STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N012001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET , ST FRANCIS, Kansas, 67756

(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 resurvey conducted on 11/19/25 at the above-named facility resulted in the following findings.	S0000		
S3055 SS = F	Survey Report CFR(s): 26-41-101 (l) (l) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a public area to residents and any other individuals wishing to examine survey results. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-101 (l) The facility reported a census of nine residents. The sample included three residents. Based on record review and interview, the facility failed to ensure that a copy of the most recent survey report and plan of correction is available in a public area to residents and any other individuals wishing to examine survey results. Findings included: - On 11/18/25 at 08:30 AM, observation revealed the facility lacked the display and/or posting of the last survey results and lacked availability of the past three years of surveys. On 11/18/25 at 10:00 AM, Administrative Staff A verified the facility lacked the public posting or availability of the last survey and the last three years of surveys. The facility's "Examination of Survey Results" policy dated April 2017, documented survey results and plans of correction are readily accessible to the resident, family members, resident representative, and the public. A copy of the most recent survey report and any	S3055		

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

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S3055 SS = F	Continued from page 1 pans of correction are kept in a binder in the resident's day room. Survey reports, certifications, complaint investigation and plans of correction for the preceding three years are available for any individual to review upon request. Information concerning the right to examine, the location of and how to request preceding years' survey reports and plans of correction (and related materials as noted above) are posted on the resident's bulletin board and at each nurse's station. Inquiries concerning the examination of survey results should be referred to the administrator and/or the director of nursing services. The facility failed to ensure that a copy of the most recent survey report and plan of correction is available in a public area to residents and any other individuals wishing to examine survey results.	S3055		
S3090 SS = D	Admission Negotiated Service Agreement CFR(s): 26-41-202 (c) (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-202 (c) The census totaled 9 residents. The sample included 3 residents. Based on interview and record review for Resident (R)3, the operator failed to ensure designated staff complete the development of an initial "Negotiated Service Agreement" (NSA) upon admission to the facility. Findings included: - Review of the "Resident Roster" obtained on 11/18/25 included R3. The roster recorded R3's admission date as 09/20/24. R3's "Medical Record" revealed R3 was admitted to the facility on 09/20/24 with diagnoses of urinary tract infection, weight loss, muscle weakness, pain and unsteady on his feet. The "Resident Functional Capacity Screen" (FCS) dated 09/20/24 recorded the resident required physical assistance with management of medications and treatments, supervision with bathing, and toileting; and was identified at risk for falls. R3 used a walker	S3090		

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S3090 SS = D	Continued from page 2 or cane for ambulation. R3's medical record lacked completion of a negotiated service agreement. Interview on 11/18/25 at 12:30 PM with Administrator A confirmed he was unable to locate R3's admission negotiated service agreement at the time the surveyor requested. The facility's "Service Plans" policy, undated, documented the facility would make certain that each resident had a comprehensive service plan. The policy documented the Assisted Living Center would develop a comprehensive service plan for each resident that included measurable objectives and timetables to meet a resident's medical, nursing, mental, and psychosocial needs as identified in the Functional Evaluation. The Interdisciplinary team (IST), in conjunction with the resident, resident's family, surrogate or representative, would develop qualified objectives for the highest level of functioning the resident may be expected to attain, based on the functional evaluation. The service plan would be developed within in seven days of the completion of the Functional Evaluation. The service plan would be updated at any time based on changes to the plan of care. The IST would meet no less than semi-annually and upon significant change in the status of the resident, to review the plan of care Administrator A failed to ensure the development of an initial negotiated service agreement upon admission for R3.	S3090		
S3092 SS = D	Negotiated Service Agreement Revisions CFR(s): 26-41-202 (d) (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.	S3092		

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S3092 SS = D	Continued from page 3 This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-202 (d) (1) The census totaled 9 residents. The sample included 3 residents. Based on record review and interview for Resident (R)3, the operator failed to ensure the review, and if necessary, revision of the Negotiated Service Agreement (NSA) at least once every 365 days. Findings included: - R3's "Medical Record" revealed R3 was admitted to the facility on 09/20/24 with diagnoses of urinary tract infection, weight loss, muscle weakness, pain and unsteady on his feet. The current “Residential Functional Capacity” (FCS) Screen dated 09/20/25 recorded the resident required physical assistance with management of medications and treatments, supervision with bathing; and was identified at risk for falls. R3 used a walker for ambulation. R3’s medical record lacked completion of a negotiated service agreement. Record lacked a completion of an annual NSA since admission on 09/20/24. Interview on 11/18/25 at 12:20 PM, with R3 stated he was independent with dressing, toileting, walking and eating and the facility staff administered his medications. Interview on 11/18/25 at 12:30 PM, with License Nurse (LN) B confirmed R3’s NCA was not completed on admission or annually. The facility’s “Service Plans” policy, undated, documented the facility would make certain that each resident had a comprehensive service plan. The policy documented the Assisted Living Center would develop a comprehensive service plan for each resident that included measurable objectives and timetables to meet a resident’s medical, nursing, mental, and psychosocial needs as identified in the Functional Evaluation. The Interdisciplinary team (IST), in conjunction with the resident, resident’s family, surrogate or representative, would develop qualified objectives for the highest level of functioning the resident may be expected to attain, based on the functional evaluation. The service plan would be developed within in seven days of the completion of the Functional Evaluation. The service plan would be updated at any time based on	S3092		

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S3092 SS = D	Continued from page 4 changes to the plan of care. The IST would meet no less than semi-annually and upon significant change in the status of the resident, to review the plan of care. Administrator A failed to ensure the review and if necessary, revision of the NSA at least every 365 days.	S3092		
S9999	Final Observations 9999 scope/severity F K.S.A. 39-928 Upon receipt of an application for license, the licensing agency with the approval of the state fire marshal shall issue a license if the applicant is fit and qualified and if the adult care home facilities meet the requirements established under this law. A license, unless sooner suspended or revoked, shall remain in effect upon filing by the licensee, and approval by the licensing agency and the state fire marshal or their duly authorized agents, of an annual report upon such uniform dates and containing such information in such form as the licensing agency prescribes and payment of an annual fee. It shall be posted in a conspicuous place in the adult care home. Findings included: Department records revealed the facility failed to file and pay for the 2023, 2024, and 2025 annual renewal licensing fees. Observation on 11/18/25 at 10:00 AM revealed a picture frame on the wall entrance to the facility with an initial license when the facility started operations 2018. Interview on 11/18/25 at 11:30 APM Administrative Staff A stated he had worked at the facility a few months and was unaware of any missed license renewal but could not provide proof of completed renewal or fees paid. Interview on 11/18/25 at 2:00 PM Administrative Staff A verified the facility had a new administrator and business office manager and he had contacted the Topeka renewal office and had submitted the license renewal for 2023 and would complete and pay for the 2024 and the 2025 today. The facility failed to file and pay the 2023, 2024 and 2025 annual renewal licensing fees to the department and post the license in a conspicuous place as required by KSA 39-928.	S9999		