

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Legacy at College Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 5005 E 21st Street North Wichita, KS 67208	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility reported a census of 69 residents. The sample included three residents. Based on observation, record review, and interviews, the facility failed to promote a sanitary, homelike environment. This deficient practice had the potential for decreased psychosocial well-being and impaired safety and comfort for the affected residents.</p> <p>Findings include:</p> <p>- During the initial tour of the facility around 08:30 AM on 05/21/25, observation revealed there was flooring missing at the entrance of the dining room on the 300 hallways. Further observation revealed an area approximately four feet long by one foot wide that was covered with blankets which were saturated with water, and surrounded by cautionary wet floor signs on each side of the blankets.</p> <p>During an interview on 05/21/25 at 08:32 AM, Resident (R) 3, who had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition, reported he was concerned about the floor in front of the dining room that had water laying on top of all the blankets for about two weeks. R3 reported he did not feel safe as it was wet all the time.</p> <p>During an interview on 05/21/25 at 11:45 AM, Housekeeper Staff U reported the floor in the 300 hallway had the boards missing and the water just lying there on top of all the blankets had been like that for about three weeks now.</p> <p>During an interview on 05/21/25 at 02:20 PM, Administrative Staff A reported that the flooring in the 300 hallways had been like that since sometime the previous week. He reported that he had a local plumber out to assess the issue and was told it was a broken pipe that was causing a leak under the floor. Administrative Staff A said he reported that he did not have any paperwork or estimate that showed a local plumber was at the facility. Administrative Staff A reported he had concerns about whether the work would be approved and paid for as the corporate office had not paid many of the facility's invoices since March 2025.</p> <p>The facility's Homelike Environment dated 05/2017, documented that residents are provided with a safe, clean, comfortable, and homelike environment.</p>

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 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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>The facility reported a census of 69 residents. The sample included four residents reviewed for elopement (when a cognitively impaired resident leaves the safe area or premises without supervision). Based on observation, interview, and record review, the facility failed to implement interventions to mitigate the risk of elopement for Resident (R) 1, when the facility failed to update the facility ' s Elopement Risk Book used to alert staff which residents were at risk for elopement. This deficient practice increased the risk of elopement for the affected residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R1 's Electronic Health Record (EHR) revealed diagnoses of dementia (a progressive mental disorder characterized by failing memory, and confusion) depression (excessive sadness), and traumatic brain injury (TBI-an injury to the brain caused by external forces). <p>R1's Face Sheet in the EHR did not include a photo of the resident.</p> <p>R1's 04/29/25 admission Minimum Data Set (MDS) documented the resident had a Brief Interview for Mental Status (BIMS) score of 99. The MDS recorded R1 had moderately impaired cognition. The MDS recorded R1 was easily distractible and had difficulty keeping track of what was said. The MDS recorded R1 had behaviors of kicking, yelling, and refusal of care two times during the observation period. The MDS documented R1 required supervision assistance with activities of daily living (ADL) including bathing and ambulation. The MDS recorded R1 was independent with the remainder of ADL.</p> <p>R1 ' s Elopement Risk Assessment dated 04/25/25 recorded a score of three points; five or more points indicate a risk for elopement.</p> <p>R1 ' s Elopement Risk Assessment dated 05/10/25 recorded a score of nine points.</p> <p>R1 ' s Care Plan dated 05/12/25 documented R1 was at risk for injury due to wandering and attempting to elope. The plan noted R1 required the use of a Wander Guard (a bracelet that helps monitor residents who are at risk of wandering) bracelet. The plan instructed staff to complete 15-minute visual checks and place a WanderGuard on R1. R1's Care Plan documented staff were instructed to assist R1 in high-traffic areas when ambulating or in a wheelchair to ensure frequent visualization. The plan directed staff to redirect R1 to an activity that she enjoyed. The plan directed staff to monitor and document any attempts at elopement and report as appropriate. R1's Care Plan directed staff to observe R1's WanderGuard for placement and function every shift and change as needed and complete a wandering/elopement assessment quarterly and as needed.</p> <p>R1 ' s Physician Orders documented an order for a WanderGuard to the left wrist; check every shift for placement and function for elopement risk, dated 05/10/25.</p> <p>R1 ' s Medication Administration Record from 05/10/25 through 05/21/25 documented that staff checked R1's WanderGuard placement and function.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1 ' s Progress Note dated 5/10/2025 at 09:57 AM, documented R1 was last seen at 08:50 AM sitting in the lobby near the front entrance in her wheelchair. The note recorded R1 exited the facility around 09:00 AM when a transportation company opened the facility door.</p> <p>During an interview on 05/21/25 at 08:48 AM, Licensed Nurse (LN) G reported staff knew which residents were at risk for elopement using the Elopement Risk Book located at the nurse's station.</p> <p>During an interview on 05/21/25 at 08:50 AM, LN H reported she was not sure which resident wore a WanderGuard and went on to name three residents she thought had one. LN H reported there was an elopement book at Nurse Station Two and reported that Nurse Station One should have an elopement book as well. LN H reported that she received elopement education a few weeks ago and reported she was not aware of any recent elopements that occurred at the facility.</p> <p>During an observation and interview on 05/21/25 at 08:55 AM, LN G had a white binder in her hand, labeled Elopement Risk Book Station One. LN G said she needed to update the book prior to allowing the surveyor to review the book but then handed the surveyor the book. The book contained handwritten names of residents on the list under the 100/300 hall, with one name crossed off. The book, under the 200 Hall, had one name crossed off the form was dated 01/19/25. LN G reported that she had just written those names on the list and crossed off the other names and the four names that she added to the list did not have a face sheet with residents ' information or pictures in the book. She reported that R1 did have a recent elopement and was one of the residents that she was going to update today. LN G reported the staff did receive training after R1 eloped. LN G reported that the Elopement Risk Book would be used by the staff to see what residents were at risk for elopement and the information needed if a resident did elope. LN G was uncertain if Nurse Station Two had an Elopement Risk Book.</p> <p>During an interview on 05/21/25 at 09:00 AM, Certified Medication Aide (CMA) S reported that there were some residents who wore a WanderGuard, and she believed there was a book at Nurse Station Two but was unsure. CMA S reported she was not aware of any recent elopements that may have occurred.</p> <p>During an observation/interview on 05/21/25 at 09:01 AM, CMA S walked to Nurse Station Two to look for the elopement book, but LN G had just pulled the elopement book off the bookshelf, LN G reported that the white binder labeled Elopement Risk Book Station Two was not updated either. LN G reviewed the lists from each book and noted that the Nurse Station One book had a discrepancy. LN J approached and reported the discrepancy involved a resident whose Wanderguard had been discontinued but said she could not remember when it was discontinued.</p> <p>During an interview on 05/21/25 at 09:10 AM, LN H reported that she was not sure who updated the elopement books located at the nurse's stations. LN H asked Administrative Staff A who updated the elopement books and Administrative Staff A said that the nurse who applied the WanderGuard was responsible to add the resident to the book. Administrative Staff A stated the book was supposed to be reviewed by LN G weekly.</p> <p>During an observation on 05/21/25 at 09:30 AM, R1 had a WanderGuard bracelet on her left wrist while she laid in her bed.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/21/25 at 09:35 AM Medical Director GG reported that he was alerted of an elopement that occurred recently and said he expected the elopement book the staff used to know which residents were at risk for elopement to be current and up to date.</p> <p>During an interview on 05/21/25 at 02:10 PM, Administrative Nurse D expected the elopement books to be current and updated. She reported she expected the elopement books to be reviewed weekly and updated when a change occurred the same day.</p> <p>During an interview on 05/21/25 at 02:13 PM, Administrative Staff A reported an audit was put into place it was to be completed weekly. He expected the Elopement Risk Book to be accurate and current up to date.</p> <p>The facility ' s Elopement/Missing Resident dated 02/06/2023 documented that upon admission each resident would be assessed for the potential for elopement risk. Consideration will be given to the residents with mental disorders. The resident ' s picture will be placed in the Elopement Risk Book with a copy of their face sheet.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>The facility reported a census of 69 residents. The sample included three residents. Based on observation, record review, and interviews, the facility failed to maintain an effective pest control program. This deficient practice had the potential for decreased psychosocial well-being and impaired safety and comfort for the affected residents.</p> <p>Findings include:</p> <ul style="list-style-type: none"> - The outside vendor for pest control report dated 02/28/25 documented a captured rodent and suggested to the staff to keep doors closed at all times. <p>The outside vendor for pest control report dated 03/13/25 documented staff members mentioned they saw a mouse; the vendor inspected the bait stations and no rodents were noted.</p> <p>The outside vendor for pest control report dated 03/27/25 documented no concerns from staff and none noted. This was the last date the outside vendor for pest control was at the facility.</p> <p>During an interview on 05/21/25 at 11:45 AM, Housekeeper Staff U reported there were rodents in the facility. She reported that she had to deep clean the residents ' rooms in March 2025 and said she found rodent droppings, dried urine, and found a dead rodent in a resident ' s room. Housekeeper Staff U said she reported that to the housekeeping supervisor and the Administrative Staff A.</p> <p>During an interview on 05/21/25 at 11:55 AM, Licensed Nurse (LN) H reported she had not seen any rodents or heard complaints about them from staff or residents.</p> <p>During an interview on 05/21/25 at 12:00 PM, Certified Nurse Aide (CNA) O reported that he had never seen a rodent in the facility but had seen signs of mice droppings in residents ' rooms recently and reported that to the housekeeper.</p> <p>During an interview and observation on 05/21/25 at 12:40 PM, Resident (R) 2, who had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition, showed the surveyor two dead mice in spring-loaded mice traps in her garbage. R2 said that she caught the mice with the spring-loaded mouse traps that she had placed under her bed the previous night. R2 reported that this was not the first time she had to catch mice in her room. She reported that she was out of the mouse traps and would have to ask the maintenance man for more.</p> <p>During an interview on 05/21/25 at 01:15 PM, Maintenance Supervisor V reported there were rodents in hallway 100, evidenced by mice droppings seen in March 2025. Maintenance Supervisor V reported that all the rooms had been deep cleaned and he had not seen or heard about any rodents since then. Maintenance Supervisor V reported the contracted outside vendor for pest control had been to the facility in March 2025 and reported the outside vendor placed the bait stations around the facility and he would not touch those. He reported that he did not know of any resident having a spring-loaded mouse trap and was shocked to see the two dead mice from R2 ' s garbage can from this morning in spring-loaded mice traps. Maintenance Supervisor V reported he would call the outside vendor for pest control to come out.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 05/21/25 at 02:20 PM, Administrative Staff A reported the outside vendor for pest control service was canceled due to corporate had not paid the invoices. Administrative Staff A reported the last time the outside vendor for pest control was at the facility was March 2025. Administrative Staff A reported that the unpaid invoices would make it difficult to make sure the center is taken care of.</p> <p>The facility ' s policy Pest Control dated May 2008, documented our facility shall maintain an effective pest control program. The facility would maintain an on-going pest control program to ensure that the building is free of rodents.</p>