STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N019011	A. BUILDING: _____ B. WING _____	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF GIRARD	950 WEST ST JOHN ST GIRARD, KS 66743

(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 the licensure resurvey for the above named facility conducted on 09/08/25 and 09/09/25.	S 000		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (h) The facility reported a census of 29 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the NSA for R1 and R3. Findings included: - Record review for R1 revealed an admission date of 10/15/24 with diagnoses of chronic atrial fibrillation, unsteadiness on feet, migraines, presence of colostomy, hypertension, and hypokalemia.	S3101		

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

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S3101	Continued From page 1 Review of R1's combined "Functional Capacity Screen" (FCS)/ NSA dated 08/20/25 revealed R1 required physical assistance from facility staff with bathing, dressing, toileting, transferring and walking. R1 was independent with eating and lacked the ability to manage her own medications and medical treatments. R1 was cognitively intact and was able to make herself understood and she understood others. R1 used a walker and wheelchair mobility device. The document lacked signatures. -Record review for R3 revealed an admission date of 11/24/24 with diagnoses of chronic atrial fibrillation, depression, and dementia in other diseases classified elsewhere. Review of R3's combined FCS/NSA dated 03/21/25 revealed R3 required physical assistance from facility staff with bathing, dressing, toileting, transferring, and walking. R3 required staff supervision with eating. R3 lacked the ability to mange her own medications and had impaired short-term memory, long-term memory, memory/recall, and decision making. R3 was sometimes able to make herself understood and she usually understood others. R3 used no walking/mobility device. The document lacked signatures. Interview on 09/09/25 at approximately 08:45 AM with Operator A and "Registered Nurse" (RN) B confirmed the combined FCS/NSA dated 08/20/25 for R1 and the combined FCS/NSA dated 03/21/25 for R3 were not signed by each individual involved in the development of the NSA.	S3101		

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S3101	Continued From page 2 The Operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the NSA for R1 and R3.	S3101		
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: K.A.R. 26-41-205 (b) The facility reported a census of 29 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R2 identified who was responsible for the administration of selected medications. Findings included:	S3186		

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S3186	Continued From page 3	S3186		

- Record Review for R2 revealed an admission date of 08/08/22 with diagnoses of unspecified combined systolic and diastolic congestive heart failure and gastro-esophageal reflux disease.

Review of R2's combined "Functional Capacity Screen" (FCS)/NSA dated 07/11/25 revealed R2 was independent with bathing, dressing, toileting, transferring, and walking/mobility. Under the section titled "Management of Medications" revealed R2 was independent with managing his own medications. Under the section titled "VI. Medications/Treatments" R2 was identified as able to self-administer "all" of his own medications.

Review of R2's electronic "Medication Administration Record" (MAR) dated 09/2025 revealed the following:

Clotrimazole Betamethasone Cream 1-0.05% apply topically to effected area one time a day, and was signed as being administered by facility "Certified Medication Aides'" (CMA)'s daily.

Alphagan P Solution 0.1% Instill one drop in left eye every morning and at bedtime for Glaucoma and was signed as being administered by facility "Certified Medication Aides'" (CMA)'s twice daily.

Interview on 09/09/25 at approximately 08:45AM with Operator A and "Registered Nurse" (RN) B confirmed R2's combined FCS/NSA dated 07/11/25 lacked identification of who was responsible for the administration of the Clotrimazole Betamethasone cream and the Alphagan P solution eye drops.

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S3186	Continued From page 4 The Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R2 identified who was responsible for the administration of selected medications.	S3186		