Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N078016	A. BUILDING: _____ B. WING _____	C 10/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALDRON PLACE ASSISTED LIVING	1700 E 23RD HUTCHINSON, KS 67502

(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 survey regarding allegations in the following complaints:199768, 196663, 196650, 196652, and 195778, conducted on 10/26/26 and 10/27/26. The facility reported a census of 56 residents. The sample included 6 residents.	S 000		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (a) Health Care Services Based on record review and interview, the facility failed to ensure the licensed nurse provided the necessary health care services that met the needs for each resident for skin preservation for two of the six sampled residents reviewed for health care services, Resident's (R)'s 2 and 3. R2 admitted on 09/02/14 with diagnoses of personal history of other diseases of the nervous system and sense organs, generalized anxiety	S3155		

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

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S3155	Continued From page 1	S3155		

disorder, unspecified convulsions, and type two diabetes mellitus with diabetic neuropathy.

The 07/20/26 Functional Capacity Screen (FCS) revealed R2 required physical assistance with bathing and dressing. R2 was independent with walking and mobility. R2 was able to make herself understood and she understood others. R2 used a walker and wheelchair mobility device.

The 07/20/26 combined Negotiated Service Agreement (NSA)/Health Service Plan (HSP) revealed the facility would assist R2 with bathing, dressing, and observe R2 for instability and potential fall risks.

The 07/30/26 Amended Negotiated Service Agreement revealed a local home health company would provide physical therapy and wound care.

R2's Amended Negotiated Service agreement lacked health care services to prevent wound worsening and skin preservation.

On 10/27/26 Operator A and Licensed Nurse B confirmed R2's wound is a chronic diabetic wound with delayed healing due to impaired perfusion, they further confirmed R2's NSA/HSP and amended NSA lacked health care services to prevent wound worsening and skin preservation.

R3 admitted on 05/26/26 with diagnoses of demyelinating disease of the central nervous system, anxiety, malignant neoplasm of the right breast, and major depressive disorder.

The 05/26/26 FCS revealed R3 required physical assistance with bathing, dressing, toileting, transferring, mobility, and eating. R3 was

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S3155	Continued From page 2 incontinent, could usually make herself understood and she usually could understand others. R3 used a wheelchair mobility device. The 05/26/26 combined NSA/HSP revealed facility staff would provide physical assistance with bathing, dressing, and assist to the toilet every two hours. R3 could self-propel her own wheelchair and provide one staff assist when ambulating with her walker. The surveyor reviewed the 09/17/26 "Physicians Order" which showed a signed order for R3 to receive services for a local home health agency to assess R3's right great toe and to treat as indicated. On 10/27/26 Operator A and Licensed Nurse C confirmed R3 was at risk for a pressure ulcer to the buttocks and to a pressure area to the top of the right foot, they continued to confirm R3's combined NSA/HSP lacked health care services for pressure wound prevention. This failure placed R2 and R3 at risk of wound development.	S3155		
S3201 SS=E	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and	S3201		

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S3201	Continued From page 3 (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (d) (1) (D) Medication Management Based on record review and interview, the facility failed to ensure the facility's Certified Medication Aide's (CMA)'s documented the administration of each resident's medication in the resident's medication administration record immediately before or following completion of the task for two of six sampled residents reviewed for medication management, Residents (R)'s 2 and 3. R2 admitted on 09/02/14 with diagnoses of personal history of other diseases of the nervous system and sense organs, generalized anxiety disorder, unspecified convulsions, and type two diabetes mellitus with diabetic neuropathy. The 07/20/26 Functional Capacity Screen (FCS) revealed R2 required supervision with managing her own medications. The 07/20/26 combined Negotiated Service Agreement (NSA)/Health Service Plan (HSP) revealed the facility would prepare R2's medications in advance and supervise R2's	S3201		

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S3201	Continued From page 4 administration of her medications. The surveyor reviewed the October 2026 "Medication Administration Record" (MAR) which showed an order for Novolog solution inject 6 units subcutaneously in the evening. The record lacked documentation on 10/11/26 as being administered. On 10/27/26 Operator A and Licensed Nurse B confirmed the facility CMA's dial the insulin pen for R2 and R2 would then self-inject her insulin. They further confirmed October 2026 MAR for R2 lacked documentation of R2 being supervised administering her own insulin. R3 admitted on 05/26/26 with diagnoses of demyelinating disease of the central nervous system, anxiety, malignant neoplasm of the right breast, and major depressive disorder. The 05/26/26 FCS revealed R3 required supervision with managing her own medications. The 05/26/26 combined NSA/HSP revealed facility staff would supervise R3 during medication administration. The surveyor reviewed the October 2026 "Medication Administration Record" (MAR) which showed an order for Levothyroxine Sodium Oral Tablet 50 MCG, give 50 MCG by mouth one time a day. The record lacked documentation on the following dates of being administered: 10/02/26 10/13/26 10/19/26 10/23/26	S3201		

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S3201	Continued From page 5 On 10/27/26 Operator A and Licensed Nurse B confirmed the October 2026 MAR lacked documentation the Levothyroxine Sodium oral tablet was administered daily. The facility failed to ensure the facility's CMA's documented the administration of each resident's medication in the resident's medication administration record immediately before or following completion of the task.	S3201		