Agreement (NSA) was fully developed based on the resident's Functional Capacity Screen (FCS), service needs, and preferences for resident (R)2 and R3 including a description of the services the resident received and the provider of each service. Findings included: - Record review for R2 revealed an admission date of 04/20/26 with a diagnosis of overactive bladder. The 04/20/26 FCS identified R2 was independent with transfers and mobility and was at risk of wandering. The 04/20/26 combined Negotiated Service Agreement and Healthcare Services Plan (NSA/HSP) failed to provide services provided to R2 for wandering. On 04/23/26 at 10:15 AM R2 was observed walking in the hall and looking around. Staff suggested to him to sit in the common area. On 04/23/26 at approximately 11:22 AM Administrative Nurse B stated R2's bags had to be checked when he leaves because he will pick other residents' items up when walking around and confirmed R2's NSA failed to describe the services provided for wandering. The operator failed to ensure R2's NSA described the services he received, and the provider of the service based on his FCS. - Record review for R3 revealed an admission	S3085		

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S3085	Continued From page 2 date of 07/17/25 with diagnoses including diabetes mellitus type 2, chronic pain, and schizophrenia. The 03/20/26 FCS identified R3 required physical assistance with management of medications. The 03/20/26 combined NSA/HSP failed to indicate what services were provided to R3 for management of medications and the provider of the service. Observation on 04/22/26 at 10:25 AM R3's medications were noted to be in the medication cart. On 04/23/26 at approximately 11:16 AM Administrative Nurse B stated staff managed R3's medications when they obtained physician orders, sent to the pharmacy, and administered them to R3. She confirmed R3's NSA failed to describe the services provided for management of medications. The operator failed to ensure R3's NSA described the services she received, and the provider of the service based on her FCS.	S3085		