STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087075	A. BUILDING: _____ B. WING _____	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OXFORD GRAND	3051 N PARKDALE CIRCLE WICHITA, KS 67205

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey with complaint investigations 187161, 189380, 190298, 192214, 193991, 196051 for the above named Assisted Living Facility conducted on 07/07/25, 07/08/25, 07/09/25, and 07/10/25.	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-201 (d) The facility reported a census of 83 residents(R). The sample included six residents and one closed record review. Based on observation, record review and interview the executive director failed to ensure designated facility staff completed two (R3, R8) of six sampled residents "Functional Capacity Screen" accurately to reflect their functional ability and need for assistance. Findings included: - R3's medical record revealed he moved into the facility on 02/20/25 with diagnosis of dementia. R3's "Functional Capacity Screen" (FCS) dated	S3082		

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

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S3082	Continued From page 1 03/24/25 identified R3 had impaired cognition, impaired decision-making ability and had a problem with wandering. It did not identify he had any problems with inappropriate behaviors. R3's "Negotiated Service Agreement" dated 03/24/25 identified he needed staff to assist during social functions, provide redirection, and assist in making good judgement decisions. It also identified R3 had a history of threatening others, hallucinated, had delusions and staff needed to give him space and talk softly with him. Review of R3's nursing progress notes included documentation of having verbal aggression towards his wife. It also included documentation of times he had grabbed and threatened staff. Interview on 07/09/25 at 02:18 PM Certified Medication Aide K reported R3 still has behaviors and acts out mostly by grabbing staff. She reported they give him different activities to do, will redirect him with candy or something that he likes. Interview on 07/09/25 at 02:45 PM Administrative Licensed Nurse B confirmed R3's FCS should have been coded that he had a current problem with inappropriate behaviors. The executive director failed to ensure designated staff completed R3's FCS accurately related to his behaviors. - Review of R8's medial record revealed she moved into the facility on 11/5/24 with diagnosis of dementia.	S3082		

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S3082	Continued From page 2 R8's "Functional Capacity Screen" (FCS) dated 06/24/25 identified she needed supervision with bathing, dressing, and toileting. She also had impaired cognition and impaired decision making. R8's nursing progress notes included documentation of her having falls on 11/06/24 and another on 02/11/25. Observation on 07/08/25 at 9:37 AM R8 followed staff from her room to the other memory care side using a cane to help balance herself. Interview on 07/10/25 at 11:20 AM Administrative Licensed Nurse B reviewed R8's record and confirmed her FCS should have identified her at risk for falls. The executive director failed to ensure designated staff completed R8's FCS accurately related to her risk for falls.	S3082		
S3085 SS=E	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:	S3085		

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S3085	Continued From page 3 (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: KAR 26-41-202 (a)(1)(2)(3) The facility reported a census of 83 residents (R). The sample included six sampled residents and one closed record review. Based on observation, record review, and interview the executive director failed to ensure designated staff completed the "Negotiated Service Agreement" for two (R4,R5) of six sampled residents based on the resident's "Functional Capacity Screen" and service needs, which included a description of the services the resident received, the provider of each service, and payment source if an outside resource provided the service. Findings included: - Review of R4's medical record revealed he moved into the facility on 10/21/19 with diagnoses of dementia. R4's "Functional Capacity Screen" (FCS) dated 04/26/25 identified he required physical assistance with activities of daily living except eating, had impaired cognition, wandering and inappropriate behaviors.	S3085		

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S3085	Continued From page 4 Interview on 07/07/25 at 02:22 PM Administrative Licensed Nurse reported the "Negotiated Service Agreement" and the "Health Care Service Plan' are one document. (NSA/HCSP) R4's NSA/HCSP dated 04/27/25 included services related to activities of daily living, cognition, and behaviors. It also identified he received Hospice services from a local company and insurance/resident was responsible for payment. However, the NSA/HCSP failed to identify he received services from a local podiatrist and payment source for the service. It also failed to include fall interventions such as keeping walker close , reminders to use call light, keeping w/c wheels unlocked while at the dining om table, and changing beds and mattress as well as getting a fall mat which were put in place after falls. Interview on 07/09/25 at 02:07 PM administrative Licensed Nurse B confirmed the NSA/HCSP did not include podiatry services and should have included the fall interventions that were implemented post falls. The executive director failed to ensure designated staff completed R4's NSA/HCSP to include a description of services provided, who provided the service and payment for services when provided by an outside resource. - Review of R5's medical record revealed he moved into the facility on 02/20/25 with a diagnosis of dementia. R5's "Functional capacity Screen" (FCS) dated	S3085		

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S3085	Continued From page 5 03/24/25 identified he needed physical assistance with management of medications, had impaired cognition and problem with wandering. Interview on 07/07/25 at 02:22 PM Administrative Licensed Nurse reported the "Negotiated Service Agreement" and the "Health Care Service Plan' are one document. (NSA/HCSP) R5's NSA/HCSP included a description of services related to above needs but failed to identify he received podiatry services and failed to identify who provided his physical therapy services. Interview of 07/09/25 at 02:23 PM Administrative Licensed Nurse B reviewed R5's NSA and confirmed it did not identify who provided therapy services and failed to include services related to podiatry, who provide it and payment source. The executive director failed to ensure designated staff completed R5's NSA/HCSP to include a description of services, who provided the service and payment source when services are provided by an outside resource.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure 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	S3092		

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S3092	Continued From page 6 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: KAR 26-41-202 (d)(2) The facility reported a census of 83 residents(R). The sample included six residents and closed record review. Based on interview, and record review the executive director failed to ensure designated staff reviewed and revised the "Negotiated Service Agreement" for two (R3, R4)of six sampled residents when the resident had a significant change in service needs related to Home Health and Therapy services. Findings included: -- R3's medical record revealed he moved into the facility on 02/20/25 with diagnosis of dementia. R3's "Functional Capacity Screen" (FCS) dated 03/24/25 identified R3 had impaired cognition, impaired decision-making ability and had a problem with wandering. Interview on 07/07/25 at 02:22 PM Administrative Licensed Nurse reported the "Negotiated Service Agreement" and the "Health Care Service Plan' are one document. (NSA/HCSP)	S3092		

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S3092	Continued From page 7 R3's "Negotiated Service Agreement" dated 03/24/25 identified he needed staff to assist during social functions, provide redirection, and assist in making good judgement decisions. It also identified he received therapy paid for by insurance but did not identify who he received therapy from. The record lacked revision of the NSA/HCSP for when Home Health discontinued therapy services. Interview on 07/09/25 at 10:12 AM Therapy staff reported R3 start of care was 04/08/25 and was discharged on 05/07/25. Interview on 07/09/25 at 02:23 PM Administrative Licensed Nurse B confirmed she had not completed revision of R3's NSA/HCSP when he discharged from therapy services. The executive director failed to ensure designated staff reviewed/revised R3's NSA/HCSP as needed when he had a significant change in service needs. - Review of R4's medical record revealed he moved into the facility on 10/21/19 with diagnoses of dementia. R4's "Functional Capacity Screen" (FCS) dated 04/26/25 identified he required physical assistance with activities of daily living except eating, had impaired cognition, wandering and inappropriate behaviors. Interview on 07/07/25 at 02:22 PM Administrative Licensed Nurse reported the "Negotiated Service Agreement", and the "Health Care Service Plan'	S3092		

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S3092	Continued From page 8 are one document. (NSA/HCSP) R4's current NSA/HCSP dated 04/27/25 included services related to activities of daily living, cognition, and behaviors. R4's record included additional NSA/HCSP but lacked evidence of any revisions. Interview on 070/8/25 at 11:15 AM local Home Health company reported they provided Physical Therapy and Skilled Nursing services from 01/14/25 to 02/13/25. Interview on 07/09/25 at 02:10 PM Administrative Licensed Nurse B confirmed she had not reviewed and revised R4's NSA/HCSP when he discharged from Therapy and Skilled Nursing services. The executive director failed to ensure designated staff reviewed/revised R4's NSA/HCSP as needed when he had a significant change in service needs.	S3092		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by:	S3166		

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S3166	Continued From page 9 KAR 26-41-204(e) The facility reported a census of 83 residents. Based on interview and record review the executive director failed to ensure newly hired Certified Medication Aides (CMA) were trained by a licensed nurse and delegated the nursing procedure of checking a resident's blood sugar either by glucometer or glucose scan reader. Findings included: - Review of the Resident Roster provided by the Administrative Staff B revealed the facility had two residents who received insulin. Review of R6's Medication Administration Records (MAR) for June and July 2025 revealed facility staff monitored his blood sugars and included initials of Certified Medication Aides. Review of the Certified Medication Aide (CMA) F, CMA G, and CMA J's employe file lacked evidence a licensed nurse completed delegation for monitoring blood glucose via glucometer or scan reader. Interview on 07/09/25 AM at 11:19 AM Administrative Licensed Nurse B reported she started working at the facility January of 2024 and had not conducted delegation training to CMAs on how to monitor blood sugars. The executive director failed to ensure the Licensed Nurse delegated the nursing procedure for monitoring residents blood sugars to CMAS.	S3166		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice	S3171		

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S3171	Continued From page 10 (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: K.A.R. 26-41-204 (i) The facility reported a census of 83 residents. The sample included six residents and one closed chart reviews. Based on resident interviews and record review, the administrator failed to ensure the qualified staff provided healthcare services in accordance with acceptable standards of practice when staff failed to respond to call lights in a timely manner. Findings included: - Review of the facility provided resident roster revealed 60 out of 83 residents required some type of physical assistance with their activities of daily living. - Surveyor reviewed various months for call light response times which revealed the following: December 2024 and March 2025 had no call light response times greater than 15 minutes. June 2025 - included 35 response times over 30 minutes and 12 greater than 1 hour July 2025 - included 15 over 30 minutes and 1 over an hour.	S3171		

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S3171	Continued From page 11 Surveyor interviewed 11 alert and oriented residents identified on the "Resident Roster" as needing physical assistance with activities of daily living. Four of the eleven reported on occasion they had to wait significant lengths of time for someone to answer their light. During a confidential interview, a resident reported they had incontinent episodes of bowel while waiting for staff to answer the call light, so the resident now goes to the bathroom without staff. However, the resident said it was rather aggravating having to wait sometimes for 30 minutes to have staff help with peri-care when finished. During a confidential interview, another anonymous resident reported they were not supposed to go to the restroom without staff. The resident waits as long as he/she can and then goes without them because if they waited any longer, they would urinate on themselves. Interview on 07/10/25 at 02:06 PM Administrative Staff A reported she expected staff to answer call lights as soon as they can and surely no longer than 10-15 minutes. During this same interview, Administrative Licensed Nurse B confirmed after reviewing the call response times for June and July there were response times that were too long. She reported after about 13 minutes the call triggers her cell phone, but she did not realize how bad it had gotten. The executive director failed to ensure facility staff responded to call lights in a timely manner. This failure put all residents who required	S3171		

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S3171	Continued From page 12 assistance for any reason at risk for delay in assistance, for falls, and potential illness or injury.	S3171		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (b) The facility reported a census of 83 residents(R). The sample included six residents and one focused record review. Based on observation, interview, and record review the executive director failed to ensure one (R6) of six sampled residents "Negotiated Service Agreement" included the selected medications the resident chose to self-administer. Findings included: - R6's medical record revealed he moved into the facility on 02/20/25 with a diagnosis of type II	S3186		

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S3186	Continued From page 13 diabetes mellitus. R6's "Functional Capacity Screen dated 04/17/25 identified her needed physical assistance with management of his medications and medical treatments. Interview on 07/07/25 at 02:22 PM Administrative Licensed Nurse reported the "Negotiated Service Agreement" and the "Health Care Service Plan' are one document. (NSA/HCSP) R6's NSA/HCSP identified he needed assistance of staff for medication administration. It failed to identify Certified Medication Aides prepared R6's insulin pen and he self injected it. Observation on 07/09/25 at 11:40 AM CMA I checked R6's Medication Administration Record for insulin orders. CMA I took the Humalog insulin pen wiped the end with alcohol, put the needle on and dialed the pen to 12. CMA I then went into R6's room, handed R6 an alcohol pad and he wiped an area on his right inner thigh, CMA I handed R6 the pen and he self-injected his insulin. 07/09/25 at 11:18 AM Administrative Licensed Nurse B reviewed R6's NSA/HCSP and confirmed it did not indicate the CMA prepared R6's insulin pen and that he self-injected it. The executive director failed to ensure designated staff identified R6 chose to self-inject his insulin after facility staff prepared it.	S3186		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration	S3202		

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S3202	Continued From page 14 (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(4) The facility reported a census of 83 residents. Based on interview and record review the executive director failed ensure a licensed nurse and delegated the nursing procedure to Certified Medication Aides, of preparing and dialing an insulin pen to the ordered dosage for a resident to self-inject according to the nurse practice act and amendments thereto. Findings included: - Review of the Resident Roster provided by the Administrative Licensed Nurse B on 07/07/25 revealed the facility had two residents who received insulin injections. Interview on 07/07/25 at 01:30 PM Certified Medication Aide (CMA) H reported the CMA's gets the insulin pen ready, dials it to the correct dose, and hands it to the resident for them to inject. Interview on 07/07/25 at 02:10 PM Administrative Licensed Nurse B reported for residents who receive insulin the CMA prepares the pen, dials it to the ordered dosage and then hands it to the	S3202		

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THE OXFORD GRAND	3051 N PARKDALE CIRCLE WICHITA, KS 67205

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S3202	Continued From page 15 resident to self-inject. Observation on 07/09/25 at 11:40 AM CMA I checked R6's Medication Administration Record for insulin orders. CMA I took the Humalog insulin pen wiped the end with alcohol, put the needle on and dialed the pen to 12. CMA I then went into R6's room, handed R6 an alcohol pad and he wiped an area on his right inner thigh, CMA I handed R6 the pen and he self-injected his insulin. Interview on 07/09/25 at 11:45 AM CMA I reported he had worked at the facility for about three years and had not been trained by a nurse on how to prepare and insulin pen. Interview on 07/09/25 AM at 11:19 AM Administrative Licensed Nurse B reported she started working here January of 2024 and had not conducted delegation training to CMAs on how to properly prepare insulin pens for a resident to self-inject. The executive director failed to ensure the Licensed Nurse delegated the nursing procedure of preparing and dialing the dosage of an insulin pen, which is not included in the CMA curriculum.	S3202		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package	S3211		

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S3211	Continued From page 16 of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 83 residents(R). Based on observation and interview, the executive director failed to ensure a licensed nurse or pharmacist wrote the residents full name on all over-the-counter medications, including the original manufacturer's medication package and the medication container/tube. Findings included: - Observation on 07/07/25 at 01:38 PM Certified Medication Aide (CMA) D unlocked medication cart 1 for inspection which revealed the following over the counter medications without a resident's full name on them: Lutein, Maxi Vision, Centrum, Cranberry, 2 bottles of Magnesium, Calcium Bone Health, 2 bottles of Vitamin D3, Native Balance, Trizinc, Magnesium with selenium and zinc, Sciati Ease, Potassium, Antarctic Krill Oil, Areds, Probiotic, and Align. Interview on 07/07/25 at 01:40 PM Administrative Licensed Nurse B confirmed over the counter	S3211		

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S3211	Continued From page 17 medications did not include the resident's name on them. Review of the "Medication Storage" policy dated 10/25/23 revealed medications are to be stored according to the resident's name and apartment number. The executive director failed to ensure a licensed nurse or pharmacist wrote the residents full name on all over-the-counter medications, including the medication package and container.	S3211		
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. This REQUIREMENT is not met as evidenced by:	S3280		

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S3280	Continued From page 18 KAR 26-41-104(d)(3)(4) The facility reported a census of 83 residents. Based on record review and interview for all employees and residents, the executive director failed to ensure disaster and emergency preparedness by failing to conduct quarterly reviews of the facility's emergency management plan with all staff and residents. The executive director also failed to conduct annual emergency drills that included evacuating residents to a secure location. Findings included: - Review of the emergency management plan reviews provided by Administrative Staff A revealed the following: * Employee reviews: June 2024 - reviewed fire and tornado November 2024 - Reviewed "Emergency Disaster Plan" with 36 out of 81 employees March 2025 - Reviewed "Emergency Disaster Plan' with 59 out of 83 employees June 2025 - Reviewed "Emergency Disaster Plan" with 27 out of 93 employees. *Resident reviews: June 2024 - Reviewed tornado with 63 out of 83 residents. March 2025 - Reviewed Emergency Disaster Plan with all residents except four who were out of the building. Interview on 07/07/25 at 03:05 PM Administrative Staff A reported she could not find additional information for reviewing the Emergency Disaster Plan and confirmed it had not been fully	S3280		

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S3280	Continued From page 19 reviewed quarterly with residents and staff. For Employees and Residents, the executive director failed to ensure designated staff reviewed the facility's emergency plan quarterly. - Review of the annual evacuation drills provided by Administrative Staff A revealed the following: 02/21/24 - Evacuation drill was conducted with 5 employees, 75 residents and included times it took for each area of the facility to evacuate. Administrative Staff A reported she found no additional evacuation drills completed. Interview on 07/07/25 at 02:19 PM Administrative Staff A confirmed the facility had not conducted another annual evacuation drill since February 2024. The executive director failed to ensure annual emergency drills were conducted that included the evacuation of residents to a secure location.	S3280		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure	S3310		

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S3310	Continued From page 20 the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 83 residents (R). The sample included six residents and review of five newly hired employees' record. Based on interview and record review the executive director failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for two (R3, R8) of six residents and three of five newly hired employees. Findings included: - Review of R3's record revealed he moved into the facility on 02/20/25 with a diagnosis of dementia. R3's record include an initial TB skin test administered on 02/20/25 and read on 02/23/25 that indicated it was negative but did not include induration in millimeters. R3's record lacked evidence staff administered a second TB skin test. Interview on 07/09/25 at 02:12 PM Administrative Licensed Nurse B reported she could not find a second TB skin test and staff should have	S3310		

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S3310	Continued From page 21	S3310		

completed on and the results on the first on should have included measurement of induration.

- Review of R8's record revealed she moved into the facility on 11/05/24 with diagnosis of dementia.

R8's record included an initial TB skin test administered on 11/05/24 and read on 11/08/24 that indicated it was negative but did not include induration in millimeters. R8's record lacked evidence staff administered a second TB skin test.

Review of the TB Policy dated 10/25/23 revealed each new resident shall receive a two-step TB skin test within seven days of residency unless specific conditions are met.

Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013, required documentation in a resident's clinical record shall include "Results of each TST (TB Skin Test) in millimeters (mm) of induration.

The executive director failed to ensure R3 and R8 received two TB skin test that included documentation according to the departments TB guidelines.

- Review of three newly hired staff employee files revealed the following TB information:

Housekeeping staff E hired on 04/29/25, received the two-step TB skin tests, but neither test included results in millimeters (mm) of

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S3310	Continued From page 22 induration. Certified Medication Aide F received her second TB skin test on 05/30/25 and did not include results in mm of induration. Certified Medication Aide F received the two-step TB skin tests, but neither test included results in mm of induration. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013, required documentation in a resident's clinical record shall include "Results of each TST (TB Skin Test) in millimeters (mm) of induration. The executive director failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		