STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N066001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APOSTOLIC CHRISTIAN HOME	511 PARAMOUNT STREET , SABETHA, Kansas, 66534

(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) COMPLETION DATE
S0000	INITIAL COMMENTS The following represents the findings of a resurvey for the above-named assisted living facility conducted on 10/28/25 and 10/29/25.	S0000		
S3081 SS = E	Functional Capacity Screen Reassessment CFR(s): 26-41-201 (c) (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-201(c)(2) The facility reported a census of 19 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure designated staff completed a Functional Capacity Screen (FCS) for Resident (R) 1, R2, and R3 upon change of condition as defined in K.A.R. 26-39-100. Findings included: - Record review for R1 revealed an admission date of 01/30/25 with a diagnosis of dementia. The 01/30/25 (admission and most recent) FCS identified R1 required physical assistance with bathing and dressing; was unable to perform management of medications and treatments; and had short-term memory, memory/recall, and decision-making cognitive difficulties. R1 was not marked at risk of falls.	S3081		

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

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S3081 SS = E	Continued from page 1 The 01/30/25 Negotiated Service Agreement (NSA) identified facility staff provided R1 physical assistance with bathing and dressing, administration of medications, and offered choices and cues for cognitive difficulties. R1's record lacked evidence of an FCS since the 01/30/25 FCS. Review of 02/07/25 at 05:25 AM "Fall Progress Note" revealed R1 was found on the floor in front of her recliner. Review of 02/22/25 at 04:25 AM "Fall Progress Note" revealed R1 had an unwitnessed fall and was transferred to the local hospital. Review of 03/03/25 at 02:08 PM "Readmission" note revealed R1 returned to the facility from hospitalization. Review of 04/13/25 "Fall" incident report revealed R1 was found sitting on floor in front of recliner. On 10/29/25 at 10:19 AM Administrative Nurse C confirmed an FCS was not completed when R1 sustained falls or when she was hospitalized for ten days. - Record review for R2 revealed an admission date of 07/17/23 with a diagnosis of vertigo. The 07/17/24 (annual) FCS identified R2 required physical assistance with bathing and management of medications and treatments. The 07/17/25 (annual) was the next FCS which identified R2 required physical assistance with bathing and was unable to perform management of medications and treatments. R2 was not marked at risk of falls. The 07/17/25 NSA listed R2 as not at risk for falls.	S3081		

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S3081 SS = E	Continued from page 2 Review of 04/15/25 at 01:07 PM "Health Status Note" revealed R2 had a fall that morning. Review of 04/16/25 at 09:23 AM "Communication" note revealed R2 was assessed due to a change in condition and was transferred to the emergency room. Review of 04/18/25 at 02:54 PM "Admission" note revealed R2 returned to the facility. On 10/29/25 at 10:25 AM Administrative Nurse C confirmed an FCS was not completed when R2 fell or when she returned from being hospitalized. - Record review for R3 revealed an admission date of 11/18/24 with a diagnosis of dementia. The 11/18/24 (most recent) FCS identified R3 required physical assistance with bathing and dressing; was unable to perform management of medications and treatments; and had decision-making cognitive difficulties. The 11/18/24 NSA identified facility staff provided R3 physical assistance with bathing, dressing, and administration of medications. R3's record lacked evidence of an FCS since the 11/18/24 FCS. Review of "Doctor's Progress Notes" dated 05/1/25 at revealed R3 was to start physical therapy at the local hospital. On 10/29/25 at 10:25 AM Administrative Nurse C confirmed R3 had therapy from 05/16/25-09/09/25, an FCS should have been completed when she started physical therapy and was not completed. The administrator failed to ensure designated staff completed an FCS for R1, R2, and R3 upon change of condition as defined in K.A.R. 26-39-100.	S3081		
S3165	Health Care Services	S3165		

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S3165 SS = F	Continued from page 3 CFR(s): 26-41-204 (d) (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-204(d) The facility reported a census of 19 residents with three residents included in the sample. Based on record review and interview the administrator failed to ensure the Negotiated Service Agreement (NSA) for all residents listed the licensed nurse responsible for implementing and supervising their Healthcare Service Plans (HSP). Findings included: - Record review for Resident (R)1, R2, and R3 revealed the NSAs failed to name the licensed nurse responsible for implementing and supervising the HSPs. On 10/29/25 at 09:16 AM Administrative Nurse C confirmed the NSAs within the new electronic medical record did not list the licensed nurse responsible for the HSPs. The administrator failed to ensure all residents' NSAs named the licensed nurse responsible for implementing and supervising their HSPs.	S3165		
S3171 SS = E	Health Care Services Standards of Practice CFR(s): 26-41-204 (i) (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-204(i) The facility reported a census of 19 residents with three included in the sample. Based on observation,	S3171		

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S3171 SS = E	Continued from page 4 interview, and record review the administrator failed to ensure a licensed nurse completed an assessment including assessment of the bed assistive device for safety and risk of entrapment for Residents (R) 1 and R3. Findings included: - Record review for R1 revealed an admission date of 01/30/25 with a diagnosis of dementia. The 01/30/25 Functional Capacity Screen (FCS) identified R1 was independent with transfers. The 01/30/25 Negotiated Service Agreement (NSA) identified R1 was independent with transfers. The 09/17/25 "Side Rail Use Assessment" for R1 failed to indicate the quarter rail was installed properly and had no potential zones of entrapment. Observation on 10/29/25 at 11:35 AM revealed a bed assist device was attached to the left side of R1's bed. On 10/29/25 at approximately 11:38 AM R1 stated she used the bed assist device to help her get out of bed. - Record review for R3 revealed an admission date of 11/18/24 with a diagnosis of dementia. The 11/18/24 FCS identified R3 was independent with transfers. The 11/18/24 NSA identified R3 was independent with transfers. The 07/30/25 "Side Rail Use Assessment" for R3 failed to indicate the bed cane was installed properly and had no potential zones of entrapment. Observation on 10/28/25 at 02:02 PM revealed a bed cane was placed under R3's mattress with no securement strap	S3171		

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S3171 SS = E	Continued from page 5 attached which allowed it to move with any pressure applied causing a potential zone of entrapment greater than 4.75 inches. On 10/29/25 at approximately 10:24 AM Administrative Nurse C confirmed R1 and R3's bed rail assessments failed to include assessment of the devices' installation and potential zones of entrapment. The administrator failed to ensure a licensed nurse completed an assessment including assessment of the bed assistive device for safety and risk of entrapment for Residents (R) 1 and R3.	S3171		
S3261 SS = E	Resident Record Documentation of Incidents CFR(s): 26-41-105 (f) (11) (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 19 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when Resident (R) 1 and R2 sustained falls and/or bruising. Findings included: - Record review for R1 revealed an admission date of 01/30/25 with a diagnosis of dementia. The 01/30/25 (admission and most recent) Functional Capacity Screen (FCS) identified R1 required physical assistance with bathing and dressing; was unable to perform management of medications and treatments; and had short-term memory, memory/recall, and decision-making cognitive difficulties. R1 was not marked at risk of falls.	S3261		

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S3261 SS = E	Continued from page 6 The 01/30/25 Negotiated Service Agreement (NSA) identified facility staff provided R1 physical assistance with bathing and dressing, administration of medications, and offered choices and cues for cognitive difficulties. Review of R1's record revealed lack of documentation of all incidents including the date and time of occurrence, action taken, and results of the action when she sustained a fall on 04/13/25. Review of 04/13/25 "Fall" incident report revealed R1 was found sitting on floor in front of recliner. On 10/29/25 at 10:19 AM Administrative Nurse C confirmed R1's record did not include an entry regarding her 04/13/25 fall incident. - Record review for R2 revealed an admission date of 07/17/23 with a diagnosis of vertigo. The 07/17/25 (annual) FCS which identified R2 required physical assistance with bathing and was unable to perform management of medications and treatments. R2 was not marked at risk of falls. The 07/17/25 NSA listed R2 as not at risk for falls. Review of R2's record revealed a 04/12/25 "Dietary Note". The next entry was a "Health Status Note" on 04/15/25 at 01:07 PM which documented R2 had a fall that morning. Review of R2's record revealed an 08/06/24 "Order Note". The next entry was a "Nurses Note" on 08/15/24 at 12:50 PM which documented R2 had a bruise to her right hip. Review of "Skin alteration" incident report dated 08/09/24 at 11:40 AM revealed R2 had a four by two inch red and purple colored bruise to her right hip she sustained when she bumped into "something" in the middle of the night.	S3261		

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S3261 SS = E	Continued from page 7 Review of R2's record revealed lack of documentation of all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when she had bruising on 08/09/24 and fell on 04/15/25. On 10/29/25 at 10:25 AM Administrative Nurse C confirmed R2's record did not include an entry regarding her bruising on 08/09/24 or 04/15/25 fall incident. The administrator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when R 1 and R2 sustained falls and/or bruising.	S3261		