STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B006006	A. BUILDING: _____ B. WING _____	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO MEMORY CARE OF FTSCOTT	822 S HORTON STREET FORT SCOTT, KS 66701

(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 with attached complaint numbers 191524 and 191469 for the above named facility conducted on 10/14/25 and 10/15/25.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the	S 225		

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

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S 225	Continued From page 1 resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: K.A.R. 26-39-102 (a) (1) (C) (3) The facility reported a census of 6 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure at the time of admission a written agreement that described in detail the services and goods the resident would receive and specified the obligations that the resident had toward the care home for R3 when she moved from the company owned and separately licensed assisted living facility to the company owned separately licensed home plus. Findings included:	S 225		

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S 225	Continued From page 2 - Record review for R3 revealed an admission date of 05/27/25 with diagnoses of Alzheimer's disease with late onset, hemiplegia, hemiparesis, cerebral infarction affecting right dominant side, and anxiety disorder. Review of the facility provide document titled "Resident Service Agreement" dated 05/27/25 revealed the room number and the physical location of the separately licensed assisted living facility located next door to where R3 resided during the survey process at the separately licensed company owned home plus location. Review of R3's electronic "Medical Record" under the tab titled "Progress Notes" revealed a health status note entered on 08/27/25 at 12:56 PM that revealed that R3 had been brought back from the hospital and was admitted to hospice services and "moved to memory care". Interview on 10/15/25 at approximately 12:45 PM with Operator/Registered Nurse A confirmed the assisted living facility had a different license number then the home plus, and that she did not do a new admission agreement to the home plus facility when R3 moved from the assisted living facility to the memory care home plus facility after her hospital stay. Operator/Registered Nurse A stated that R3 moved into the separately licensed assisted living facility on 05/27/25 and she moved to the separately licensed home plus on 08/26/25. The Operator failed to ensure at the time of admission a written agreement that described in detail the services and goods the resident would	S 225		

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S 225	Continued From page 3 receive and specified the obligations that the resident had toward the care home for R3 when she moved from the company owned and separately licensed assisted living facility to the company owned separately licensed home plus.	S 225		
S5050 SS=F	26-42-101 (k) Ombudsman (k) Ombudsman. Each administrator or operator shall ensure the posting of the names, addresses, and telephone numbers of the Kansas department on aging and the office of the long-term care ombudsman with information that these agencies can be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the home. The administrator or operator shall ensure that this information is posted in a common area accessible to all residents and the public. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-101 (k) The facility reported a census of 6 residents. Based on observation and interview the Operator failed to ensure a posting available to all residents and the public, of the names, addresses, and telephone numbers of the department and of the of the office of the long-term care ombudsman with information that these agencies could be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the facility.	S5050		

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S5050	Continued From page 4 Findings included: - Observation on 10/14/25 at approximately 03:00 PM during the facility tour revealed the facility did not have a posting of the department or of the long-term care ombudsman with information that these agencies could be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the facility. Interview on 10/14/25 at approximately 03:30 PM with Operator/Registered Nurse A confirmed the facility did not have a poster for the department or of the long-term care ombudsman with information that these agencies could be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the facility. The Operator failed to ensure a posting available to all residents and the public, of the names, addresses, and telephone numbers of the department and of the of the office of the long-term care ombudsman with information that these agencies could be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the facility.	S5050		
S5126 SS=F	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator	S5126		

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S5126	Continued From page 5	S5126		

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. 26-42-202 (h)

The facility reported a census of 6 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. 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 agreement for R1, R2, and R3.

Findings included:

- Record review for R1 revealed an admission date of 03/15/25 with diagnoses of hypothyroidism, unspecified dementia, major depressive disorder, anxiety, and obsessive-compulsive disorder.

Review of R1's "Functional Capacity Screen" (FCS) dated 03/12/25 revealed R1 required physical assistance with bathing, and she lacked the ability to manage her own medications. R1 was incontinent, had impaired short-term memory, long-term memory, memory/recall and decision making. R1 could usually make herself understood and she usually understood others. R1 used a walker or cane mobility device.

Review of R1's combined NSA/"Health Service

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S5126	Continued From page 6 Plan" (HSP) dated 03/15/25 instructed facility staff to provide physical assistance with bathing, reminders or toileting, manage and administer R1's medications and provide safety checks every 30 minutes. R1's combined NSA lacked the signatures of each individual involved in the development of the agreement. - Record review for R2 revealed an admission date of 07/25/25 with diagnoses of Alzheimer's disease, hypertension, malignant neoplasm of the prostate and insomnia. Review of R2's FCS dated 07/24/25 revealed R2 required physical assistance with bathing, dressing, toileting, and transferring. R2 required supervision with walking, and he lacked the ability to manage his own mediations. R2 was incontinent, had impaired short-term memory, long-term memory, memory recall and decision making. R2 could usually make himself understood and he usually understood others. Review of R2's combined NSA/HSP instructed facility staff to provide physical assistance with bathing, dressing, toileting, and transferring. Facility staff were instructed to provide stand by assistance with R2's walking/mobility, manage his medications and provide safety checks every two to three hours. R2's combined NSA lacked the signatures of each individual involved in the development of the agreement.	S5126		

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S5126	Continued From page 7 Record review for R3 revealed an admission date of 05/27/25 with diagnoses of Alzheimer's disease with late onset, hemiplegia, hemiparesis, cerebral infarction affecting right dominant side, and anxiety disorder. Review of R3's FCS dated 05/19/25 revealed she required physical assistance with bathing, dressing, and toileting. R3 required supervision with walking/mobility. R3 lacked the ability to manage her own medications, was incontinent, and had impaired short -term memory, long-term memory, memory/recall and decision making. R3 could usually make herself understood and she usually understood others. Review of R3's combined NSA/HSP dated 05/27/25 instructed facility staff to provide physical assistance with bathing, dressing, toileting, dressing, transferring, and supervision with walking/mobility. Facility staff would manage and administer R3's medications and medical treatments. R3's combined NSA lacked the signatures of each individual involved in the development of the agreement. Interview on 10/15/25 at approximately 12:45 PM with Operator/Registered Nurse A confirmed that the signature pages for the NSA's for R's 1, 2, and 3 lacked the signatures of each individual involved in the development of the NSA's. The Operator failed to ensure each individual involved in the development of the NSA signed the agreement for R1, R2, and R3.	S5126		

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S5215	Continued From page 8	S5215		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-104 (d) (3) The facility reported a census of 6 residents. Based on interview the Operator failed to ensure the homes disaster and emergency preparedness training was reviewed with all residents at least quarterly. Findings included: - Interview on 10/14/25 at approximately 04:30 PM with Operator/Registered Nurse A confirmed the staff who are employed by the home; work at the assisted living facility that is located right next door to the facility and owned by the same	S5215		

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S5215	Continued From page 9 company. The two buildings have different licensure and rotate staff to work in both buildings. Operator/Registered Nurse A stated that all the emergency preparedness training logs for the staff are kept in the assisted living building. She continued to state that the evacuations for both buildings and the training for both buildings is performed on the same day. Operator/Registered Nurse A continued to confirm the emergency preparedness training was provided at the time of admission to the home for the current residents, and that she had failed to provide the training quarterly to all residents. The Operator failed to ensure the homes disaster and emergency preparedness training was reviewed with all residents at least quarterly.	S5215		
S9999	Final Observations 9999 K.A.R. 26-39-101 (h) scope/severity of F The facility reported a census of 19 residents. Based on interview and record review the Licensee failed to notify the department within two working days when there was a change of operator, provide the name and address of the new operator, and provide evidence that the individual had completed the Operator course as specified by the secretary of the Kansas department of health and environment pursuant to K.S.A. 39-923 and amendments thereto when the facility terminated the Operator D on 03/19/24 and Operator A was confirmed by the department on 12/05/24.	S9999		

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Findings included:

- Record review of Operator D's personnel record revealed her employment was terminated on 03/19/24.

Review of Operator D's personnel record revealed a document titled "Licensure/Registration Application Receipt" dated 08/02/23 from the departments Licensing Administrator that revealed Operator D made a payment to the department.

- Review of the facility provided document titled "Personnel Hired Since Last Survey Review" dated 10/14/25 revealed Director E was hired on 05/20/24.

Review of the facility provided undated and untitled document of terminated employees revealed Director E terminated on 10/07/24.

Review of Director E's personnel file revealed a document titled "Job Description" dated 01/23/22. Under the section titled "Qualifications" it revealed the following: "Successful management experience in health care or similar field with thorough knowledge of state and federal regulations with an Operator, Manager, or Administrator license", signed by Director E and Regional Manager C on 05/02/24.

Director E's personnel record lacked documentation of the completion of the Operators Course, and the Director E's

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personnel record lacked documentation of and Operators certificate number.

- Record review for Operator / Registered Nurse (RN) A revealed she began her employment on 05/20/24 as the facility RN.

Review of an email to Operator/RN A dated 12/05/24 from the departments Licensure and Certification Specialist revealed that the departments files were amended to "reflect that as of 11/26/24" Operator/RN A was the new Operator of the facility.

Interview on 10/14/25 at approximately 12:15 PM with Operator/RN A and Regional Manager C by phone. Regional Manager C confirmed she could not provide documentation notifying the department within two days of the change of Operator for the facility when Operator D was terminated. Regional Manager C stated that she went "to the help desk on the web site". Regional Manager C stated that she sends all new hire and termination information to the "Corporate" office for processing.

The Licensee failed to notify the department within two working days when there was a change of operator, provide the name and address of the new operator, and provide evidence that the individual had completed the Operator course as specified by the secretary of the Kansas department of health and environment pursuant to K.S.A. 39-923 and amendments thereto when the facility terminated the Operator D on 03/19/24 and Operator A was confirmed by the department on 12/0005/24.