

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2025
NAME OF PROVIDER OR SUPPLIER Orchard Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 S Woodlawn Blvd Wichita, KS 67218	

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. (continued on next page)

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2025
NAME OF PROVIDER OR SUPPLIER Orchard Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 S Woodlawn Blvd Wichita, KS 67218	
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>The facility reported a census of 70 residents. Based on observation, interview and record review, the facility failed to maintain a clean, comfortable and homelike environment in two of the three shower rooms when the facility failed to ensure the walls remained free of any mildew, or unknown and unintended substances. Additionally, the facility failed to ensure the smoking courtyard and main entrance entry way area was maintained in a sanitary manner that included proper disposal of cigarette butts. This placed the affected residents at risk for decreased quality of life. Findings included:- Observation on 09/03/25 at 08:20 AM of the exterior entry way area to the facility revealed dozens of used cigarette butts littered on the ground in the area. The area did not contain a cigarette receptacle (a device used to extinguish and dispose of cigarette waste in a sanitary manner).Observation on 09/03/25 at 08:25 AM of the smoking courtyard area revealed dozens of cigarette butts littered on the ground. The courtyard contained several plastic and/or metal cigarette receptacles.Observation on 09/03/25 at 09:30 AM revealed the shower room on the 400-hall smelled of cigarette smoke with ashes on and around the toilet. There was a black/brown substance observed on the wall. The paint on the wall had bubbling consistent with water damage.Observation on 09/03/25 at 09:35 AM revealed the left shower room on the 200 hall had a black/brown substance observed on the wall beside the window, as well as the top and both sides of the wall opening where the window was mounted. Additionally, the exhaust fan was not operational.Observation on 09/03/25 at 11:00 AM with Consultant HH and Consultant II in the shower room on the 400 hallway, confirmed the presence of an odor of cigarette smoke in the bathroom and a black/brown substance on the wall.Observation on 09/03/25 at 11:05 AM with Consultant HH and Consultant II in the left shower room on the 200 hallway, confirmed the presence of a black/brown substance on the wall and area surrounding the window. During an interview on 09/03/25 at 11:00 AM, Consultant II identified the substance on the wall in the shower room on the 400 hall as mildew. Additionally, Consultant II stated the only way to definitively test the substance to identify it as mold or mildew was to send a sample to a laboratory for identification.During an interview on 09/03/25 at 11:05 AM, Consultant HH and Consultant II did not identify the substance on the wall in the left shower room on the 200 hall as mold or mildew; however, Consultant II identified the substance on the wall in the 200 hall shower room as similar to the substance on the wall in the 400 hall shower room.During an interview on 09/03/25 at 03:45 PM, Consultant GG stated that the entry way to the facility is a non-smoking area and confirmed that the area did not contain a cigarette receptacle, although one was needed for residents and visitors who are entering the building. Consultant GG stated the expectation was for smoking areas as well as the entryway to be well-maintained and clean. Consultant GG stated the expectation was for Certified Nurse Aide (CNA) staff to clean the shower rooms between each use, and housekeeping and/or environmental services (EVS) to clean/sanitize all surfaces in the shower rooms at least daily. Consultant GG revealed CNA and/or housekeeping/EVS were to report any damaged or discolored areas to maintenance staff. Consultant GG stated the expectation was for the facility to be free of black/brown substances on the walls, with repairs to be performed as needed.The facility's undated Quality of Life - Homelike Environment policy documented residents would be provided with a safe, clean, comfortable, and homelike environment. Staff and management would provide characteristics of a homelike setting that included a clean and sanitary environment. The facility's undated Smoking Policy - Residents policy documented metal containers with self-closing cover devices would be available in smoking areas. The policy did not contain additional information related to the proper disposal of cigarette butts or other used smoking materials.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2025
NAME OF PROVIDER OR SUPPLIER Orchard Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 S Woodlawn Blvd Wichita, KS 67218	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2025
NAME OF PROVIDER OR SUPPLIER Orchard Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 S Woodlawn Blvd Wichita, KS 67218	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility reported a census of 70 residents. The sample included 12 residents with six residents reviewed for abuse. Based on observation, interview and record review, the facility failed to ensure Resident (R) 1 remained free from verbal abuse and mistreatment. This deficient practice placed the resident at risk for fear and decreased quality of life. Findings included:- R1's Electronic Health Record (EHR) documented diagnoses that included chronic pain and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest)R1's 05/20/25 admission Minimum Data Set (MDS) documented a Brief Interview of Mental Status (BIMS) score of 15, which indicated intact cognition. The assessment documented R1 utilized a walker or wheelchair for locomotion and required supervision or touching assistance with all activities of daily living (ADL) except oral hygiene, which required setup or clean-up assistance, and eating, which was performed independently.The 05/20/25 ADL Functional / Rehabilitation Potential Care Area Assessment documented R1 needed assistance from staff related to chronic pain.R1's 08/20/25 Quarterly MDS documented a BIMS score of 15. The assessment documented R1 utilized a walker or wheelchair and required supervision or touching assistance for putting on footwear and toileting, setup or cleanup assistance for all other ADL except lower body dressing, which was performed independently.The facility's investigation documented on 08/28/25 at an unknown time, Administrative Staff A was summoned to the parking lot by Social Services Designee (SSD) X for a verbal argument between R1 and Maintenance U. The investigation documented Administrative Staff A and SSD X observed Maintenance U arguing with R1, and the situation was successfully de-escalated by separating Maintenance U and R1. Administrative Staff A and SSD X interviewed Maintenance U and R1, as well as R2, R3, and Dietary BB, who witnessed the exchange between Maintenance U and R1. All witnesses reported yelling and an exchange of profanities between Maintenance U and R1. The investigation documented Maintenance U was immediately suspended pending the facility's investigation and terminated on 09/03/25. R1's EHR Progress Notes tab, reviewed from 08/20/25 to 09/03/25, lacked documentation of the incident on 08/28/25.Dietary BB's undated and unnotarized Witness Statement documented on 08/28/25, he observed a verbal altercation between Maintenance U and R1 and documented an exchange of profanities. Dietary BB documented they did not intervene because Administrative Staff A was approaching the situation. Administrative Staff B's unnotarized Witness Statement, dated 08/28/25, documented she overheard Maintenance U and R1 talking. Maintenance U asked R1 and R2 to move away from the area where the residents were smoking because it was too close to the door. A verbal exchange then followed, and Administrative Staff B called Administrative Staff A and asked her to come outside because Maintenance U and R1 were arguing. The verbal exchange between Maintenance U and R1 continued and included an exchange of profanities. Administrative Staff A then removed Maintenance U from the situation, and Administrative Staff A interviewed R1 and R2.SSD X's undated and unnotarized Witness Statement documented she went to the office of Administrative Staff A, where they were asked to assist in the parking lot to de-escalate a situation. SSD X and Administrative Staff A went to the parking lot and observed Maintenance U and R1 arguing. SSD X and Administrative Staff A successfully stopped the argument, and Administrative Staff A sent Maintenance U inside. The statement documented Administrative Staff A interviewed R1 and R2, who reported an exchange that included profanity. Administrative Staff A and SSD X then interviewed Maintenance U, who confirmed profanity was exchanged. Administrative Staff A then suspended Maintenance U.The facility did not obtain a witness statement from Maintenance U.During an observation on 09/03/25 at 03:05 PM, R1 sat in his motorized wheelchair smoking a cigarette in the courtyard with other residents and staff present.During an interview on 09/03/25 at 11:10 AM, Certified Nurse Aide (CNA) N revealed she had received an in-service recently that covered abuse, neglect, and exploitation. During an interview on 09/03/25 at 01:30 PM, Administrative Staff A reported the facility terminated Maintenance U for verbal abuse to R1. The investigation was unable to determine if Maintenance U or R1 started yelling first, and Maintenance U was observed by other residents and staff yelling at R1. Administrative Staff A said Maintenance U was informed the behavior was unacceptable and was immediately suspended pending the investigation and terminated effective 09/03/25.During an interview on 09/03/25 at 02:40 PM, Licensed Nurse (LN) H revealed she had received an in-service related to abuse, neglect, and exploitation within the last few days.During an interview on 09/03/25 at 03:05 PM, R1 confirmed that he was involved in a verbal exchange with Maintenance U and that voices were raised and profanities</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2025
NAME OF PROVIDER OR SUPPLIER Orchard Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 S Woodlawn Blvd Wichita, KS 67218	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>The facility reported a census of 70 residents, and one main kitchen. Based on observation, record review and interview the facility failed to prepare and serve food under sanitary conditions to prevent the potential for food borne bacteria. This placed the residents at risk for food borne illnesses. Findings included:- During an observation on 09/03/25 at 09:53 AM, several dead roaches and live roaches were observed in different stages of life throughout the kitchen on the floor. The roaches were observed behind and on the side of the refrigerators, freezers, under the clean dish storage rack, under the meal prep counter, behind doors, and in the dry storage room. Dietary Staff CC said she had seen several roaches and had reported the concern to Dietary Staff BB, Certified Dietary Manager (CDM). Additionally, Dietary Staff CC said a person would come into the kitchen weekly to try to control all the roaches. Further observation revealed two garbage cans with no lids on them in the kitchen. Dietary Staff CC reported the lids were off, as it was easier to throw items away. During an interview on 09/03/25 at 10:00 AM, Dietary Staff BB confirmed the roaches in all stages of life throughout the kitchen in dry storage, behind fridges, freezers, under counters, and behind doors. Dietary Staff BB reported the facility had a pest control service come monthly, which was due sometime in September, and stated Administrative Staff A is responsible for calling the pest control company. Dietary Staff BB reported the kitchen staff had been dealing with roaches for about six months now. During an interview on 09/03/25 at 04:50 PM, Administrative Staff A stated he expected the kitchen to be pest-free, and the facility has tried to accomplish this. Administrative Staff A confirmed there were roaches in the kitchen. The facility's Pest Control policy dated June 2025, documented our facility shall maintain an effective pest control program. This facility maintains an ongoing pest control program to ensure the building is kept free of insects and rodents.</p>		