STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B005004	A. BUILDING: _____ B. WING _____	07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTER ESTATES	155 NW 10TH AVE GREAT BEND, KS 67530

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named home plus facility conducted on 07/22/25.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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: KAR 26-42-202 (a) (1) (2) The facility reported a census of 7 residents (R). The sample included 3 residents. Based on observation, record review and interview, Administrator/ Licensed Nurse (LN) A failed to ensure the "Negotiated Service Agreement" for 2 of 3 sampled residents (R)1 and R3, was developed based on the resident's "Functional Capacity Screen" and service needs, which	S5105		

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

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S5105	Continued From page 1	S5105		

included a description of the services the resident received.

Findings included:

- Record review for R1's revealed an admission date of 07/18/24 with diagnoses of dementia, depression and hypertension.

R1's current "Functional Capacity Screen" (FCS) dated 07/19/24 recorded the resident was independent with transfer, walk/mobility and eating, required supervision with dressing and toileting, required physical assistance with bathing and was unable to manage medications and treatments. The FCS further recorded R1 had short-term memory impairment, memory/ recall impairment, impaired decision making and impaired vision.

R1's "Negotiated Service Agreement" (NSA) dated 07/18/24 failed to include a description of services needed related to the resident's impaired cognition and decision making, and failed to identify a bed assistive device used for transfers.

Observation on 07/22/25 at 12:15 PM in R1's room revealed a bed assistive device to the right side of her bed. R1 stated she used the bed assistive device to get in and out of bed.

Interview on 07/22/25 at approximately 02:32 PM with Administrator/ LN A confirmed R1's current NSA dated 07/19/24 lacked a description of services related to the resident's impaired cognition and decision making, and further confirmed the NSA failed to identify a bed

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S5105	Continued From page 2	S5105		

assistive device used for transfers.

- Record review for R3 revealed an admission date of 06/13/25 with diagnoses of major depressive disorder, atrial fibrillation, and Barrett's esophagus.

R3's current "Functional Capacity Screen" (FCS) dated 06/15/25 recorded the resident was independent with toileting, transfer, walk/mobility and eating, required supervision with dressing, required physical assistance with bathing and was unable to manage medications and treatments. The FCS further recorded R3 had memory/ recall impairment, impaired decision making, impaired vision and was at risk for falls/ unsteadiness.

R3's "Negotiated Service Agreement" (NSA) dated 06/15/25 failed to include a description of services for the resident's impaired cognition, impaired decision making and risk for falls/ unsteadiness.

Observation on 07/22/25 at 12:15 PM revealed R3 ambulating in the hallway of facility with a walker.

Interview on 07/22/25 at approximately 02:32 PM with Administrator/ LN A confirmed R3's current NSA dated 06/15/25 lacked a description of services related to the resident's impaired cognition and decision making and risk for falls/ unsteadiness.

Administrator/ LN A failed to ensure R1 and R3's NSA included a description of services related to podiatry, who provided the service and who was

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S5105	Continued From page 3 responsible for payment of the service. Administrator/ LN A failed to ensure R1 and R3's NSA was developed based on the resident's "Functional Capacity Screen" and service needs, which included a description of the services the resident received.	S5105		
S5190 SS=F	26-42-206 (d) Dietary Services (d)(1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (d) (1) The facility reported a census 7 residents. Based on observation and interview, Administrator/ Licensed Nurse (LN) A failed to ensure the homes menu plans were available to each resident on at least a weekly basis. Findings included: - During the initial tour with Administrator/ LN A on 07/22/25 at approximately 11:22 AM, the weekly menu was requested. Administrator/ LN A stated the menu was downstairs in a notebook. Observation on 07/22/25 at approximately 12:45 PM revealed 6 residents eating lunch time meal in the dining room. Interview on 07/22/25 at 02:35 PM with Administrator/ LN A confirmed the weekly menu	S5190		

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S5190	Continued From page 4 was not posted in a common area of the facility. Administrator/ LN A failed to ensure the home's menu plans were available to each resident on at least a weekly basis.	S5190		
S5230 SS=F	26-42-207 (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; (c) Each administrator or operator shall ensure the home ' 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 26-42-207 (c) The census totaled 7 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 3 of 5 newly hired employees (Certified Nurse Aide (CNA) B, CNA C and Non-Certified Staff D, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines.	S5230		

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S5230	Continued From page 5 Findings included: - Review of CNA B's employee record revealed they hired onto the facility on 01/20/25. CNA B's first step of TB testing was administered on 12/31/24 and read on 01/03/25, and the record lacked evidence of completion of the second step of TB testing upon hire. CNA B's employee record further revealed a "Tuberculosis Screening Questionnaire" completed upon hire. The questionnaire failed to address symptoms experienced in the past year including productive cough longer than 3 weeks in duration, unexplained weight loss, persistent low fever, excessive fatigue, coughing up blood, shortness of breath, chills and severe night sweats. - Review of CNA C's employee record revealed they hired onto the facility on 01/29/25. CNA C's employee record further revealed a "Tuberculosis Screening Questionnaire" dated 02/28/25, approximately 5 weeks after being hired by the facility. The questionnaire failed to address symptoms experienced in the past year including productive cough longer than 3 weeks in duration, unexplained weight loss, persistent low fever, excessive fatigue, coughing up blood, shortness of breath, chills and severe night sweats. - Review of Non- Certified Staff D's employee record revealed they hired onto the facility on 02/28/25. Non- Certified Staff D's employee record further revealed a "Tuberculosis Screening Questionnaire" completed upon hire. The questionnaire failed to address symptoms experienced in the past year including productive cough longer than 3 weeks in duration,	S5230		

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S5230	Continued From page 6 unexplained weight loss, persistent low fever, excessive fatigue, coughing up blood, shortness of breath, chills and severe night sweats. Interview on 07/22/25 at 02:32 PM with Administrator/Licensed Nurse (LN) A confirmed unable to locate second step of TB testing for CNA B and further confirmed the TB questionnaire completed on CNA B, CNA C and Non- Certified Staff D was not in accordance with the state department's TB symptom screen questionnaire. Facility's "Tuberculosis / Infection Control Procedures" policy (no date) recorded, "A. Symptom Screen: Each new resident and employee shall have an initial TB symptom screen that includes the Tuberculosis Symptom Screen Questionnaire within 7 days of residency or employment or at the time of administration of the Tuberculin skin test (TST) or IGRA ... B. TB Infection Testing: 1. Each new resident or employee shall receive a two-step TST or IGRA for TB within 7 days of residency or employment ...II. Resident and employee annual TB symptom screen review and TB infection testing: A. Symptom Screen: Each resident and employee shall have an annual TB symptom screen review questionnaire." The facility failed to follow the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S5230		
S5245 SS=F	26-42-105 (b) Resident Records Confidential (b) Each administrator or operator shall ensure	S5245		

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S5245	Continued From page 7 that all information in each resident's record, regardless of the form or storage method for the record, is kept confidential, unless release is required by any of the following: (1) Transfer of the resident to another health care facility; (2) law; (3) third-party payment contract; or (4) the resident or legal representative of the resident. This REQUIREMENT is not met as evidenced by: KAR 26-42-105 (b) The census equaled 7 residents. The sample included 3 residents. Based on interview and observation for all residents, Administrator/ Licensed Nurse (LN) A failed to ensure that all information in each resident's record, regardless of the form or storage method for the record, is kept confidential. Findings included: - The "Resident Roster" obtained on 07/22/25 at 10:10 AM from Administrator/ LN A revealed 5 of the 7 residents had impaired cognition. Observation on 07/22/25 at 10:10 AM revealed an unlocked, opened desk in the sitting room of the facility, next to the dining room. The desk contained the 7 residents' records. Interview on 07/22/25 at 10:10 AM with	S5245		

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S5245	Continued From page 8 Administrator/ LN A confirmed the desk was unlocked with the 7 resident records. For all residents of the facility, Administrator/LN A failed to ensure that all information in each resident's record, regardless of the form or storage method for the record, is kept confidential.	S5245		