| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N078015 | A. BUILDING: _____ B. WING _____ | 05/20/2026 |

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| LEGEND OF HUTCHINSON | 2416 BRENTWOOD STREET HUTCHINSON, KS 67502 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a resurvey with complaints 197418, 197610, 198193, and 198458 at the above named Assisted Living conducted on 05/18/26 - 05/20/26. | S 000 | | |
| S3082 SS=D | 26-41-201 (d) Functional Capacity Screen Accurate<br><br>d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form.<br><br>This REQUIREMENT is not met as evidenced by:<br>3082<br>KAR 26-41-201(d)<br><br>The facility reported a census of 84 residents. The sample included six residents and one abbreviated record review. Based on interview, and record review, the operator failed to ensure the "Functional Capacity Screen" (FCS) accurately captured Resident (R)105's socially inappropriate disruptive behaviors.<br><br>Findings included:<br><br>- R105's medical record revealed he moved into the facility on 04/07/25 with a diagnosis of Alzheimer's Disease.<br><br>The 02/19/26 FCS failed to accurately identify R105's socially inappropriate disruptive | S3082 | | |

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

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| S3082 | Continued From page 1<br>behaviors.<br><br>Review of R105's electronic medical records revealed numerous nursing observations that documented R105 exhibited inappropriate verbal and physical behaviors.<br><br>On 05/19/26 at 03:21 PM Administrative Nurse A stated R105's FCS failed to identify he exhibited socially inappropriate, disruptive behaviors.<br><br>The operator failed to ensure R105's FCS was completed accurately. | S3082 | | |
| S3211 SS=E | 26-41-205 (g) (3) OVER THE COUNTER DRUGS<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>3211<br>KAR 26-41-205 (g)(3) | S3211 | | |

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| S3211 | Continued From page 2<br><br>The facility reported a census of 84 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 on some over the counter (OTC) medications.<br><br>Findings included:<br><br>- Observation on 05/18/26 at 01:41 PM of the memory care unit "U Hall" medication cart revealed the following OTC medications not labelled with the full name of the resident:<br>One bottle of Nature Made Calcium 600 milligrams (mg.) with D3<br><br>Observation on 05/18/26 at 01:52 PM of the memory care unit "I Hall" medication cart revealed the following OTC medications not labelled with the full name of the resident:<br>Two bottles of Medline Remedy Antifungal Powder<br>Three bottles of Nature Made B-Complex with Vitamin C<br>One bottle of Centrum Silver Men 50 plus<br><br>Observation on 05/18/26 at 04:04 PM of the AL Medication Cart #1 revealed the following OTC medications not labelled with the full name of the resident:<br>One tube of Calmoseptine Ointment<br>One container of Thera Antifungal Body Powder<br><br>Observation on 05/18/26 at 04:09 PM of the AL Medication Cart #2 revealed the following OTC medications not labelled with the full name of the resident: | S3211 | | |

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| S3211 | Continued From page 3<br>One container of Juice Plus Fruit Blend<br>One container of Juice Plus Vegetable Blend<br>One container of Caltrate Bone Health<br><br>On 05/20/26 a policy concerning OTC labeling was requested but the facility did not provide a policy that addressed this subject.<br><br>The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name. | S3211 | | |
| S3248 SS=F | 26-41-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following documentation:<br>(1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training;<br>(2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto;<br>(3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and<br>(4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. | S3248 | | |

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| S3248 | Continued From page 4<br><br>This REQUIREMENT is not met as evidenced by:<br>3248<br>KAR 26-41-102(d)(1)<br><br>The facility reported a census of 84 residents. Based on interview and record review, the operator failed to ensure three of five newly hired employee records included evidence of timely verification of licensure and certification of nursing care staff prior to employment.<br><br>Findings included:<br><br>- Review of employee files conducted on 05/21/24 revealed the following:<br>Licensed Nurse D was hired on 11/24/25. Documentation provided by the operator revealed verification for a valid nursing license was not completed until 169 days after being hired.<br><br>"Certified Medication Aide" (CMA) E was hired on 02/07/25. Documentation provided by the operator revealed verification for a valid CMA certification was not completed until 06/03/25 which was 116 days late.<br><br>"Certified Nurse Aide" (CNA) F was hired on 01/29/25. Documentation provided by the operator revealed verification for a valid CNA certification was not completed until 06/03/25 | S3248 | | |

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| S3248 | Continued From page 5<br>which was 125 days late.<br><br>On 05/19/26 at 09:43 AM Administrative Staff G stated that documentation for license and certification verification was not completed prior to hiring three of five newly hired staff.<br><br>The operator failed to ensure verifications of license and certifications of nursing staff were completed prior to being hired. | S3248 | | |
| S3310 SS=F | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(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;<br>(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<br>(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<br><br>This REQUIREMENT is not met as evidenced by:<br>3310<br>KAR 26-41-207(c)<br><br>The facility reported a census of 84 residents. The sample included six residents and one | S3310 | | |

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| S3310 | Continued From page 6<br>abbreviated record review. Based on interview and record reviews for six residents and five new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure affected all residents who lived in the assisted living facility.<br><br>Findings included:<br><br>- Resident (R)106 moved into the facility on 01/29/25 with a diagnosis of mild cognitive impairment.<br><br>Review of R106's medical record revealed upon admission to the facility, the first step of the two-step TB skin test (TST) was administered 12 days late.<br><br>On 05/19/26 at 03:27 PM Administrative Nurse A acknowledged the TST for R106 was administered late.<br><br>The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall receive a two-step TST or an IGRA ...within 7 days of residency ..."<br><br>The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.<br><br>- Review of five newly hired employee files revealed the following: | S3310 | | |

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| S3310 | Continued From page 7<br><br>Administrative Support Staff B was hired on 04/14/26 but did not have a two-step TST administered until 05/07/26, which was 16 days late.<br><br>Housekeeping Staff C was hired on 11/03/25 but did not have a TB Symptom Screen Questionnaire completed upon hire.<br><br>On 05/19/26 at 09:43 AM Administrative Staff G confirmed two of five newly hired staff reviewed did not have their TB Symptom Screen Questionnaire completed or their two-step TST administered within seven days of being hired.<br><br>The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen ...within 7 days of...employment ...Each new ...employee shall receive a two-step TST ...within 7 days of ...employment ..."<br><br>The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. | S3310 | | |