STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087142	A. BUILDING: _____ B. WING _____	10/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER LIVING BY WARDEN, LLC 4	1229 S BYRON ROAD WICHITA, KS 67209

(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 for the above named home plus conducted on 10/22/26. The facility reported a census of two residents. The sample included two 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, the facility failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the "Emergency Management Plan" (EMP) with residents that included all eight required topics and failed to provide documentation these were	S5215		

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

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S5215	Continued From page 1 completed with all residents. Findings included: - On 10/22/26 documentation of EMP reviews with residents was requested but no documentation was provided by the facility. On 10/22/26 at 09:57 AM Licensed Nurse (LN) A stated there was not a formal document that kept track of quarterly reviews of the EMP with residents. LN A stated maintenance staff reviewed topics pertinent with the season with residents while they performed fire drills. On 10/22/26 at 10:25 AM Administrative Staff B stated the facility quit having residents sign off on the quarterly reviews of the EMP after family members complained that cognitively impaired residents were signing something they did not understand. Administrative Staff B stated reviews over seasonally relevant topics were completed during fire drills every two months. The facility failed to ensure the performance of quarterly reviews of the emergency management plan with residents which included all eight required topics and failed to provide documentation these reviews were completed with all residents.	S5215		