STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023018	A. BUILDING: _____ B. WING _____	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT BALDWIN CITY LLC	321 CRIMSON AVENUE BALDWIN, KS 66006

(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 complaints 195516, 196812 at the above named Assisted Living conducted 08/19/25, 08/28/25 and 09/09/25.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(2) The facility reported a census of 36 residents. The sample included three residents and two abbreviated record reviews. Based on interview, and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for Resident (R)105 when she experienced a significant change in condition. Findings included: - R105's medical record revealed she moved	S3081		

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
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S3081	Continued From page 1 into the facility on 05/19/17 with a diagnosis of heart failure. The most current FCS available in R105's medical records dated 05/23/25 documented she was independent with toileting and transfers with no documentation to show a significant change FCS was completed after this date. On 09/09/25 at 01:58 PM Administrative Nurse A stated she and the regional nurse changed R105's level of care on the 05/23/25 FCS for toileting and transfers from independent to physical assistance needed but did not actually complete a significant change FCS. The operator failed to ensure a significant change FCS was completed for R105 after she experienced a decline in her physical abilities concerning her activities of daily living.	S3081		
S3092 SS=D	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	S3092		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023018	A. BUILDING: _____ B. WING _____	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3092	Continued From page 2 family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(2) The facility reported a census of 36 residents. The sample included three residents and two abbreviated record reviews. Based on interview, and record review the operator failed to ensure designated staff revised the "Negotiated Service Agreement" (NSA) for Resident (R)105 when she experienced a significant change in condition. Findings included: - R105's medical record revealed she moved into the facility on 05/19/17 with a diagnosis of heart failure. The most current NSA available in R105's medical records was dated 05/23/25 documented she was independent with toileting and transfers with no documentation to show a significant change NSA was completed after this date. On 09/09/25 at 01:58 PM Administrative Nurse A stated she and the regional nurse changed R105's level of care on the 05/23/25 FCS for toileting and transfers from independent to physical assistance needed but did not complete a significant change NSA based on these changes. The operator failed to ensure a significant change NSA was completed for R105 after she	S3092		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3092	Continued From page 3 experienced a decline in her physical abilities concerning her activities of daily living.	S3092		