Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023017	A. BUILDING: _____ B. WING _____	C 06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR OF LAWRENCE	3220 PETERSON RD LAWRENCE, KS 66049

(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 represent the findings of a resurvey for the above named Assisted Living facility conducted on 06/02/26 and 06/03/26.	S 000		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (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; (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; (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 (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) (3)	S3248		

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

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S3248	Continued From page 1 The facility reported a census of 32 residents. Based on interview and record review, the operator failed to ensure two of five newly hired employees' records included evidence of timely verification with the nurse aide registry was completed prior to staff employment. Findings included: - Review of employee files conducted on 06/02/26 revealed the following: "Certified Nurse Aide" (CNA) C was hired on 01/08/26. A verification with the nurse aide registry was completed on 02/03/26 and not prior to or the day of employment. "Certified Medication Aide" (CMA) G was hired on 01/09/26. A verification with the nurse aide registry was completed on 02/02/26 and not prior to or the day of employment. On 06/02/26 at 01:14 PM Administrative Staff F stated unable to find documentation of a nurse aide registry check completed for CNA C or CMA G prior to hire. The operator failed to ensure timely verifications of the nurse aide registry checks were completed and ensure certified staff had valid certifications while employed.	S3248		
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	S3310		

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S3310	Continued From page 2	S3310		

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:
KAR 26-41-207 (c)

The facility reported a census of 32 residents. The sample included three residents. Based on interview and record review for three residents and five newly hired 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.

Findings included:

- Resident (R)102 moved into the facility on 09/12/25 with a diagnosis of diabetes mellitus.

Review of R102's medical record revealed he was re-admitted to the facility on 02/11/26 after being hospitalized for a brief illness. The medical record lacked evidence that a TB Symptom Screen Questionnaire was completed upon

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S3310	Continued From page 3	S3310		

readmission to the facility.

On 06/03/26 at 01:20 PM Administrative Nurse A stated she did not complete a TB Symptom Screen Questionnaire for R102 when he came back from the hospital.

The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident shall have a TB Symptom Screen Questionnaire completed upon return from a hospitalization ..."

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.

- Review of five newly hired employee files revealed the following:

"Certified Nurse Aide" (CNA) B was hired on 07/07/25 but did not have a TB Symptom Screen Questionnaire completed until 11/13/25.

CNA C was hired on 01/08/26 but did not have a TB Symptom Screen Questionnaire completed upon hire and did not have a two-step TB skin test (TST) administered until 02/12/26.

Maintenance Staff D was hired on 01/07/26 and did not have a TB Symptom Screen Questionnaire completed.

Dietary Staff E was hired on 01/28/26 and did not have a TB Symptom Screen Questionnaire completed.

On 06/02/26 at 01:14 PM Administrative Staff F confirmed there were no TB Symptom Screen Questionnaires completed for three staff and one

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S3310	Continued From page 4 questionnaire was completed late. 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 ..." 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		