STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087037	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE TALLGRASS	8600 E 21ST NORTH WICHITA, KS 67206

(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 for the above named assisted living conducted on 09/21/26 and 09/22/26. The facility reported a census of 29 residents. The sample included three residents.	S 000		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: 26-41-202(a) Based on interview, and record review the facility failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen"	S3085		

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

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S3085	Continued From page 1 (FCS), service needs, and preferences for Resident (R)103. Findings included: - R103's medical record revealed she moved into the facility on 07/02/25 with a diagnosis of vascular dementia. The 07/07/26 FCS identified R103 had impaired short-term, long-term, memory/recall and decision-making abilities. The 07/09/26 NSA did not address what services staff provided R103 concerning her impaired short-term, long-term, memory/recall and decision-making abilities. On 09/22/26 at 02:42 PM Certified Medication Aide B stated R103 had days where she was very confused and that she stated she was leaving the facility and going home. On 09/22/26 at 03:26 PM Licensed Nurse (LN) A stated R103's family placed reminders in her room help her remember where she was at. LN A stated R103's NSA did not address what services staff provided R103 concerning her cognition issues. The facility failed to ensure R103's NSA was fully developed based on her FCS, her service needs, and preferences.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure	S3092		

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S3092	Continued From page 2 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 family. This REQUIREMENT is not met as evidenced by: 26-41-202(d)(4) Based on interview, and record review the facility failed to ensure the "Negotiated Service Agreement" (NSA) was revised as requested when new services were provided to Resident (R)102. Findings included: - R102's medical record revealed she moved into the facility on 07/02/25 with a diagnosis of diabetes mellitus. The 08/10/26 FCS identified R102 was independent with transfers and mobility. The 08/10/26 NSA did not identify that R102 received physical therapy services from an outside provider.	S3092		

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S3092	Continued From page 3 On 09/22/26 at 02:58 PM R102 stated there was someone who came to visit her once a week to help her with exercises. On 09/22/26 at 03:37 PM Licensed Nurse A confirmed R102 received physical therapy services and stated R102's NSA was not revised to include these services. On 09/23/26 at 08:46 AM Administrative Staff C confirmed R102 started receiving physical therapy services from an outsider provider on 07/02/26. The facility failed to ensure R102's NSA was revised when she started receiving services from an outside provider.	S3092		