STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N069009	A. BUILDING: _____ B. WING _____	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT PAOLA LLC	601 N EAST ST PAOLA, KS 66071

(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 citations represent the findings of a Health Licensure Resurvey and Complaint Investigation for KS00195614, KS00196985, and KS00196968 conducted on 11/17/25 at the above named facility.	S 000		
S3248 SS=E	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.	S3248		

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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S3248	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) (1) The facility reported a census of 37 residents. Based on interview and record review the Senior Executive Director failed to ensure current certification was maintained for Certified Medication Aide (CMA) B who worked as a medication aide at the facility. Findings included: - On 09/05/25 during a routine review of facility staff's licensure and certifications, Administrative Staff A discovered the certification for CMA B expired on 07/18/25. Review of the facility's schedule for July, August and September revealed CMA B worked 25 shifts passing medications without certification. On 11/17/25, Administrative Staff A confirmed CMA B worked a total of 25 shifts passing medications without certification. Administrative Staff A stated the facility removed CMA B from the schedule immediately upon discovering her certification had expired. CMA B became recertified on 09/04/25. The facility's policy for "Resident Rights", revised 05/22/17, included: Residents have the right to services provided by qualified staff.	S3248		