STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N007006	A. BUILDING: _____ B. WING _____	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT HIAWATHA LLC	400 KANSAS AVENUE HIAWATHA, KS 66434

(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 represents the findings of a resurvey with attached complaint 186031 at the above named assisted living facility conducted on 09/30/25-10/01/25.	S 000		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(1)(2) The facility reported a census of 33 residents with three residents included in the sample and one closed chart review. Based on interview and record review the operator failed to ensure facility staff revised the "Negotiated Service Agreement" (NSA) for Residents (R) 2 and R3 every 365 days and on change in condition as defined in K.A.R. 26-39-100.	S3092		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N007006	A. BUILDING: _____ B. WING _____	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT HIAWATHA LLC	400 KANSAS AVENUE HIAWATHA, KS 66434

(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
S3092	Continued From page 1 Findings included: - Record review for R2 revealed an admission date of 03/21/24 with a diagnosis of glaucoma. The 03/21/24 (admission) FCS identified R2 required physical assistance with transfers and mobility. The 03/10/25 FCS identified R2 required supervision with transfers and mobility. The 03/10/25 combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HCP) identified facility staff would provide assistance of one staff member for transfers and mobility. The NSA/HSP failed to indicate R2 used a bed assistive device. Interview on 10/01/25 at 12:52 PM of Administrative Nurse C revealed R2 required assistance when first admitted. She confirmed at the time of the most recent NSA/HSP on 03/10/25 R2 only required supervision and the NSA/HSP was not revised to reflect the change. On 10/01/25 at 01:08 PM Administrative Nurse C confirmed R2's NSA/HSP failed to include a bed assistive device in use. - Record review for R3 revealed an admission date of 04/03/23 with diagnoses including hypothyroidism and overactive bladder. The 08/08/25 (most recent) FCS identified R3 required physical assistance for bathing, dressing, and management of medications and	S3092		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N007006	A. BUILDING: _____ B. WING _____	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT HIAWATHA LLC	400 KANSAS AVENUE HIAWATHA, KS 66434

(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
S3092	Continued From page 2 treatments; supervision with transfers and mobility; and had impaired hearing. The FCS did not indicate R3 at risk for falls. The 08/08/25 combined NSA/HCP identified facility staff would provide assistance with bathing; management of medications and treatments; and monitoring while in view for safety during transfers and walking. Falls were not addressed on the "NSA/HCP." Review of "General Note" on 09/06/25 at 03:06 AM revealed R3 sustained a fall out of her bed. R3's record lacked evidence of the NSA/HSP was revised to include services to prevent R3 from falling. On 10/01/25 at 01:10 PM Administrative Nurse C confirmed R3's NSA/HSP was not revised to include fall prevention services. On 10/01/25 at 01:50 PM Administrative Staff A confirmed the facility does not have a policy regarding NSA. The administrator failed to ensure facility staff revised the "Negotiated Service Agreement" (NSA) for Residents (R) 2 and R3 every 365 days and on change in condition as defined in K.A.R. 26-39-100.	S3092		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N007006	A. BUILDING: _____ B. WING _____	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT HIAWATHA LLC	400 KANSAS AVENUE HIAWATHA, KS 66434

(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
S3320	Continued From page 3 the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 33 residents. Based on observation and interview the operator failed to ensure the facility was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas. Findings included: - Observation on 09/30/25 at 03:29 PM in the east public bathroom revealed one 15-ounce can of disinfectant spray on top of a storage unit with	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N007006	A. BUILDING: _____ B. WING _____	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT HIAWATHA LLC	400 KANSAS AVENUE HIAWATHA, KS 66434

(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
S3320	Continued From page 4 label that read "Keep out of reach of children." On 09/30/25 at approximately 03:55 PM in the bathroom within the therapy room were three seven-ounce aerosol cans of concentrated room deodorant with labels that read "Keep out of reach of children." On 09/30/25 at 04:01 PM one 16-ounce aerosol can of air freshener was located on the counter in the north public bathroom with label that read "Keep out of reach of children." On 09/30/25 at approximately 04:03 PM Administrative Staff A confirmed chemicals were not stored in locked areas. The facility's housekeeper "job description" identified a task of ensuring "residents do not have access to chemicals." The operator failed to ensure the building was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas.	S3320		