STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046042	A. BUILDING: _____ B. WING _____	02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUSTWELL LIVING OF MISSION SPRINGS I	5300 W 61ST PLACE MISSION, KS 66205

(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 194710 and incident 194700 at the above named assisted living facility conducted on 02/23/26 and 02/24/26.	S 000		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 30 residents with three residents included in the sample and one closed record review. Based on interview and record review the administrator failed to ensure that each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreements for Resident (R) 1, R2, and R3. Findings included: - Record review for R1 revealed an admission date of 09/30/25 with a diagnosis of dementia. The 12/11/25 Functional Capacity Screen (FCS)	S3101		

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

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S3101	Continued From page 1 identified R1 was unable to perform bathing, dressing, toileting, transfers, mobility, and management of medications and treatments; was incontinent of bladder; had short-term memory, memory recall, and decision-making difficulties; had impaired decision-making; and was at risk of falls. The record lacked a signed 12/11/25 NSA by the individuals involved in its development. The record further failed to indicate a reason the NSA had not been signed. - Record review for R2 revealed an admission date of 04/26/25 with a diagnosis of atrial fibrillation. The 10/14/25 FCS identified R2 was unable to perform bathing, dressing, toileting, and management of medications and treatments; was incontinent of bladder; and had short-term memory, long-term memory, memory recall, and decision-making difficulties. The record lacked a signed 10/14/25 NSA by the individuals involved in its development. The record further failed to indicate a reason the NSA had not been signed. - Record review for R3 revealed an admission date of 09/30/25 with a diagnosis of Alzheimer's. The 12/17/25 FCS identified R3 required supervision with bathing; was independent with dressing, toileting, transfers, mobility, and eating; was unable to perform management of medications. She was occasionally incontinent of bladder; and had short term memory and	S3101		

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S3101	Continued From page 2 memory/recall difficulties. The record lacked a signed 12/17/25 NSA by the individuals involved in its development. The record further failed to indicate a reason the NSA had not been signed. On 02/24/26 at 02:40 PM Administrative Nurse E confirmed R1, R2, and R3's NSAs were in her "to be signed pile" lacked signatures including all those involved in the development of the agreements. The facility's last revised 10/25 "Care Plan Policy" documented the resident or their designated agent should review and sign the plan. If the plan is questioned, staff would set a time within a week to rediscuss and if the document is refused, it was to be documented in the record within a week. The administrator failed to ensure that each individual involved in the development of the NSA signed the agreements for R1, R2, and R3.	S3101		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i)	S3171		

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S3171	Continued From page 3 The facility reported a census of 30 residents with three included in the sample and one closed record review. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for the purpose of a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Resident (R) 2; and further failed to ensure staff completed incident reports and implemented an intervention to prevent future occurrence for R3 after she sustained multiple falls. Findings included: - Record review for R2 revealed an admission date of 04/26/25 with a diagnosis of atrial fibrillation. The 10/14/25 Functional Capacity Screen (FCS) identified R2 was unable to perform bathing, dressing, toileting, and management of medications and treatments; was incontinent of bladder; and had short-term memory, long-term memory, memory recall, and decision-making difficulties. The 10/14/25 "Negotiated Service Agreement" which is the facility's combined Negotiated Service Agreement/Healthcare Service Plan0 (NSA/HSP) identified R2 received assistance from staff for bathing, dressing, mobility, and administration of medications. Staff completed frequent checks for bladder incontinence and prevention of falls and would redirect when wandering.	S3171		

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S3171	Continued From page 4 R2's record lacked evidence of documentation of a bed assist device assessment. Observation on 02/24/26 at 12:08 PM revealed a bed assist device was attached to the left side of R2's bed. There was a gap greater than 4.75 inches between the rails of the bed assist that lacked a cover to prevent entrapment between the rails, furthermore the rail was greater than 4.74 inches from the mattress causing a second large zone of entrapment. On 02/24/26 at 02:05 PM Administrative Nurse E confirmed R2's record lacked evidence of documentation a bed rail assessment was completed. The facility's undated "Restraints and Bed Rail Policy" documented positioning devices approved by the Food and Drug Administration could be used to assist residents. The policy failed to instruct staff on assessment, placement, and documentation regarding bed assistive devices. - Record review for R3 revealed an admission date of 09/30/25 with a diagnosis of Alzheimer's. The 12/17/25 FCS identified R3 required supervision with bathing; was independent with dressing, toileting, transfers, mobility, and eating; was unable to perform management of medications. She was occasionally incontinent of bladder; and had short term memory and memory/recall difficulties. The 12/17/25 NSA/HSP identified facility staff would provide R3 reminders for bathing,	S3171		

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S3171	Continued From page 5 administration of medications, and frequent checks for bladder incontinence. Review of "Universal Incident Report" dated 01/29/26 at 04:05 AM revealed R3 had an unwitnessed fall in her apartment. The report failed to indicate any steps taken to prevent recurrence. Review of "Universal Incident Report" dated 02/20/26 at 12:08 PM revealed R3 lost her balance when ambulating independently in common area. The report failed to indicate any steps taken to prevent recurrence. On 02/24/26 at 12:57 AM Administrative Nurse E confirmed R3 had sustained falls and her record lacked evidence of documentation of interventions were developed to prevent future falls. The administrator failed to ensure a licensed nurse completed an assessment for the purpose of a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R2; and further failed to ensure staff completed incident reports including implementing interventions to prevent future occurrence for R3 after she sustained multiple falls.	S3171		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action	S3261		

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S3261	Continued From page 6	S3261		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-105(f)(11)

The facility reported a census of 30 residents with three residents included in the sample and one closed record review. Based on interview and record review the administrator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when Resident (R) 1 was hospitalized, had a respiratory infection, and received an order to admit to hospice services, R2 was sent to the hospital for a cough and for a fall, R3 was hospitalized for a respiratory infection and dehydration, and R4 sustained a fall with injury requiring transfer to hospital.

Findings included:
- Record review for R1 revealed an admission date of 09/30/25 with a diagnosis of dementia.

The 12/11/25 Functional Capacity Screen (FCS) identified R1 was unable to perform bathing, dressing, toileting, transfers, mobility, and management of medications and treatments; was incontinent of bladder; had short-term memory, memory recall, and decision-making difficulties; had impaired decision-making; and was at risk of falls.

The 12/11/25 unsigned "Negotiated Service

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S3261	Continued From page 7	S3261		

Agreement" is the facility's combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HSP) identified facility staff would provide extensive assistance with bathing and transferring; assistance with dressing, toileting, and management of medications; and kept R1's room free of clutter to prevent falls.

Review of R1's record revealed the only note written since his admission 09/30/25 was regarding a podiatry appointment on 02/05/26. The record lacked documentation of all incidents including the date and time of occurrence, action taken, and results of the action when he went to a local hospital, had a respiratory infection, a urinary tract infection (UTI), and had an order to admit to hospice.

On 02/24/26 at 01:58 PM a hospice staff member was at the facility reviewing R1's chart for admission and asked Administrative Staff A for additional items as she knew he had been recently hospitalized, had a respiratory infection, and a UTI.

On 02/24/26 at approximately 12:53 PM Administrative Staff A confirmed R1's chart lacked documentation of his illness symptoms, actions taken, and results of the actions.

- Record review for R2 revealed an admission date of 04/26/25 with a diagnosis of atrial fibrillation.

The 10/14/25 FCS identified R2 was unable to perform bathing, dressing, toileting, and management of medications and treatments; was incontinent of bladder; and had short-term

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S3261	Continued From page 8 memory, long-term memory, memory recall, and decision-making difficulties. The 10/14/25 NSA/HSP identified R2 received assistance from staff for bathing, dressing, mobility, and administration of medications. Staff completed frequent checks for bladder incontinence and prevention of falls and would redirect when wandering. The NSA/HSP failed to identify what services were provided for cognition. Review of "After Visit Summary" from a local hospital dated 12/16/25 revealed R2 was seen in the emergency room for an acute cough. Review of "After Visit Summary" from a local hospital dated 12/30/25 revealed R2 was seen in the emergency room after a fall and was diagnosed with a closed head injury. Review of "Resident Notes" revealed on 05/21/25 R2 would continue to be seen by therapy services. The next note was dated 02/05/26 regarding a podiatry visit. Review of R2's record revealed lack of evidence of documentation of all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when R2 was seen for a fall and acute cough in the emergency room. On 02/24/26 at approximately 12:53 PM Administrative Staff A confirmed R2's chart lacked documentation of her illness symptoms, actions taken, and results of the actions.	S3261		

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S3261	Continued From page 9 - Record review for R3 revealed an admission date of 09/30/25 with a diagnosis of Alzheimer's. The 12/17/25 FCS identified R3 required supervision with bathing; was independent with dressing, toileting, transfers, mobility, and eating; was unable to perform management of medications. She was occasionally incontinent of bladder; and had short term memory and memory/recall difficulties. The 12/17/25 NSA/HSP identified facility staff would provide R3 reminders for bathing, administration of medications, and frequent checks for bladder incontinence. The 01/24/26 "After Visit Summary" from the local emergency department documented R3 was seen for generalized weakness and was diagnosed with Influenza A and dehydration. The "Resident Notes" included a 11/01/25 at 11:49 AM note regarding an endocrinologist visit and the next note was dated 02/05/26 regarding a podiatry visit. Review of R3's record revealed lack of evidence of documentation of all incidents, symptoms, and other indications of illness including the date and time of occurrence, action taken, and results of the action when R3 was seen in the emergency room for weakness. On 02/24/26 at approximately 12:53 PM Administrative Staff A confirmed R3 was taken to the emergency room by her daughter for symptoms not charted and the chart lacked documentation of her illness symptoms, actions	S3261		

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S3261	Continued From page 10 taken, and results of the actions. - Record review for R4 revealed an admission date of 12/31/23 with a diagnosis of Alzheimer's. The 12/28/24 FCS identified R4 required physical assistance with bathing, dressing, toileting, transfers, and mobility; was unable to perform management of medications; was incontinent of bladder; was sometimes understandable and understood others during communication; was at risk of falls, had impaired decision-making; and had short term memory, long-term memory, memory recall, and decision-making difficulties. The 12/28/24 NSA/HSP identified facility staff would provide R4 two-person assistance for bathing, assistance with toileting and transfers, standby assistance with walking, and administration of medications. The NSA/HSP failed to identify what services were provided for cognition. The report submitted to the state department with incident date 04/09/25 indicated R4 had an injury to his pelvis with unknown cause. Staff had reported R4 inability to transfer and walk per his usual on 04/08/25. On 04/09/25 he was transported to the emergency room for examination and treatment of a right femur fracture. The "Resident Notes" included a note dated 03/23/25 at 11:00 AM regarding a fall requiring transport to the local hospital and the next note was dated 04/22/25 which documented an unwitnessed fall. The notes failed to include any	S3261		

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S3261	Continued From page 11 documentation regarding the injury with unknown cause, his hospitalization, or return from hospitalization. On 02/24/26 at approximately 12:53 PM Administrative Staff A confirmed R4 was taken to the emergency room and the chart lacked documentation of her illness symptoms, actions taken, and results of the actions. The administrator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrences, actions taken, and results of the actions for R1, R2, R3, and R4.	S3261		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S3280		

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S3280	Continued From page 12 This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)(4) The facility reported a census of 30 residents. Based on interview and record review the administrator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with all staff and residents, and furthermore, failed to ensure an annual evacuation of residents to a secure location. Findings included: - Review of the facility's emergency plan records lacked evidence of documentation quarterly reviews were completed with staff during the third and fourth quarter of 2025 and an annual evacuation for 2025. On 02/24/26 at 10:00 AM Administrative Staff A confirmed the facility's record lacked documentation reviews of the emergency management plan were completed quarterly with staff and an annual evacuation for 2025. The facility's undated "Emergency Management Policy and Procedures" documented the director would ensure quarterly reviews of the plan with residents and employees. The policy also noted evacuation drills were to be completed at least annually. The administrator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed	S3280		

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S3280	Continued From page 13 with all staff and residents, and furthermore, failed to ensure an annual evacuation of residents to a secure location.	S3280		
S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d)(2) The facility reported a census of 30 residents. The facility had a main kitchen where food was stored and prepared for all residents. Based on interview and observation, the administrator failed to ensure food in cans with significant defects including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe	S3298		

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S3298	Continued From page 14 enough to prevent normal stacking or opening not be used. Findings included: - Observation on 02/23/26 at 03:03 PM of the kitchen revealed a canned food rack which stored three cans of kidney beans severely dented. On 02/23/26 at approximately 03:05 PM Dietary Staff C confirmed the food cans were dented and should not be used. The administrator failed to ensure food in cans with significant defects including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening was not used.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 30 residents. The facility had a main kitchen where food was stored and prepared for all residents. Based on	S3299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046042	A. BUILDING: _____ B. WING _____	02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUSTWELL LIVING OF MISSION SPRINGS I	5300 W 61ST PLACE MISSION, KS 66205

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S3299	Continued From page 15 observation and policy review the administrator failed to ensure food items were stored under safe conditions. Findings included: - Observation on 02/23/26 at 03:30 PM in the kitchen revealed a double door refrigerator that contained one opened and partially used 32-ounce container of yogurt with best by date 12/26/25 and one opened and partially used quart container of heavy cream with best by date 02/19/26. The walk-in refrigerator contained one unopened 32-ounce container of yogurt with best by date 12/26/25. - Review of the facility's temperature log binder revealed one set of temperature log pages for the months of November 2025 through February 2026 labeled "refrigerator" and one set labeled "freezer" without indicating which refrigerator and freezer they were for. Observation on 02/23/26 at 03:30 PM revealed the kitchen included a double door refrigerator, walk-in refrigerator, and two double door freezers. On 02/23/26 at approximately 03:10 PM Dietary Staff C confirmed the foods were past their use date and temperature logs were not completed for each refrigeration or freezer unit. The facility's 03/06/2020 "Labeling and Dating" policy instructed staff to use the "use-by dates on all food once opened and stored under refrigeration."	S3299		

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S3299	Continued From page 16 The 2005 Food Safety Guidelines instructs refrigerator temperature at 40 degrees F and freezer temperatures at 0 degrees F. The administrator failed to ensure foods were stored under safe conditions.	S3299		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings,	S3420		

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S3420	Continued From page 17 approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39- 256 (c) (2) (B) The facility reported a census of 30 residents. Based on observation and interview the administrator failed to ensure the facility water distribution system maintained a safe hot water temperature between 98- and 120-degrees Fahrenheit (F) in areas all residents have access. Findings included: - Facility water temperature checks during the initial tour on 02/23/26 revealed water temperatures as follows: First floor public restroom sink at 01:47 PM was 133.5 degrees F (department thermometer) and 131.4 (facility thermometer) Memory care public restroom sink at 02:19 PM was 128.7 degrees F.	S3420		

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S3420	Continued From page 18 On 02/24/26 at 11:47 AM R3's kitchenette sink water temperature was 130.8 degrees F. On 02/24/26 at 12:08 PM R2's kitchenette sink water temperature was 133.0 degrees F. On 02/24/26 at 01:35 PM R6 stated the water gets too hot and it has been that way for months. His kitchenette sink water temperature was 131.2 degrees F, which R5 also has access to using. On 02/23/26 at 01:47 PM Maintenance Staff D confirmed the water temperatures were out of acceptable range and the heaters should be turned down to 120 degrees F. The administrator failed to ensure the facility water distribution system maintained a safe hot water temperature between 98- and 120-degrees F in areas all residents have access.	S3420		