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 06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TALLGRASS HEALTHCARE CAMPUS	**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 The following citations are the result of a complaint survey for 3045208, 305273, 3038334, and 3050678 on 06/30/2026. The facility census on the first day of the survey was 73. The sample size included five residents.	F0000		
F0610 SS = D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the facility failed to immediately implement effective measures to prevent further potential abuse or mistreatment of residents. After Resident (R) 1 made an allegation of abuse which named a facility staff member as the alleged perpetrator, the facility did not immediately suspend the staff member (AP), which allowed the AP to have further access to the alleged victim and/or other vulnerable residents. Findings included:	F0610		

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

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F0610 SS = D	Continued from page 1 - R1's Electronic Medical Record (EMR) documented R1 had a diagnosis of major depressive disorder (a major mood disorder that causes persistent feelings of sadness). R1's "Quarterly Minimum Data Set" (MDS), dated 04/22/2026, documented the resident had a Brief Interview of Mental Status (BIMS) of 14, which indicated intact cognition. The MDS documented R1 required substantial/maximal staff assistance with most activities of daily living (ADLs). R1's "Care Plan," revised 04/22/2026, documented R1 reported feeling uncomfortable during personal care and expressed concern regarding how care was provided. (initiated on 06/18/2026). The plan documented R1 should verbalize feeling safe during care, her care preferences would be respected, and she would express satisfaction with the care provided. The plan instructed staff to encourage R1 to report any concerns regarding care, staff interactions, or personal boundaries immediately, and ensure privacy and dignity were maintained during all personal care activities. The plan instructed staff to explain care procedures before providing personal care and obtain consent throughout the care process, honor R1's requests regarding caregiver assignment when feasible, and, according to facility staffing capabilities. The plan instructed staff to monitor for signs of anxiety, fear, withdrawal, or reluctance to receive care and report concerns to nursing or social services. The plan documented R1 had a history of previous sexual trauma that may increase emotional distress during intimate personal care and may affect feelings of vulnerability during hands-on care. (initiated 06/26/2026) The plan instructed R1 to voice any discomfort or concerns during care, and staff should stop care immediately if requested. The plan instructed staff to honor R1's preferences regarding personal care techniques whenever possible (application of powder by sprinkling only, avoiding rubbing unless specifically requested). The plan documented R1 used anti-anxiety medications and instructed staff to monitor side effects and effectiveness every shift, and educate the residents, family, and caregivers about risks, benefits, and side effects of the medication. The facility's "Incident Note," dated 06/17/2026, documented on 06/17/2026, at approximately 06:30 PM, Administrative Nurse D received a telephone call from Licensed Nurse (LN) G, who reported R1	F0610		

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F0610 SS = D	Continued from page 2 alleged that Certified Nurse Aide (CNA) M touched R1 inappropriately during the provision of care. Administrative Nurse D spoke with R1 by telephone. R1 stated, while CNA M was providing incontinent care and assisting R1 to bed, CNA M applied powder and then “rubbed the powder in” with her hand. When asked to clarify, R1 stated that after sprinkling the powder, CNA M used her hand to rub it into the skin. R1 reported the contact was external only and specifically stated that she did not believe the action was sexual in nature, but the interaction “creeped her out” and requested CNA M not provide care for her in the future. The report documented that Administrative Nurse D relayed the information to LN G, and it was agreed that another staff member would respond to R1’s care needs and requests going forward. The report documented, on 06/21/2026the facility received an email from another CNA indicating R1 had reportedly stated she had been sexually assaulted by CNA M. The email referred to the same incident reported on 06/17/2026 and did not describe a new occurrence. The report documented on 06/22/2026, Administrative Nurse D and Administrative Staff A interviewed CNA M regarding the allegation. CNA M was suspended pending completion of the facility’s investigation due to an escalation in the resident’s characterization of the event. On 06/30/2026 at 01:48 PM, Administrative Nurse D verified CNA M was not immediately suspended when R1 alleged that CNA M had inappropriately touched her during the provision of incontinent care. Administrative Nurse D stated R1 had voiced no insertion or aggressive behavior by CNA M, so she felt like it was a personality difference. The facility's "Abuse, Neglect, and Exploitation Policy,” revised 10/02/2025, documented that the facility would make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation. Examples include but are not limited to: Responding immediately to protect the alleged victim and the integrity of the investigation. Examine the alleged victim for any signs of injury, including a physical examination or psychosocial assessment if needed. Increased supervision of the alleged victims and	F0610		

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F0610 SS = D	Continued from page 3 residents. Room or staffing changes, if necessary, to protect the resident (s) from the alleged perpetrator. Protection from retaliation. Providing emotional support and counseling to the residents during and after the investigation, as needed. Revision of the resident's care plan if the resident's medical, nursing, physical, mental, or psychosocial needs or preferences change as a result of an incident of abuse.	F0610		