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	N070007	A. BUILDING: _____ B. WING _____	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PETERSON ASSISTED LIVING LLC	629 HOLLIDAY STREET OSAGE CITY, KS 66523

(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 the licensure resurvey with attached complaint number 197844, for the above named facility conducted on 05/13/26 and 05/14/26.	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: K.A.R. 26-41-202 (a) (1) The facility reported a census of 17 residents. The sample included 3 "Residents'" (R)'s and 2 focused reveiews. Based on record review and interview, the Operator failed to ensure the resident's "Negotiated Service Agreement" (NSA)	S3085		

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

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S3085	Continued From page 1	S3085		

was based on the "Functional Capacity Screen" (FCS) and provided a description of services when R1 was identified at risk for falls on the FCS.

Findings included:

- Record review for R1 revealed an admission date of 05/03/24 with diagnoses of malaise, insomnia, anxiety, depression, debility, hypertension, type two diabetes, hallucinations, and psychosis.

Review of R1's FCS dated 02/24/26 revealed R1 required staff to provide physical assistance with bating and management of R1's medications and medical treatments. R1 was independent with dressing, toileting, transferring, walking/mobility, and eating. R1 would inject her own insulin. R1 had impaired short-term memory, memory recall and decision making. R1 was able to make herself understood and she understood others. R1 was marked at risk for falls, impaired vision, and impaired decision making. R1 used a walker mobility device.

R1's NSA dated 02/24/26 identified the facility staff would provide R1one certified staff member to physically assist with bathing. Under the section titled "Fall Risk" there was an placed next to the statement that the resident was not at risk for falls.

Review of R1's "Medical Record" under the "Nurse Notes" tab revealed the following entries documented on "Nurse's Notes":

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S3085	Continued From page 2 On 01/17/26 at 11:00 PM signature was unreadable; R1 fell in "in the kitchen getting a bowl out of the cabinet." On 01/26/26 (no time identified) signed by "Certified Medication Aide" (CMA) C as a "late entry" that R1 had an unwitnessed fall in R1's bathroom. On 02/22/26 at 01:45 PM an entry signed by CMA B revealed she responded to the call light to R1's rom and upon her entry to R1's room observed R1 on the floor between her bed and the dresser. On 04/01/26 at 12:40 PM an entry signed by CMA B was heard "hollering" for help. Resident was found by CMA B on the floor. CMA B documented that she fell back and hit her head. Resident refused transport to the local hospital for evaluation. Interview on 05/14/26 at approximately 02:30 PM with Operator A confirmed R1's NSA lacked identification of health care services to be provided for falls. The Operator failed to ensure the resident's NSA was based on the FCS and provided a description of services when R1 was identified at risk for falls on the FCS.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every	S3092		

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S3092	Continued From page 3 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (d)(2) The facility reported a census of 17 residents. The sample included 3 "Residents'" (R)'s and 2 focused reviews. Based on record review and interview, the Operator failed to ensure the resident's "Negotiated Service Agreement" (NSA) was reviewed and revised if necessary following any significant change of condition, or if requested by the resident or the resident's legal representative when R2 and R3 were started on skilled nursing services with an outside provider. Findings included: - Record review for R2 revealed and admission date of 09/22/21 with a diagnosis of chronic obstructive pulmonary disease. Review of R2's FCS dated 08/19/25 revealed R2 required physical assistance with bathing, dressing and toileting, R2 was independent with	S3092		

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S3092	Continued From page 4	S3092		

transferring and walking/mobility. R2 required supervision with eating, and R2 was able to make herself understood and she understood others. R2 lacked the ability to manage her own medications, medical treatments, and was incontinent. R2 was identified at risk for impaired vision and impaired decision making. R2 used a walker mobility device.

R2's FCS did not identify R2 was at risk for falls.

Review of R2's NSA dated 08/19/25 identified the facility staff would provide R2 with supervision at mealtimes, physical assistance of one staff member for physical assistance with bathing, dressing, and toileting. R2 was independent with transferring and walking/mobility. Under the section titled "Fall Risk" there was an "X" next to the statement that the resident was not at risk for falls. Facility staff were instructed to administer and manage R2's medications and medical treatments. In the "Outside Provider" section a local hospice agency was listed.

Review of the document titled "Addendum to Negotiated Service Agreement" dated 08/19/25 under the column titled "Service Change" had handwritten the name of the local hospice agency. The document lacked the nurse signature and the resident or legal representative signature.

Review of the facility provided document titled "Physician's Telephone Order" dated 11/12/25 included the following order: Admit to hospice for chronic obstructive pulmonary disease.

Review of R2's "Medical Record" under the

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S3092	Continued From page 5 "Nurse Note" tab revealed the following entries on "Nurse Notes" On 11/10/25 at 03:40 PM and signed by CMA C revealed R2 was found on her right side in her living room. R2 was sent to the local hospital for evaluation and treatment. On 11/12/25 at (unreadable time) with unreadable signature revealed the resident readmitted to the facility from the hospital. On 03/28/26 at 02:35 (AM/PM not identified) and signed by "Certified Medication Aide" (CMA) D revealed that CMA D found R2 laying on the floor in her bedroom. Vitals were obtained and R2's family and local hospice agency were called". Interview on 05/14/26 at approximately 02:30 PM with Operator A confirmed R2 was discharged from hospice services and readmitted to hospice services on 11/12/25. Operator A further confirmed the R2's NSA lacked health care services for falls, and a description of services from the local hospice agency. - Record review for R3 revealed an admission date of 03/20/22 with diagnoses of type two diabetes with diabetic polyneuropathy Review of R3's FCS dated 03/24/26 revealed R3 required physical assistance with bathing, dressing, and toileting. R3 required supervision with transferring and walking/mobility. R3 lacked the ability to manage her own medications and medical treatments. R3 had impaired cognition, memory recall, and decision making. R3 was at	S3092		

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S3092	Continued From page 6 risk for falls, impaired vision and impaired decision making. R3 used a walker mobility device. Review of R3's NSA dated 03/24/26 instructed facility staff to provide one staff physical assist with bathing, dressing, toileting, and transferring. Resident self-administered her own insulin, and the facility staff administered all other ordered medications and treatments. Review of the document titled "Addendum to Negotiated Service Agreement" dated 03/14/26 revealed R3 discharged from the local home health company who provided physical therapy. Review of R3's "Medical Record" revealed a document titled "Telephone Orders" revealed an order dated 04/09/26 to admit R3 to the local hospice agency for senile degeneration of the brain with a prognosis of six months or less. Interview on 05/14/26 at approximately 02:30 PM with Operator A confirmed R3's NSA lacked a description of services R3 would receive from the local hospice agency. The Operator failed to ensure the resident's NSA was reviewed and revised if necessary following any significant change of condition, or if requested by the resident or the resident's legal representative when R2 and R3 were started on skilled nursing services for hospice with an outside provider.	S3092		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice	S3171		

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S3171	Continued From page 7 (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (i) The facility reported a census of 17 residents. The sample included 3 "Residents'" (R)'s and 2 focused reviews. Based on observation, interview and record review the Operator failed to provide healthcare services for R2 in accordance with professional standards of practice when the Operator failed to conduct an assessment of R2's bed assist device to ensure the device posed no risk for entrapment, confirmed the device was not a restraint, and R2's ability to safely use the bed assist device. The Operator continued to fail to ensure the bed assist device for R2 was listed in the comment section of the "Functional Capacity Screen" (FCS) and the Operator further failed to include a description of the bed assist device, the purpose of the device, and any special instructions on use and monitoring of the bed assist device in R2's "Negotiated Service Agreement'" (NSA). Findings included: - Record review for R2 revealed and admission date of 09/22/21 with a diagnosis of chronic obstructive pulmonary disease. Review of R2's FCS dated 08/19/25 revealed R2	S3171		

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S3171	Continued From page 8	S3171		

required physical assistance with bathing, dressing and toileting, R2 was independent with transferring and walking/mobility. R2 required supervision with eating, and R2 was able to make herself understood and she understood others. R2 lacked the ability to manage her own medications, medical treatments, and was incontinent. R2 was identified at risk for impaired vision and impaired decision making. R2 used a walker mobility device.

R2's FCS did not identify R2 was at risk for falls, and the Comment section lacked documentation of the bed assist device.

Review of R2's NSA dated 08/19/25 identified the facility staff would provide R2 with supervision at mealtimes, physical assistance of one staff member for physical assistance with bathing, dressing, and toileting. R2 was independent with transferring and walking/mobility. Under the section titled "Fall Risk" there was an "X" next to the statement that the resident was not at risk for falls. Facility staff were instructed to administer and manage R2's medications and medical treatments. In the "Outside Provider" section a local hospice agency was listed.

Review of the document titled "Addendum to Negotiated Service Agreement" dated 08/19/25 under the column titled "Service Change" had handwritten the name of the local hospice agency. The document lacked the nurse signature and the resident or legal representative signature.

R2's NSA lacked a description of the bed assist device, the purpose of the device, and any

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S3171	Continued From page 9 special instructions on use and monitoring of the bed assist device. Observation on 05/14/26 at approximately 12:45PM of R2's bed revealed the head of the bed sat against the east wall of the room with the foot of the bed towards the west wall. There was open space on the south side of the bed, and on the south side of the bed was a rectangular-shaped bed assist device that was attached to the bed frame and measured approximately 31.5 inches in length and 17.5 inches in width. There were 8 vertical bars in the open space of the rectangle that were spaced approximately 4.5 inches apart. Interview on 05/14/26 at approximately 02:30 PM with Operator A confirmed R2's FCS lacked documentation of the bed assist device in the comments section and R2's "Medical Record" lacked assessment of R2's bed assist device to ensure the device posed no risk for entrapment, confirmed the device was not a restraint, and R2's ability to safely use the bed assist device. Operator A continued to confirm R2's NSA lacked a description of the bed assist device, the purpose of the device, and any special instructions on use and monitoring of the bed assist device. The Operator failed to provide healthcare services for R2 in accordance with professional standards of practice when the Operator failed to conduct an assessment of R2's bed assist device to ensure the device posed no risk for entrapment, confirmed the device was not a restraint, and R2's ability to safely use the bed assist device. The Operator continued to fail to	S3171		

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S3171	Continued From page 10 ensure the bed assist device for R2 was listed in the comment section of the FCS and the Operator further failed to include a description of the bed assist device, the purpose of the device, and any special instructions on use and monitoring of the bed assist device in R2's NSA.	S3171		
S3260 SS=D	26-41-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and	S3260		

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S3260	Continued From page 11 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-105 (f) (1-10) The facility reported a census of 17 residents. The sample included 3 "Residents'" (R)'s and 2 focused reviews. Based on record review and interview the Operator failed to ensure each resident record contained at least the following: the residents name, dates of admission and discharge, the admission agreement and any amendments, the "Functional Capacity Screening" (FCS), the "Health Service Plan" (HSP), the "Negotiated Service Agreement" (NSA), the name address and telephone number of the physician and the dentist to be notified in case of emergency, the name, address, and the telephone number of the legal representative to be notified in the event of a significant change in condition, and the records of medications, biologicals, and treatments administered and each medical care provider's order if the facility is managing the resident's medications and medical treatments. Findings included: - Record review for R4 a document titled "Nurse Notes" an entry dated 11/21/25 at 03:00 PM signed with an unreadable signature revealed R4 was admitted to the facility as a respite stay after having a total knee replacement surgery on the right knee on 11/20/25. There was a "wound vacutainer" in place and was to be removed in seven days. Physical Therapy was to be scheduled and R4 was to have a follow up with	S3260		

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S3260	Continued From page 12	S3260		

the orthopedist on 12/3/25. Medications were to be administered per the "Medication Administration Record" (MAR).

On 12/16/25 at 02:00PM a note entered by CMA B revealed R4 was going home on 12/16/25.

Review of R4's Medical Record revealed a document titled "After Visit Summary" dated 11/21/25. The document provided the dates and times for the follow up visit, a "Medication List", and instructions to pick up medications to pick up medications from the pharmacy. The document revealed there were only 10 pages out of 19 pages of the "After Visit Summary". The document lacked the signature page.

Review of R4's Medical Record revealed a handwritten MAR's for November and December of 2025 with a Narcotic count sheet for Oxycodone dated 11/25 and 12/25.

R4's "Medical Record" lacked documentation of the following required documents:

Dates of admission and discharge
The admission agreement and any amendments
A FCS
An HSP
An NSA
The name address and telephone number of the physician and the dentist to be notified in case of emergency
The name, address, and the telephone number of the legal representative to be notified in the event of a significant change in condition
And each medical care provider's order if the facility is managing the resident's medications

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S3260	Continued From page 13 and medical treatments. Interview on 05/14/26 at approximately 02:30 PM with Operator A confirmed she did not do an admission agreement for R4 due to her being a "short stay". Operator A further confirmed R4's medical record lacked documentation of Dates of admission and discharge, the admission agreement and any amendments, FCS, HSP, NSA, the name address and telephone number of the physician and the dentist to be notified in case of emergency, the name, address, and the telephone number of the legal representative to be notified in the event of a significant change in condition, and each medical care provider's order if the facility is managing the resident's medications and medical treatments. The Operator failed to ensure each resident record contained at least the following: the residents name, dates of admission and discharge, the admission agreement and any amendments, the FCS, the HSP, the NSA, the name address and telephone number of the physician and the dentist to be notified in case of emergency, the name, address, and the telephone number of the legal representative to be notified in the event of a significant change in condition, and the records of medications, biologicals, and treatments administered and each medical care provider's order if the facility is managing the resident's medications and medical treatments.	S3260		
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.	S3299		

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(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 14 (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-206 (e) (1) The facility reported a census of 17 residents. Based on observation and interview, the Operator failed to ensure the facility's food was stored away from containers of poisonous compounds and cleaning supplies. Findings included: - Observation on 05/14/26 at approximately 12:30 PM revealed on the east side of the kitchen a room used for dry food storage. There was a set of shelves located on the east wall of the room. Located on the north end of the top shelf were the following chemicals: 9 cans of Comet cleaner 2 gallons of bleach 1can of Lysol spray 1 can of Sprayway Glass Cleaner 3 cans of Satin Shine Stainless Steel cleaner. Interview on 05/14/26 at approximately 02:30 PM with Operator A confirmed the presence of the cleaning chemicals in the room used for dry food storage.	S3299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N070007	A. BUILDING: _____ B. WING _____	05/14/2026

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S3299	Continued From page 15 The Operator failed to ensure the facility's food was stored away from containers of poisonous compounds and cleaning supplies.	S3299		
S3310 SS=F	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 tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (c) The facility reported a census of 17 "Residents'"(R)'s. The sample included 3 residents, 2 focused reviews and 5 newly hired employees. Based on interview and record review the operator failed to ensure the homes compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired " Licensed Nurse" (LN) E, " Certified Nurses Aide" (CNA) F, "Certified Medication Aide" (CMA) G,	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3310	Continued From page 16 and dietary aide H. Findings Included: - Record review for newly hired LN E revealed she began employment on 04/24/25. LN E's personnel record lacked documentation of the required TB symptom screen and two step TB skin test being performed within 7 days of employment. Record review for newly hired CNA F revealed she began employment on 04/15/25. CNA F's personnel record lacked documentation of the required TB symptom screen and two step TB skin test being performed within 7 days of employment. Record review for newly hired CMA G revealed she began employment on 07/01/25. CMA G's personnel record lacked documentation of the required TB symptom screen and two step TB skin test being performed within 7 days of employment. Record review for newly hired dietary aide H revealed she began employment on 04/07/26. Dietary aide H's personnel record lacked documentation of the required TB symptom screen and two step TB skin test being performed within 7 days of employment. Interview on 05/14/26 at approximately 02:30PM with Operator A confirmed LN E, CNA F, CMA G, and dietary aide H's personnel record's lacked documentation of the required TB symptom	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3310	Continued From page 17 screen and two step TB skin test being performed within 7 days of employment. The operator failed to ensure the homes compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired LN E, CNA F, CMA G, and dietary aide H.	S3310		