STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087043	A. BUILDING: _____ B. WING _____	C 07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON AT CHERRY CREEK	8200 E PAWNEE ST WICHITA, KS 67207

(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 numbers 199271, 199270, 199248, 199187, 199167, 198955, 198933, 198788, 198594, 198541, 198162, 197977, 197753, 197672, 197021, 076825, for the above named facility conducted on 07/14/26, 07/15/26, and 07/16/26.	S 000		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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. 26-41-104 (d) (3) The facility reported a census of 102 residents. Based on record review and interview, the Administrator failed to ensure the facility's disaster and emergency preparedness by	S3280		

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

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S3280	Continued From page 1 ensuring the performance of a quarterly review of the emergency management plan that included fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical services, missing residents and any other potential emergency situations. Findings included: - Review of the facility provided documents for resident's disaster and emergency preparedness revealed the following resident in-services: On 02/06/25 "Cold Weather Safety" On 04/03/25 "Fire Safety" On 07/14/25 "Tornado Safety" On 08/06/25 "Heat Safety" On 10/08/25 "Flood Safety" On 12/10/25 "Severe Weather" and "Food Storage and Pest Control" On 03/12/26 "Tornado Safety" Review of the facility provided document titled "Annual Staff In-Service Tracking" revealed the following: On 01/05/25 an in-service for "Disaster Procedures (1st quarter)" On 05/01/25 an in-service for "Fire Prevention and Safety (3rd quarter)" On 06/05/25 an in-service for "Sever Weather and Tornado Procedures (2nd quarter)" On 11/06/25 an in-service for "Disaster Procedures (4th quarter)" On 01/08/26 an in-service for "Disaster Procedures (1st quarter)" On 06/04/25 an in-service for "Fire Prevention and Safety (3rd quarter)"	S3280		

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S3280	Continued From page 2 Interview on 07/16/26 at approximately 12:45 PM with Administrator A and Operator B confirmed not all topics listed in the facility's emergency management plan were covered every quarter for staff and residents. The Administrator failed to ensure the facility's disaster and emergency preparedness by ensuring the performance of a quarterly emergency management plan that included fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical services, missing residents and any other potential emergency situations.	S3280		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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	S3305		

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S3305	Continued From page 3	S3305		

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
(7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents.

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-207 (b) (4)

The facility reported a census of 102 residents. Based on record review and interview, the Administrator failed to ensure the facility provided safe and sanitary conditions for food service.

Findings included:

- Observation on 07/15/26 during the tour of the facility kitchen, Dietary Manager C provided the facility's "Dish Sanitation" logs, which revealed the following;

The log dated 11/25 lacked documentation of the dish sanitation strips being performed.
The log dated 12/25 lacked documentation of the dish sanitation strips being performed.
The log dated 01/26 lacked documentation of the dish sanitation strips being performed.
The log dated 02/26 lacked documentation of the dish sanitation strips being performed.
The log dated 03/26 lacked documentation of the

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S3305	Continued From page 4	S3305		

dish sanitation strips being performed.
The log dated 04/26 lacked documentation of the dish sanitation strips being performed.
The log dated 06/26 had entries for dish sanitation on the 06/01/26 through 06/18/26. The log lacked documentation from 06/19/26 through 06/31/26 of the dish sanitation strips being performed.
The log dated 07/26 lacked documentation of the dish sanitation strips being performed.

At the bottom of each "Dish Sanitation" log facility staff were informed of the following dish machine required water temperatures for washing and rinsing the dishes, and the required "Parts Per Million" (PPM), which measured the exact concentration of active sanitizing chemical dissolved in the water to ensure the solution was strong enough to kill bacteria yet safe and non-corrosive.

The required temperature for washing the dishes in the dish machine was 120 degrees "Fahrenheit" (F).

The required temperature for rinsing the dishes in the dish machine was 120 degrees F.

The required PPM was to be 50.

Interview on 07/16/26 at approximately 12:45 PM with Administrator A and Operator B confirmed the "Sanitation Dish" logs lacked documentation for six months and twenty seven days.

The Administrator failed to ensure the facility provided safe and sanitary conditions for food service.