Kansas Department for Aging and Disability Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N087056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION LIVING VIA CHRISTI VILLAGE MCLEAN	**777 N MCLEAN BLVD , WICHITA, Kansas, 67203**

(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) COMPLETION DATE
S0000	INITIAL COMMENTS The following citations represent the findings of a Health Licensure Resurvey conducted on 09/21/26 and 09/22/26. The facility reported a census of 55 residents. The sample included 3 residents.	S0000		
S3101 SS = F	NSA Signatures CFR(s): 26-41-202 (h) (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR- 26-41-202 (h) Negotiated Service Agreement Based on interview and record review, the facility failed to ensure each individual involved in the development of the negotiated service agreement, signed the agreement for 3 of 3 residents reviewed for negotiated service agreement, Resident (R)'s 1, 2, and 3. R1 diagnoses included Chronic constructive pulmonary disease and fatigue. The 06/26/26 Functional Capacity Screen revealed R1 was cognitively intact. Independently with activities of daily living and was independent with medication management. The 06/29/26 Negotiated Service Agreement revealed R1 administered her own medication, and facility staff were instructed to provide occasional prompting and redirection. R1 admitted on 06/26/26, facility staff were instructed to provide occasional prompting and redirection. The surveyor reviewed the 06/29/26 Negotiated Service Agreement. In the section titled "Signatures", it revealed Licensed Nurse B signed the Negotiated Service Agreement.	S3101		

Office of Primary Care and Health Systems Management

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

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S3101 SS = F	Continued from page 1 The Negotiated Service Agreement lacked signatures of each individual involved in development of the plan. R2 diagnoses included Type 2 Diabetes Mellites and Dementia. The 04/19/26 Functional Capacity Screen revealed R2 was usually continent, she was identified at risk for falls, and used a walker mobility device. The 04/19/26 Negotiated Service Agreement revealed nursing staff would assist with daily medication and treatment management. R2 admitted on 04/07/25 and facility staff were instructed to manage and administer R2's medications and medical treatments. The Surveyor reviewed the 04/19/26 Negotiated Service Agreement. The section titled "Signatures" revealed Licensed Nurse B signed the Negotiated Service Agreement. The Negotiated Service Agreement lacked signatures of each individual involved in development of the plan. R 3 Diagnoses included Type 2 Diabetes Mellites, Neuropathy, Chronic Kidney Disease and Depression. The 06/03/26 Functional Capacity Screen revealed R3 was independent with Activities of Daily Living, she required assistance with medication management and medical treatments. R3 was cognitively intact, and was identified at risk for falls, R3 used a walker mobility device. The 06/03/26 Negotiated Service Agreement revealed facility staff will administer and manage R 3's medications. R 3 admitted on 06/01/26 and required medication management. The Surveyor reviewed the 06/03/26 Negotiated Service Agreement. The section titled "Signatures" revealed Licensed Nurse B signed the Negotiated Service Agreement. The Negotiated Service Agreement lacked signatures of each individual involved in development of the	S3101		

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S3101 SS = F	Continued from page 2 plan. On 09/22/26 at 02:30 PM Licensed nurse B confirmed the Negotiated Service Agreements for R's1, 2, and 3 lacked the signatures of all individuals who were involved in development of the Negotiated Service Agreements.	S3101		
S3165 SS = F	Health Care Services CFR(s): 26-41-204 (d) (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This LICENSURE REQUIREMENT is NOT MET as evidenced by: K.A.R. 26-41-204 (d) Health Care Services Based on interview and record review the facility failed to ensure the Negotiated Service Agreement contained the name of the licensed nurse responsible for the supervision and implementation of the plan for 3 of 3 sampled residents reviewed for health care services. Residents (R)'s 1, 2, and 3. R1 diagnoses included Chronic constructive pulmonary disease and fatigue. The 06/26/26 Functional Capacity Screen revealed R1 was cognitively intact, independent with activities of daily living and independent with medication management. The 06/29/26 Negotiated Service Agreement revealed R1 administered her own medication, and facility staff were instructed to provide occasional prompting and redirection. R1 admitted on 06/26/26, facility staff were instructed to provide occasional prompting and redirection. The negotiated service agreement lacked the name of the nurse responsible for the supervision and implementation of the health service plan. R2 diagnoses included Type 2 Diabetes Mellites and Dementia. The 04/19/26 Functional Capacity Screen revealed R2 was usually continent, she was identified at risk for falls, and used a walker mobility device.	S3165		

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S3165 SS = F	Continued from page 3 The 04/19/26 Negotiated Service Agreement revealed nursing staff would assist with daily medication and treatment management. R2 admitted on 04/07/25 and facility staff were instructed to manage and administer R2's medications and medical treatments. The negotiated service agreement lacked the name of the nurse responsible for the supervision and implementation of the health service plan. R 3 Diagnoses included Type 2 Diabetes Mellites, Neuropathy, Chronic Kidney Disease and Depression. The 06/03/26 Functional Capacity Screen revealed R3 was independent with Activities of Daily Living, she required assistance with medication management and medical treatments. R3 was cognitively intact, and was identified at risk for falls, R3 used a walker mobility device. The 06/03/26 Negotiated Service Agreement revealed facility staff will administer and manage R 3's medications. R 3 admitted on 06/01/26 and required medication management. The negotiated service agreement lacked the name of the nurse responsible for the supervision and implementation of the health service plan. On 09/22/26 at 02:30 PM Licensed nurse B confirmed the Negotiated Service Agreements for R's1, 2, and 3 lacked the name of the nurse responsible for the implementation and supervision of the health service plan.	S3165		
S3211 SS = F	OVER THE COUNTER DRUGS CFR(s): 26-41-205 (g) (3) (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	S3211		

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S3211 SS = F	Continued from page 4 package and the medication container. This LICENSURE REQUIREMENT is NOT MET as evidenced by: K.A.R. 26-41-205 (g)(3) Medication Management Based on observation and interview, the facility failed to ensure the licensed pharmacist or the licensed nurse placed the full name of the resident on the over-the-counter medication containers. On 09/21/26, at approximately 02:00 PM the surveyor observed Licensed Nurse D unlock the medication cart located on the first floor at the north end of the hall, and revealed the following overt the counter medications, which lacked the full name of the resident: 1 bottle Bayer Aspirin 81 milligram (mg) tablets 1 bottle Neuro Elite 1 bottle Zinc 50 mg 1 bottle Vitamin E 180 mg 1 bottle Vitamin D3 1000 international unit (IU) 1 bottle equate stool softener 1 bottle Acetaminophen tablets 325mg 1 bottle Allegra 1 bottle MiraLAX powder On 09/21/26 at approximately 02:15 PM Administrator A and Licensed Nurse D confirmed the over-the-counter medication containers lacked the full name of the resident. This failure placed residents at risk for their over-the-counter medication to be administered to other residents with the same over-the-counter medication orders.	S3211		
S3215 SS = F	Medication Storage CFR(s): 26-41-205 (h) (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	S3215		

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S3215 SS = F	Continued from page 5 laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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 facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This LICENSURE REQUIREMENT is NOT MET as evidenced by: K.A.R. 26-41-205 (h) (1) Medication Management Based on observation and interview the facility failed to ensure the licensed nurses or certified medication aides stored all non-controlled medications managed by the facility in a locked medication room, cabinet, or medication cart. The facility further failed to ensure the licensed nurse or the certified medication aide had access to the stored medications. On 09/21/26 at approximately 02:20 PM the surveyor observed the medication cart located on the first floor at the south end of the hall with the locking bolt located on the right side of the front of the cart in the out position. The surveyor further observed there was no staff present in the area of the medication cart. On 09/21/26 at approximately 02:20 PM Administrator A confirmed the medication cart located on the first floor at the south end of the hall was unlocked, and she further confirmed there were no staff present at or near the cart while it was unlocked. This failure allowed any unlicensed or uncertified person access to the resident's ordered medications.	S3215		

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S3085 SS = D	Negotiated Service Agreement CFR(s): 26-41-202 (a) (a) The administrator or operator of each assisted living facility or residential health care facility 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: K.A.R. 26-41-202 (a) Negotiated Service Agreement Based on interview and record review the facility failed to ensure the development of a written Negotiated Service Agreement based on the residents Functional Capacity Screen for 1 of 3 residents reviewed for the Negotiated Service Agreement, Resident (R) 1. R1 diagnoses included chronic obstructive pulmonary disease and fatigue. The 06/26/26 Functional Capacity Screen revealed R1 was cognitively intact. The 06/29/26 Resident Service Plan in the section titled "Cognition and Psychological" revealed R1 had occasional confusion and some difficulty recalling details. R1 admitted on 06/26/26 and required the facility staff to provide occasional prompting and/or redirection. Review of the "Office Clinic Notes" dated 06/10/26 which showed R1 was alert and oriented to person, place, and time. On 09/22/26 at 02:30 PM Administrator A and Licensed Nurse B confirmed R1 had confusion at times. They continued to confirm the confusion was not included on R1's Functional Capacity Screen. As a result, the Negotiated Service Agreement was not based on R1's screening that determined her functional capacity.	S3085		