STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087255	A. BUILDING: _____ B. WING _____	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER'S EDGE SENIOR LIVING INC	1010 S COMMERCIAL STREET OSWEGO, KS 67356

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S 000	INITIAL COMMENTS The following citations represent the findings of the re- licensure survey for the above named facility conducted on 06/10/26 and 06/ 11/26.	S 000		
S5015 SS=F	26-42-101(c) Administration Position Description (c) Administrator and operator position description. Each licensee shall adopt a written position description for the administrator or operator that includes responsibilities for the following: (1) Planning, organizing, and directing the home; (2) implementing operational policies and procedures for the home; and(3) authorizing, in writing, a responsible employee who is 18 years old or older to act on the administrator ' s or operator's behalf in the absence of the administrator or operator. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-101(c)(3) The facility reported a census of eight residents with three included in the sample and one focused record review. Based on observation and interview, the operator failed to ensure a written position description for the operator authorizing a responsible employee who is 18 years old or older to act on the operator's behalf in the absence of the operator. Findings Included: -Observation on 06/10/26 at approximately	S5015		

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

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S5015	Continued From page 1 11:09AM revealed Administrative Staff A was not in the building. A written authorization identifying the employee responsible to act on the operator's half in their absence was requested which the facility failed to provide. Interview on 06/10/26 at approximately 11:10AM with Licensed Nurse B confirmed Administrative Staff A was out of town and the facility lacked a written authorization identifying the employee responsible to act on the operator's behalf in her absence. The operator failed to ensure a written position description for the operator authorizing a responsible employee who is 18 years old or older to act on the operator's behalf in the absence of the operator.	S5015		
S5028 SS=D	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly	S5028		

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S5028	Continued From page 2 investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-101(f)(3)(C)(E) The facility reported a census of eight residents. The sample included three("Residents)'" (R's) and one focused review. Based on record review and interview, the operator failed to ensure an allegation of protentional abuse for R4 was reported to the department within 24 hours, failed to complete an investigation thoroughly, and failed to submit an investigation to the department within five working days. Findings Included: -Record Review for R4 revealed an unknown admission date with diagnoses of post-traumatic stress disorder, agitation and severe restlessness.	S5028		

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S5028	Continued From page 3 The "Functional Capacity Screen" dated 03/27/26 identified R4 required physical assistance with bathing, dressing, toileting, transferring, and eating and was unable to perform walking and mobility and management of medications and medical treatments. R4 was frequently incontinent of bladder and had short term, long term, memory recall and decision-making cognitive deficiencies and was marked at risk for falls, impaired vision, impaired hearing, socially inappropriate disruptive behavior and impaired decision making. R4 was sometimes understandable and sometimes was understood during communication. The "Negotiated Service Agreement" (NSA) dated 02/24/25 revealed R4 received assistance from facility staff with bathing, dressing, transferring, toileting and required total dependence with walking and mobility. Facility staff managed R4's medication and medical treatments and were instructed to assist with changing soiled briefs for toileting and bladder incontinence. Facility staff were instructed to provide choices, cues, and reminders for assistance with cognition deficiencies and to reapproach and ask about pain when having inappropriate behaviors. The NSA failed to describe the services R4 received for eating and communication. The 03/25/26 facility's "Intake Information" report to the department reported an allegation a facility staff member held R4 down and an unknown skin tear occurred. A document titled "Incident Report" had a section titled "Type of Incident" which had circles around	S5028		

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S5028	Continued From page 4	S5028		

"bruise" and "other", The "Incident Report" had another section titled "Describe in Detail" with a handwritten note that read "Bruise/skin tear happened while in bed." Under the section titled "Injury" there was an "x" next to skin tear with a handwritten note that read "top side of hand" and an "x" next to "phone assessment with nurse" and an "x" next to "first aid administered."

A handwritten facility document with no title dated 03/05/26 reported Certified Medication Aide (CMA) E stepped away and "Certified Nurse Aide" (CNA) F went to the head of the bed and started to hold down R4 with one arm laid over R4's chest, held both of R4's hands, and applied force. R4 continued to yell and was unable to move his arms while he held down. After a couple of minutes CMA E left the room to help another resident. As soon as CNA F left the facility CMA E went to check on R4 in his room and noted a skin tear and bruising on the top of his right hand.

A handwritten facility untitled document dated 03/05/26 revealed Administrative Staff A interviewed CMA E. During the interview CMA E was asked "If she felt R4 had been mistreated or abused by CNA F" and CMA E denied abuse. She reported CNA F's "responses can be strange, but she had not witnessed CNA F being inappropriate with any residents." On 03/06/26 CNA F was instructed to not return to work the next day.

Review of facility's records lacked evidence of documentation of a witness statement by CNA F who was directly involved in the incident and the alleged perpetrator of potential abuse to ensure

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S5028	Continued From page 5 a thorough investigation. Interview on 06/11/26 at approximately 01:03 PM with Administrative Staff A confirmed the operator failed to report an allegation of potential abuse to the department within 24 hours. Administrative Staff A continued to confirm the operator failed to complete and submit an investigation to the department within five working days and failed to interview or obtain a witness statement from CNA F. The operator failed to ensure an allegation of protentional abuse was reported to the department within 24 hours and failed to conduct a thorough investigation and submit it to the department within five working days.	S5028		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-201(c)(1) The facility reported a census of eight residents. The sample included three "Residents'" (R)'s and	S5085		

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S5085	Continued From page 6	S5085		

one focused review. Based on record review and interview the operator failed to ensure the "Functional Capacity Screen" (FCS) was not conducted at least once every 365 days for R4.

Findings Included:

-Record Review for R4 revealed an unknown admission date with diagnoses of post-traumatic stress disorder, agitation, and severe restlessness.

The 03/27/26 "FCS" identified R4 required physical assistance with bathing, dressing, toileting, transferring, and eating and was unable to perform walking and mobility, management of medications and medical treatments. R4 was frequently incontinent of bladder and had short term, long term, memory recall and decision-making cognitive deficiencies and was marked at risk for falls, impaired vision, impaired hearing, socially inappropriate disruptive behavior and impaired decision making. R4 was sometimes understandable and sometimes was understood during communication.

The "Negotiated Service Agreement" (NSA) dated 02/24/25 revealed R4 received assistance from facility staff with bathing, dressing, transferring, toileting and required total dependence with walking and mobility. Facility staff managed R4's medication and medical treatments and were instructed to assist with changing soiled briefs for toileting and bladder incontinence. Facility staff were instructed to provide choices, cues, and reminders for assistance with cognition deficiencies and to

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S5085	Continued From page 7 reapproach and ask about pain when having inappropriate behaviors. The "NSA" failed to describe the services R4 received for eating and communication. Review of R4's medical record revealed a previous "FCS" dated 02/24/25. Interview on 06/11/26 at approximately 01:00 PM with Licensed Nurse B confirmed R4's medical record lacked documentation of an "FCS" being conducted every 365 days. The operator failed to ensure the "FCS" was not conducted at least once every 365 days for R4.	S5085		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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	S5105		

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S5105	Continued From page 8 by: KAR 26-42-202(a)(1) The facility reported a census of eight residents with three included in the sample and one focused revie. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Residents (R) 1, R2, R3, and R4 described the services they received based on their "Functional Capacity Screens" (FCS), needs, and preferences and the "NSA" for R4 failed to identify the provider for services he received for a wound. Findings included: - Record review for R1 revealed an admission date of 12/05/25 with diagnoses of anxiety disorder and chronic kidney disease stage 2 The 01/20/26 "FCS" identified R1 required physical assistance with dressing and had short term and memory recall cognition deficiencies. The 12/05/25 "NSA" failed to describe the services R1 received for dressing and cognition deficiencies. On 06/11/26 at approximately 01:40 PM Licensed Nurse B confirmed R1's "NSA" failed to describe the services she received for dressing and impaired cognition. - Record review for R2 revealed an admission date of 09/19/25 with diagnoses of dementia and repeated falls.	S5105		

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S5105	Continued From page 9 The 09/19/25 "FCS" identified R2 required physical assistance with eating, was unable to perform management of medications and was sometimes understandable and sometimes understood others during communication. The 09/19/26 "NSA" failed to describe the services R2 received for eating, management of medications, and communication. On 06/11/26 at approximately 01:57 PM Licensed Nurse B confirmed R2's "NSA" failed to describe the services R2 received for management of treatments, communication, and impaired hearing. - Record review for R3 revealed an admission date of 03/02/26 with diagnoses of dementia and cognitive communication deficit. The 03/02/26 "FCS" identified R3 required physical assistance with dressing and was rarely or never understandable and never or rarely or never understood others during communication. The 03/02/26 "NSA" failed to describe the services R3 received for dressing and communication. On 06/11/26 at 02:04 PM Licensed Nurse B confirmed R3's "NSA" failed to describe the services she received for dressing and at 01:44 PM confirmed R3's "NSA" failed to describe the services she received for communication. - Record review for R4 revealed an unknown admission date with diagnoses of post-traumatic stress disorder, agitation and severe	S5105		

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S5105	Continued From page 10 restlessness. The 03/27/26 "FCS" identified R4 required physical assistance with eating and was unable to manage medical treatments. On 02/24/25 "NSA" failed to describe the services R4 received for eating and the provider of the services for management of medical treatments. On 06/11/26 at approximately 01:55 PM Licensed Nurse B confirmed R4's "NSA" failed to describe the services he received for eating and the provider of the services for management of wound treatment. On 06/11/26 at approximately 12:35 PM Licensed Nurse B stated the facility followed state regulations for "NSAs" for their policy. The operator failed to ensure the "NSAs" for R1, R2, R3, and R4 described the services they received based on their "FCSs," needs, and preferences and the "NSA" for R4 failed to identify the provider for services he received for a wound.	S5105		
S5116 SS=E	26-42-202 (d) NSA 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 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	S5116		

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S5116	Continued From page 11 assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, 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. 26-42-202(d)(1)(2) The facility reported a census of eight residents with three included in the sample and one focused review. Based on interview and record review the operator failed to ensure the review and if necessary, the revision of R1's and R4's "Negotiated Service Agreement" (NSA) at least once every 365 days or following any significant change in condition. Findings Included: - Record review for R1 revealed an admission date of 12/05/25 with diagnoses of anxiety disorder and chronic kidney disease stage 2 Review of R1's "Functional Capacity Screen" dated 01/20/26 identified R1 required assistance with bathing, dressing, toileting, transferring, walking and mobility and was independent with eating. R1 was unable to perform management of medications and medical treatments and was frequently incontinent of bladder. R1 had short term and memory recall cognitive deficiencies and understandable and understood others. R1	S5116		

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S5116	Continued From page 12 was identified at risk for falls and impaired vision. Record review of R1's combined "Negotiated Service Agreement"(NSA)/"Health Care Service Plan"(HSP) dated 12/05/25 revealed R1 required supervision with toileting, transferring, mobility and required physical assistance with bathing, incontinence care and required management of medications and medical treatments. R1's "NSA" lacked description of services for dressing and cognition. Review of R1's "NSA" revealed a page titled "Addendum To Negotiated Service Agreement" next to the section dated 01/20/26 under the section titled "Service Change" revealed a handwritten entry which read " Change in LOC (Level Of Cognition)- BIMS (Brief Interview for Mental Status) 6 reassure resident, reorient to person, place and time. -Record Review for R4 revealed an unknown admission date with diagnoses of post-traumatic stress disorder, agitation, severe restlessness. The "Functional Capacity Screen" dated 03/27/26 identified R4 required physical assistance with bathing, dressing, toileting, transferring, and eating and was unable to perform walking and mobility, management of medications and medical treatments. R4 was frequently incontinent of bladder and had short term, long term, memory recall and decision-making cognitive deficiencies and was marked at risk for falls, impaired vision, impaired hearing, socially inappropriate disruptive behavior and impaired decision making. R4 was sometimes understandable and sometimes was	S5116		

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S5116	Continued From page 13 understood during communication. The "NSA" dated 02/24/25 revealed R4 received assistance from facility staff with bathing, dressing, transferring, toileting and required total dependence with walking and mobility. Facility staff managed R4's medication and medical treatments and were instructed to assist with changing soiled briefs for toileting and bladder incontinence. Facility staff were instructed to provide choices, cues, and reminders for assistance with cognition deficiencies and to reapproach and ask about pain when having inappropriate behaviors. The NSA failed to describe the services R4 received for eating and communication. Review of R4's "NSA" revealed a page titled "Addendum To Negotiated Service Agreement" next to the section dated 05/05/26 under the section titled "Service Change" revealed a handwritten entry "Increased behaviors/ agitation hallucination at onset of behavior reapproach ask about pain signs and symptoms non verbal pain as needed medication administration per order follow up with nurse and hospice." Interview on 06/11/26 at approximately 02:00 PM with Licensed Nurse B confirmed R1's and R4's "NSA" were not revised with change of condition. Licensed Nurse B continued to confirm R1's and R4's "NSA" lacked documentation of review and revision every 365 days. The operator failed to ensure the review and if necessary, the revision of R1's and R4's "NSA" at least once every 365 days or following any significant change in condition.	S5116		

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S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-104(d)(3) The facility reported a census of eight residents with three included in the sample and one focused review. Based on interview and record review the operator failed to ensure disaster and emergency preparedness for all employees and residents by failing to provide quarterly review of the home's emergency management plan. Findings Included: -Review of the facility's emergency management plan revealed staff received reviews on 08/07/25, 01/25/26, and 03/31/26. The plan lacked	S5215		

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	B087255	A. BUILDING: _____ B. WING _____	06/11/2026

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S5215	Continued From page 15 evidence of documentation of reviews for staff for the second, and fourth quarters of 2025 and second quarter of 2026. The facility's records lacked evidence of documentation the residents received quarterly reviews of the emergency management plan. Interview on 06/10/26 at approximately 12:38 PM with Licensed Nurse B confirmed the home did not provide quarterly reviews of the home's emergency management plant with all staff and residents on a quarterly basis. The operator failed to ensure disaster and emergency preparedness for all employees and residents by failing to provide quarterly review of the home's emergency management plan.	S5215		
S5230 SS=F	26-42-207 (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; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		

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S5230	Continued From page 16 This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-207(c) The facility reported a census of eight" Residents'"(R)'s with three included in the sample and one focused review. 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 R's 1,2,3 and 4 and newly hired Licensed Nurse (LN) B, Certified Medication Aide (CMA) D, CMA E, Certified Nurse Aide (CNA) F and CNA G. Findings Included: - Record review for R1 revealed an admission date of 12/05/25 with diagnoses of anxiety disorder and chronic kidney disease stage 2 R1's Medical Record lacked documentation of the required TB symptom screening questionnaire that was to be completed within seven days of admission to the facility. Record review for R2 revealed an admission date of 09/19/25 with diagnoses of dementia and repeated falls. R2's Medical Record lacked documentation of the required TB symptom screening questionnaire that was to be completed within seven days of admission to the facility.	S5230		

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S5230	Continued From page 17 Record review for R3 revealed an admission date of 03/02/26 with diagnoses of dementia and cognitive communication deficit. R3's Medical Record lacked documentation of the required TB symptom screening questionnaire that was to be completed within seven days of admission to the facility. Record review for R4 revealed an unknown admission date with diagnoses of post-traumatic stress disorder, agitation and severe restlessness. R4's Medical Record lacked documentation of the required TB symptom screening questionnaire that was to be completed within seven days of admission to the facility. Interview on 06/11/26 at approximately 01:10 PM with LN B confirmed the "Medical Record" for R1, R2, R3 and R4 lacked the documentation of the required TB symptom screening to be completed within 7 days of admission. The operator failed to ensure the home's compliance with the department's TB guidelines for adult care homes adapted by reference in K.A.R. 26-39-105 for R1, R2, R3 and R4. Record review for newly hired LN B revealed she began employment on 04/06/26. LN B's personnel record lacked documentation of the required TB symptom screen questionnaire to be performed within 7 days of employment.	S5230		

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S5230	Continued From page 18 Record review for newly hired CMA D revealed she began employment on 11/12/18. CMA D's personnel record lacked documentation of the required TB symptom screen questionnaire to be performed within 7 days of employment. Record review for newly hired CMA E revealed she began employment on 03/03/25. CMA E's personnel record lacked documentation of the required TB symptom screen questionnaire to be performed within 7 days of employment. Record review for newly hired CNA F revealed she began employment on 03/03/25. CNA F's personnel record lacked documentation of the required TB symptom screen questionnaire to be performed within 7 days of employment. Record review for newly hired CNA G revealed she began employment on 06/08/26. CNA G's personnel record lacked documentation of the required TB symptom screen questionnaire to be performed within 7 days of employment. Interview on 06/10/26 at approximately 04:05 PM with LN B confirmed LN B, CMA D, CMA E, CNA F, and CNA G's personnel record's lacked documentation for the required TB symptom screen to be performed within 7 days of employment. The 12/2025 facility's "Tuberculosis (TB) Guidelines" policy documented each new resident and new employee would have a TB symptom screen questionnaire and a two-step TB skin test or blood test for TB within seven days of residency or employment.	S5230		

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S5230	Continued From page 19 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 R's 1,2,3 and 4 and newly hired LN B, CMA D, CMA E, CNA F and CNA G.	S5230		
S5251 SS=D	26-42-105 (f) (11) Resident Records 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: K.A.R. 26-42-105(f)(11) The facility reported a census of eight residents with three included in the sample and one focused review. Based on interview and record review the operator failed to ensure documentation of all incidents, symptoms, and other indications of illness or injury including the date, time occurrence, action taken and results of the action for R4. Findings Included: -Record Review for R4 revealed an unknown admission date with diagnoses of post-traumatic stress disorder, agitation, and severe restlessness.	S5251		

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S5251	Continued From page 20 The "Functional Capacity Screen"(FCS) dated 03/27/26 identified R4 required physical assistance with bathing, dressing, toileting, transferring, and eating and was unable to perform walking and mobility, management of medications and medical treatments. R4 was frequently incontinent of bladder and had short term, long term, memory recall and decision-making cognitive deficiencies and was marked at risk for falls, impaired vision, impaired hearing, socially inappropriate disruptive behavior and impaired decision making. R4 was sometimes understandable and sometimes was understood during communication. The "Negotiated Service Agreement" (NSA) dated 02/24/25 revealed R4 received assistance from facility staff with bathing, dressing, transferring, toileting and required total dependence with walking and mobility. Facility staff managed R4's medication and medical treatments and were instructed to assist with changing soiled briefs for toileting and bladder incontinence. Facility staff were instructed to provide choices, cues, and reminders for assistance with cognition deficiencies and to reapproach and ask about pain when having inappropriate behaviors. The NSA failed to describe the services R4 received for eating and communication. Review of R4's medical record revealed a facility document titled "Progress Note" dated 02/07/26 with an entry which read "The Certified Medication Aide went and got a lorazepam to give R4 for anxiousness this was not effective as he began to hit punch kick and yell. R4 was	S5251		

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S5251	Continued From page 21 spitting and grabbing items to throw. 2 more lorazepam's were given to try to deescalate R4." The note lacked documentation actions taken and results of the actions when administered lorazepam was ineffective. Interview on 06/11/26 at approximately 01:00 PM with Licensed Nurse B confirmed that the "Medical Record" for R4 lacked documentation actions taken and results of the actions when administered lorazepam was ineffective. The operator failed to ensure documentation of all incidents, symptoms, and other indications of illness or injury including the date, time occurrence, action taken and results of the action for R4.	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (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 carehome; and (4) supporting documentation that the individual	S5258		

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S5258	Continued From page 22 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 work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-102(d)(2) The facility reported a census of eight residents with three included in the sample and one focused review. Based on record review and interview the operator failed to ensure the employee records contained supporting documentation for criminal background of facility staff pursuant to K.S.A. 39-970 and amendments thereto for "Licensed Nurse" (LN) B, "Certified Medication Aide" (CMA) D, CMA E, "Certified Nurse Aide"(CNA) F, and CNA G. Findings Included: -Record Review of LN B revealed she began employment on 04/06/26. LN B's employee record lacked documentation of the required criminal background checks pursuant to K.S.A. 39-970. Record Review of CMA D revealed she began employment on 11/12/18. CMA D's employee record lacked documentation of the required criminal background checks pursuant to K.S.A. 39-970.	S5258		

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S5258	Continued From page 23 Record Review of CMA E revealed she began employment on 03/03/25. CMA E's employee record lacked documentation of the required criminal background checks pursuant to K.S.A. 39-970. Record Review of CNA F revealed he began employment on 12/15/25. CNA F's employee record lacked documentation of the required criminal background checks pursuant to K.S.A. 39-970. Record Review of CNA G revealed she began employment on 06/08/26. CNA G's employee record lacked documentation of the required criminal background checks pursuant to K.S.A. 39-970. Interview on 06/10/26 at approximately 04:08 PM with LN B confirmed personnel records for LN B, CMA D, CMA E, CNA F, and CNA G lacked documentation of the required documentation for the criminal background check pursuant to K.S.A. 39-970. The operator failed to ensure the employee records contained supporting documentation for criminal background of facility staff pursuant to K.S.A. 39-970 and amendments thereto for LN B, CMA D, CMA E, CNA F, and CNA G.	S5258		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all	S5300		

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S5300	Continued From page 24 medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (d) The facility reported a census of eight residents with three included in the sample and one focused review. Based on interview and record review the operator failed to ensure that all medications were administered to R4 in accordance with a medical provider's written order and within professional standards of practice. Findings Included: -Record Review for R4 revealed an unknown admission date with diagnoses of post-traumatic stress disorder, agitation, and severe restlessness. The "Functional Capacity Screen" dated	S5300		

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S5300	Continued From page 25 03/27/26 identified R4 required physical assistance with bathing, dressing, toileting, transferring, and eating and was unable to perform walking and mobility, management of medications and medical treatments. R4 was frequently incontinent of bladder and had short term, long term, memory recall and decision-making cognitive deficiencies and was marked at risk for falls, impaired vision, impaired hearing, socially inappropriate disruptive behavior and impaired decision making. R4 was sometimes understandable and sometimes was understood during communication. The "Negotiated Service Agreement" (NSA) dated 02/24/25 revealed R4 received assistance from facility staff with bathing, dressing, transferring, toileting and required total dependence with walking and mobility. Facility staff managed R4's medication and medical treatments and were instructed to assist with changing soiled briefs for toileting and bladder incontinence. Facility staff were instructed to provide choices, cues, and reminders for assistance with cognition deficiencies and to reapproach and ask about pain when having inappropriate behaviors. The NSA failed to describe the services R4 received for eating and communication. Record review of facility document titled "Medication Administration Record" revealed a physician's order dated 05/16/25 for lorazepam 0.5 milligram (mg) give one to two tablets by mouth or sublingual every 4 hours PRN (as needed). Review of facility document titled "PRN	S5300		

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S5300	Continued From page 26 Medication Administration Sheet" revealed an entry dated 02/07/26 at 07:00 PM one tablet of lorazepam 0.5 milligram was administered a second entry at 07:05 PM revealed two tablets of lorazepam 0.5 milligram were administered. Interview on 06/11/26 at approximately 01:35 PM with Licensed Nurse B confirmed medications were not administered to R4 in accordance with a medical provider's written order. The operator failed to ensure that all medications were administered to R4 in accordance with a medical provider's written order and within professional standards of practice.	S5300		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (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. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (g) (3)	S5313		

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S5313	Continued From page 27 The facility reported a census of eight residents with three included in the sample and one focused review. Based on observation and interview the operator failed to ensure a licensed pharmacist or the licensed nurse placed the full name of the resident on the "Over-The-Counter (OTC) medication container. Findings Included: -Observation on 06/10/26 at approximately 12:05 PM of the home's medication cabinet located in the locked medication room. Licensed Nurse B opened cabinet which had the following OTC medication that lacked the full names of the residents: Arthritis Pain Reliever 8 Hour 650 milligrams (mg) 100 caplets Docusate stool softener 100 mg 100 softgels Interview on 06/10/26 at approximately 12:06 PM with Licensed Nurse B confirmed the OTC's lacked the full names of the residents Facility Policy dated 12/2025 "Medication Administration Policy documented a pharmacist or licensed nurse shall place the full name of the resident on the OTC package. The operator failed to ensure a licensed pharmacist or the licensed nurse placed the full name of the resident on the "Over-The-Counter (OTC) medication container.	S5313		

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S5315	Continued From page 28	S5315		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced	S5315		

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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
S5315	Continued From page 29 by: K.A.R. 26-42-205 (h) The facility reported a census of eight residents with three included in the sample and one focused review. Based on observation and interview the operator failed to ensure the "Licensed Nurse" (LN) stored all facility medications in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations in the home. Findings Included: -Observation on 06/10/26 at approximately 12:01 PM revealed a refrigerator located in the medication room with a box with a vial of tuberculin inside. On the side of the box was a handwritten date of 03/03/25. The vial of tuberculin contained instructions that a vial of which had been opened and in use for 30 days should be discarded. Interview on 06/10/26 at approximately 12:02 PM with LN B confirmed the vial of tuberculin was out of date. The operator failed to ensure the "Licensed Nurse" (LN) stored all facility medications in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations in the home.	S5315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087255	A. BUILDING: _____ B. WING _____	06/11/2026

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S5335	Continued From page 30	S5335		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-437(a) The facility reported a census of eight residents with three included in the sample and one focused review. Based on observation and interview the operator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel, and the public regarding unlocked chemicals. Findings Included: - Observation on 06/10/26 at approximately 12:17PM revealed in the back hallway of the home an unlocked door that was labeled housekeeping. On a white shelf to the right side of the door were the following chemicals: WD-40 12 ounce can One pint can of paint and primer Three cans of roach and flea fogger in a box Citrol multi-purpose degreaser 16 ounce can	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5335	Continued From page 31 Interview on 06/10/26 at approximately 12:18 PM with Licensed Nurse B confirmed that the chemicals were on the shelf and the door should be locked/secured to protect health and safety. The operator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel, and the public regarding unlocked chemicals.	S5335		