Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087158	A. BUILDING: _____ B. WING _____	C 09/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT CARE SENIOR LIVING	14422 TWINLAKE DRIVE WICHITA, KS 67230

(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 a Health Licensure Resurvey and Complaint #197234 at the above named home plus conducted on 09/17/26 and 09/21/26. The facility reported a census of seven residents. The sample included three residents.	S 000		
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: KAR 26-42-104(d)(3) Based on record review and interview for all residents and all facility employees, the facility failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the "Emergency Management Plan" (EMP) with employees and residents.	S5215		

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

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S5215	Continued From page 1 Findings included: - On 09/17/26 facility staff provided documentation for EMP reviews completed on 08/06/26. No other documentation was provided for quarterly reviews with staff and residents. On 09/17/26 at 11:30 AM Administrative Staff A stated that he was not aware he needed to keep the quarterly reviews of the EMP till the next survey and had no documentation of completing these reviews besides the one completed on 08/06/26. The facility failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff.	S5215		
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	S5258		

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S5258	Continued From page 2 (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 work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2) Based on interview and record review, the facility failed to ensure four of five newly hired employees records included evidence of verification with the nurse aide registry and Kansas Board of Nursing was completed prior to staff employment, and the facility failed to ensure one of five newly hired employee records included evidence a criminal background check was completed in a timely manner. Findings included: - Review of employee files conducted on 09/17/26 revealed the following: Licensed Nurse B was hired on 05/19/26. Documentation revealed a license check with the Kansas Board of Nursing was completed on 05/29/26, 10 days after being hired. Certified Medication Aide (CMA) C was hired on 02/27/26. Documentation revealed verification with the nurse aide registry was completed on 07/21/26, 144 days after being hired. Certified Nurse Aide (CNA) D was hired on	S5258		

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S5258	Continued From page 3 03/08/26. Documentation revealed a verification with the nurse aide registry was completed on 05/29/26, 82 days after being hired. Verification of a criminal background check with the Kansas Bureau of Investigation was completed on 06/02/26, 84 days after being hired. CNA E was hired on 04/27/26. Documentation revealed a verification with the nurse aide registry was completed on 05/01/26, four days after being hired. On 09/17/26 at 01:18 PM Administrative Staff G acknowledged that some of the new hired staff information was not completed prior to or the day of hire. The facility failed to ensure verification with the nurse aide registry and board of nursing were completed prior to staff employment and criminal background checks of newly hired staff were completed in a timely manner.	S5258		