STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N074003	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHILLIPS COUNTY RETIREMENT CENTER	1300 STATE STREET , PHILLIPSBURG, Kansas, 67661

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S0000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 10/07/25.	S0000		
S3171 SS = D	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 census equaled 17 residents. The sample included 3 residents. Based on record review, interview and observation, Administrator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 record review Resident (R)3. Findings included: - Record review for R3 revealed an admission date of 04/17/25 with diagnoses of atrial fibrillation, chronic kidney disease, osteoarthritis and peripheral vascular disease. The “Functional Capacity Screen” dated 04/17/25 recorded the resident was independent with toileting, transfer, walk/mobility and eating, required physical assistance with bathing and dressing and was unable to perform management of medications and treatments. R3 was at risk for falls/ unsteadiness and used a walker and wheelchair for ambulation. Review of R3’s “Negotiated Service Agreement/ Health Care Service Plan” (NSA/HCSP) dated 04/17/25 recorded facility staff assisted R3 with dressing and bathing, administered medications and assisted with wheelchair	S3171		

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

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S3171 SS = D	Continued from page 1 use. The NSA failed to identify the use of a bed assistive device used for transfers and/or repositioning. Record review lacked an assessment of the bed assistive device to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device and an annual safety check assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation with CMA C on 10/07/25 at 01:35 PM in R3's room revealed a bed assist device to the left and right sides of her bed. Interview on 10/07/25 at approximately 01:35 PM with CMA C stated R3 used the bed assist devices to transfer in bed. Interview on 10/07/25 at approximately 02:15 PM with Administrator A confirmed unable to locate a bed assistive device assessment completed for R3. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Facility's "Bed Rails" policy (no date) recorded, "If a bed rail is used, the facility will ensure correct installation, use and maintenance of bed rails including but not limited to: Assessment of resident for risk of entrapment from bed rails prior to installation, review of risks and benefits of bed rails with resident/ representative and obtain informed consent prior to installation, ensure the bed's dimensions are appropriate for resident's size and	S3171		

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S3171 SS = D	Continued from page 2 weight, follow the manufacturer's recommendations and specifications for installing and maintaining bed rails." Administrator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 record review Resident (R)3.	S3171		
S3175 SS = D	Self Administration of Medication CFR(s): 26-41-205 (a) (1) (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-205 (a) (1) The census equaled 17 residents. The sample included 3 residents. Based on record review, interview and observation for 1 sampled Resident (R)1, the facility failed to ensure a licensed nurse (LN) performed an assessment for residents who self-administered some or all of their medications. Findings included: - The "Resident Roster" obtained on 10/07/25 from Administrator A identified three residents as self-administering medications and identified two residents as requiring insulin by injection. - Record review for R1 revealed an admission date of 01/13/25 with diagnoses of type II diabetes mellitus. Review of resident's current "Functional Capacity Screen" dated 01/13/25 recorded the resident was unable to perform management of medications and treatments.	S3175		

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S3175 SS = D	Continued from page 3 Review of resident's current "Negotiated Service Agreement/ Health Care Service Plan" (NSA/HCSP) dated 01/13/25 recorded R1 administered her own insulin. Review of R1's record lacked evidence a licensed nurse performed a self-administration of medication assessmen Observation and interview on 10/07/25 at 12:25 PM in R1's room revealed an insulin pen on the side table in the living room. R1 confirmed she self- administered her insulin. Interview on 10/07/25 at approximately 01:24 PM with Administrator A confirmed record lacked a self-administration assessment for R1 to self-inject insulin. Facility's "Self-Administration of Medications" policy (no date) recorded, "…The competency of the resident is assessed prior to allowing a resident to self-administer medications by the interdisciplinary team." The facility failed to ensure a licensed nurse performed an assessment for R1, who self-administered her insulin.	S3175		
S3215 SS = D	Medication Storage CFR(s): 26-41-205 (h) (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides.	S3215		

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S3215 SS = D	Continued from page 4 (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-205 (h) (4) The facility reported a census of 17 residents. The sample included 3 residents. Based on observation, record review and interview for 1 sampled resident (R)4, Administrator A failed to ensure medications were not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration. Findings included: - Observation during the initial tour on 10/07/25 at 10:29 AM with Certified Medication Aide (CMA) C revealed a medication room in the facility. The medication room contained a locked medication cart with resident’s medications. The following medication was noted expired: For R4, the cart contained one opened bottle of Warfarin (blood thinner) with a pharmacy label affixed to the medication bottle. The pharmacy label recorded a use by date of 08/31/25. Current October 2025 MAR (medication administration record) recorded, “Warfarin Sodium, 6 milligram tablet, give 9 milligrams by mouth in the evening every Monday, Thursday for blood thinner” and Warfarin Sodium, 6 milligram tablet, give 6 milligrams by mouth in the evening every Tuesday, Wednesday, Friday, Saturday and Sunday for blood thinner.” Medication signed off as administered once daily from 10/01/25 through 10/06/25 by certified staff. Interview on 10/07/25 at approximately 10:36 AM with CMA A confirmed the above listed medication was expired. Facility failed to provide a medication administration policy. Administrator A failed to ensure medications were not administered beyond the manufacturer's or pharmacy	S3215		

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S3215 SS = D	Continued from page 5 provider's recommended date of expiration.	S3215		
S3260 SS = D	Resident Records Content CFR(s): 26-41-105 (f) (1 - 10) (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-105 (f) (3) The facility reported a census of 17 residents. The sample included 3 residents. Based on interview and record review for 1 of 3 sampled residents (R)1, Administrator A failed to ensure the resident's record contained the admission agreement and any amendments. Findings included: - Record review for R1 revealed an admission date of 01/13/25.	S3260		

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S3260 SS = D	Continued from page 6 R1's record lacked completion of an admission agreement. Electronic interview on 10/08/25 at 08:57 AM with Administrator A confirmed unable to locate an admission agreement for R1. Administrator A failed to ensure the resident's record contained the admission agreement and any amendments.	S3260		
S3299 SS = E	Facility Food Storage CFR(s): 26-41-206 (e) (1) (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-206 (e) The census equaled 17 residents. Based on observation and interview for all residents receiving meal services, Administrator A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour with Certified Medication Aide (CMA) C on 10/07/25 at 10:22 AM of the facility kitchen revealed a refrigerator/ freezer containing food. The refrigerator contained two clear squeeze bottles, which were not labeled or dated. CMA C identified one bottle as containing Ceaser dressing and one bottle containing Dorothy Lynch dressing. The freezer contained the following food items, which were not sealed; one bag containing beef burgers and one bag containing cookie dough. Observation on 10/07/25 at 10:27 AM of the facility kitchen cabinets contained the following food items, which were not sealed; one bag containing Cheeto chips and one bag containing brown sugar. Interview on 10/07/25 at approximately 10:22 AM and 10:26 AM with CMA C confirmed the above listed food items were not dated/ labeled/ sealed.	S3299		

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S3299 SS = E	Continued from page 7 Electronic interview on 10/08/25 at 03:39 PM with Administrator A confirmed all residents eat at the facility. Facility “Food Stroage” policy (dated 05/06/19) recorded, “…14. Packages which have been opened will have the date the item was opened recorded…16. Refrigerated Food Storage…e. All foods should be covered, labeled and dated…17. Frozen Foods…c. All foods should be covered, labeled and dated.” For all residents of the facility, Administrator A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		