STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175126	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW SENIOR LIFE	1417 W ASH ST , JUNCTION CITY, Kansas, 66441

(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
F0000	INITIAL COMMENTS A partial extended complaint survey was conducted by the Kansas Department of Aging and Disability Services (KDADS), on behalf of the Centers for Medicare and Medicaid Services (CMS) on 11/12/25. The facility was found not to be in substantial compliance with 42 CFR 43 subpart B. On 11/13/25 at 02:15 PM, Administrative Staff A was provided the IJ template and notified of the facility's failure to ensure R2 remained free from sexual abuse, which placed R2 in immediate jeopardy. The facility provided an acceptable plan for removal of the immediate jeopardy on 11/13/25 at 03:49 PM. The surveyor validated that the immediate jeopardy was removed on 11/13/25 at 03:55 PM following the facility's implementation of the plan for removal of the immediate jeopardy. The deficient practice remained at a "G" (isolated, actual harm) scope and severity, based on the reasonable person concept, after the removal of the immediacy. The IJ started on 11/12/25 when R1 and R2 were found in R1's room and ended on 11/13/25. The 2567 was sent electronically on 11/26/25.	F0000		
F0600 SS = SQC-K	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary	F0600		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175126	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW SENIOR LIFE	1417 W ASH ST , JUNCTION CITY, Kansas, 66441

(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
F0600 SS = SQC-K	Continued from page 1 seclusion; This REQUIREMENT is NOT MET as evidenced by: The facility identified a census of 66 residents, with three residents reviewed for abuse and neglect. Based on record review, observation, and interview, the facility failed to protect Resident (R) 2, a cognitively impaired female, from sexual abuse. On 11/12/25 at 01:40 PM, staff found R2, who had severe cognitive impairment, was unable to consent to sexual relations, and had a history of wandering, in R1's room on his bed. R1, who had a Brief Interview for Mental Status (BIMS) score of 15 (cognitively intact) and a history of sexual behaviors, performed oral sex on R2. Staff separated the residents and placed R2 on one-to-one observation. This deficient practice placed R2 and other cognitively impaired female residents in Immediate Jeopardy. Findings included: - R1's Electronic Medical Record (EMR) documented R1 had diagnoses of lymphedema (swelling caused by accumulation of lymph), diabetes mellitus (DM-when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), hyperlipidemia (condition of elevated blood lipid levels), and chronic (persisting for a long period) kidney disease (a condition where the kidneys are damaged and lose the ability to filter blood properly). R1's "Quarterly Minimum Data Set" (MDS) dated 10/10/25 documented R1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. R1 had no behaviors documented on the assessment. R1 required moderate staff assistance with bathing, supervision for dressing and was independent with all other activities of daily living (ADL). The "ADL (Activities of Daily Living) Functional / Rehabilitation Potential Care Area Assessment (CAA)" dated 04/16/25 documented R1 was at the facility for medication management and assistance with ADLs. The CAA documented R1 was dependent on staff for lower extremity dressing and noted R1 ambulated with a walker. R1's "Care Plan," initiated on 04/23/24, documented R1 had inappropriate sexual behaviors, including sexually explicit comments, gestures, or attempts at contact. R1's goal, dated 10/10/25, documented R1 would have a reduction in frequency and severity of inappropriate sexual behaviors and maintain socially appropriate	F0600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175126	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW SENIOR LIFE	1417 W ASH ST , JUNCTION CITY, Kansas, 66441

(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
F0600 SS = SQC-K	Continued from page 2 interactions with peers. The care plan documented R1 was started on Prozac (an antidepressant-class of medications used to treat mood disorders) for hypersexuality (a condition characterized by intense, uncontrollable sexual urges, thoughts, and behaviors) (10/10/25). The care plan documented R1 started making inappropriate comments and gestures towards females and asked a female to come to his room. R1 verbalized he was aware his behaviors were inappropriate but continued exhibiting the behavior. R1 was moved to a different room on the opposite side of the facility from a particular resident in an attempt to limit their interactions (10/10/25). The “Social Services Progress Note” dated 09/23/25 documented Social Service X received a report that a female resident (referred to R2 and verified with Social Service X) went into R1’s room to visit him. Staff found R1 and R2 in R1’s room in the dark with the door shut. Social Service X talked to R1 and asked him about what was going on. R1 stated he thought the female resident liked him and said the resident snuggled up to him and was very close to him. Social Service X explained to R1 that R2 could not give consent due to her cognition, and R2 could possibly be blamed for something that did not happen. R1 expressed understanding, and Social Service X told R1 to get help from staff if he had difficulty with R2. The “Social Services Progress Note” dated 09/29/25 documented staff reported R1 made an inappropriate sexual gesture to a female resident (verified with Social Service X, this was R2). Social Service X questioned R1, and he did not deny the accusation. R1 reported there was a temptation involved, but he knew it was wrong. Social Service X explained to R1 the situation could become a legal problem for him. R1 expressed understanding. R1 would be moved to another location in the facility in order to deter further inappropriate interactions. The “Behavior Note” dated 09/29/25 documented staff assisted in having a conversation with R1 regarding recent inappropriate conduct with another resident (R2). A staff member observed an inappropriate sexual gesture performed by R1. The other resident involved did not have the ability to consent to physical touch related to her cognitive status, and the female residents responsible party did not give consent. The possible implications included the resident being asked to leave the facility and/or having legal repercussions for any further involvement were discussed at length. R1 demonstrated understanding of the implications for his action and understood he would be relocated to	F0600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175126	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW SENIOR LIFE	1417 W ASH ST , JUNCTION CITY, Kansas, 66441

(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
F0600 SS = SQC-K	Continued from page 3 another unit in the facility, and R1 was to have no physical or verbal interaction with the resident (R2). The primary care provider was notified of the situation. The “Alert Note” dated 09/29/25 documented R1 was transferred from one area of the facility to another related to inappropriate verbal and non-verbal gestures with another female resident (R2). All medications were transferred as well as R1’s belongings. R1 was aware of the reasoning for the room change. The “Social Services Progress Note” dated 10/08/25 documented a Certified Nurse’s Aide (CNA) came to Social Service X and reported R1 blew a kiss to a female resident (Social Service X verified the female was R2) and R2 blew a kiss back to R1. After the meal, R1 went to R2 and asked her to come with him to his room. Staff intervened and stopped R2 from going to R1’s room. Social Service X and Licensed Nursing Staff talked to R1about this behavior in the past. Social Service X would ask a male nurse to visit with R1 to see if that made a difference. The “Social Services Progress Note” dated 10/09/25 documented R1 was referred for psychiatric services. The “Physician’s Order Note” dated 10/10/25 documented Prozac 20 milligrams (mg) one capsule by mouth daily for hypersexuality with inappropriate sexual behaviors. The “Health Status Note” dated 10/12/25 documented (selective serotonin reuptake inhibitor) SSRIs (a class of antidepressant medication) such as Prozac are supported in the literature as first line pharmacologic options for managing inappropriate sexual behaviors in older adults due to their libido (another term for sex drive) reducing and anti-obsessional effects which help decrease sexual preoccupation, impulsivity, and behavioral disinhibition without higher adverse effects associated with other drugs. The “Social Services Progress Note” dated 11/05/25 documented Social Service X received a report that R1 continued to make some slight sexual advances to R2. Staff would continue to monitor behaviors. The “Health Status Note” dated 11/12/25 documented at approximately 01:40 PM this afternoon, staff notified the nurse R2 was in R1’s room. When staff entered the resident’s room, R1 and R2 were naked from the waist down and R1 was performing oral sex on R2. R1 and R2 were immediately separated. Staff assisted R2 with her clothing and escorted from R1’s room. When asked what	F0600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175126	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW SENIOR LIFE	1417 W ASH ST , JUNCTION CITY, Kansas, 66441

(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
F0600 SS = SQC-K	Continued from page 4 had happened, R1 stated, “She followed me down the hall. I told her to turn around, and she said no I want to be with you.” R1 stated he and R2 talked for a few minutes, kissed, and then got intimate. R1 stated they were trying to make love and R2 was his female friend. When asked if R2 acted uncomfortable with the situation at any time, R1 said, “No, and if she had asked me to stop, I would have stopped immediately.” R1 was reminded this behavior was unacceptable and could not recur. On 11/13/25 at 11:00 AM, R1 stood in his doorway with his walker and watched the activity in the hallway outside his door. R1 said, “Hey,” to people as they walked by. On 11/13/25 at 11:00 AM, R1 stated R2 came into his room, and he was a tempted man and could not help himself. R1 denied R2 told him to stop, so he continued to pleasure her. R1 denied sexual penetration. R1 stated he knew it was wrong but could not help himself. On 11/13/25 at 12:00 PM, CNA M stated she had knocked on R1’s door and opened it. CNA M stated she saw R2 lying on the bed unclothed from the waist down, R1 unclothed from the waist down, and R1 was performing oral sex on R2. CNA M stated she told R1 to get up, and R1 said, “I am a tempted man. I cannot help myself,” and then laughed and smiled. On 11/13/25 at 12:15 PM, CNA N stated she and CNA M knocked on R1’s door looking for other CNAs. When they opened the door, CNA N stated she saw R2 lying in R1’s bed naked from the waist down, and R1 was giving R2 oral sex. CNA N stated she asked them what they were doing, and R2 said, “I came in to watch TV. I don’t know.” R1 said, “She came into my room.” On 11/13/25 at 11:30 AM, Licensed Nurse (LN) G stated he normally worked on the hall R2 lived on and R1 used to live on. LN G stated he was unaware of R1 having any hypersexual behaviors. LN G stated he and the staff on R2’s hall was to check on R2 every fifteen to twenty minutes to ensure she was safe, but sometimes she made it to places she should not be when staff were in other rooms. On 11/13/25 at 01:00 PM, Social Service X stated R1 had several instances of making inappropriate gestures to R2, blowing kisses to her, and R2 being in R1’s room. Social Service X stated she talked with R1 and explained to him R2 had no mental capacity to consent, and R2 did not know right from wrong. Social Service X told R1 he could get in trouble if he continued to have	F0600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175126	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW SENIOR LIFE	1417 W ASH ST , JUNCTION CITY, Kansas, 66441

(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
F0600 SS = SQC-K	Continued from page 5 interactions with R2. Social Service X stated R1 stated he understood. Social Service X stated R1 was alert and oriented and knew right from wrong. On 11/13/25 at 09:30 AM, Administrative Nurse D stated R1 made obscene gestures to R2 across the dining room, and R1 and R2 lived on the same hall. R2 was in R1's room several times, so they moved R1 to a different hall to try and limit their access to one another. Administrative Nurse D stated R2 still made it across the building to R1's room no matter what was done to prevent it. The facility's undated "Abuse, Neglect, and Exploitation Policy" documented it is the police of the facility to prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property by implementation of specific procedures. It is the police of this facility that each resident will be free from abuse, neglect, misappropriation of resident property, and exploitation. Abuse may include verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion, and any physical or chemical restraints not required to treat a resident's medical condition. Additionally, residents will be protected from abuse, neglect, and harm while they are residing in this facility. No abuse or harm of any type will be tolerated, and residents and staff will be monitored for protection. On 11/13/25 at 02:15 PM, Administrative Staff A was provided the IJ template and notified of the facility's failure to ensure R2 remained free from sexual abuse, which placed R2 in immediate jeopardy. The facility provided an acceptable plan for the removal of the immediacy on 11/13/25 at 03:49 PM, which included: 1. Staff immediately separated R1 and R2, and placed R2 under one-on-one supervision, pending assessment (11/12/25) 2. R1 was placed on continuous monitoring, and R2 was restricted from unsupervised access to rooms. Initiated 11/13/25. 3. Administrative Staff A and Administrative Nurse D initiated an internal investigation per the abuse policy upon knowledge of the incident, and after R1 and R2 were separated on 11/12/25. 4. Staff re-education on abuse prevention, reporting, and sexual consent with cognitively impaired residents training initiated on 11/12/25 after the incident	F0600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175126	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW SENIOR LIFE	1417 W ASH ST , JUNCTION CITY, Kansas, 66441

(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
F0600 SS = SQC-K	Continued from page 6 occurred and continued for all staff to be re-educated prior to working the next scheduled shift until all staff had been re-educated. The Surveyor verified the implementation of the IJ removal plan while onsite on 11/13/25 at 03:55 PM. The deficient practice scope/severity was lowered to a “G” indicating actual harm based on reasonable person concept, upon removal of the immediacy.	F0600		