STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N064002	A. BUILDING: _____ B. WING _____	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNCIL GROVE ASSISTED LIVING	554 COUNTRY LANE COUNCIL GROVE, KS 66846

(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 represents the findings of a resurvey for the above named assisted living facility conducted 10/14/25-10/15/25.	S 000		
S3165 SS=E	26-41-204 (d) Health Care Services (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 REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 24 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the Negotiated Service Agreement (NSA) for Residents (R)1 and R2 named the licensed nurse responsible for implementing and supervising their health care service plans (HSP). Findings included: - Record review for R1 revealed an admission date of 04/12/25 with the following diagnoses: conductive hearing loss, hypothyroidism, and Meniere's disease. The 05/04/25 Functional Capacity Screen (FCS) identified R1 required physical assistance with bathing, dressing, toileting, and management of	S3165		

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

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S3165	Continued From page 1	S3165		

medications; needed supervision with transfers and walking/mobility; had no cognitive difficulties; was understandable and understood others during communication; and was at risk of falls and had impaired hearing.

The 02/27/24 combined NSA/HSP identified facility staff provided supervision/assistance with bathing, dressing, and toileting. Facility staff ordered, prepared, and administered medications; and staff walked with R1 to prevent falls. The NSA listed Licensed Nurse E responsible for implementing and supervising the HSP.

- Record review for R2 revealed an admission date of 01/20/25 with a diagnosis of diabetes mellitus type two.
The 02/17/25 FCS identified R2 required physical assistance with bathing; was independent with dressing, toileting, and eating; required supervision with transfers and mobility; had short-term memory difficulty; and was at risk of falls.

The 02/17/25 NSA identified staff provided R2 assistance with bathing; standby and cues for transfers; and reminders for meals and activities for cognition. The NSA listed Licensed Nurse E responsible for implementing and supervising the HSP.

On 10/14/25, during entrance interview, Administrative Staff A stated Administrative Nurse B was responsible for implementing and supervising all residents' HSPs.

On 10/15/25 at 11:24 AM Administrative Staff A

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S3165	Continued From page 2 confirmed the NSA for R1 and R2 failed to list the correct name of the licensed nurse responsible for implementing and supervising the HSP. The facility's 06/04/24 "Negotiated Service Agreement" policy lacked a statement addressing the nurse responsible for implementing and supervising the HSP for residents. The operator failed to ensure R1 and R2's NSAs named the licensed nurse responsible for implementing and supervising their HSPs.	S3165		
S3202 SS=D	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(4) The facility reported a census of 24 residents with three residents sampled. Based on interview and record review the facility failed to ensure Certified Medication Aides (CMA) were trained and completed competencies for delegated nursing procedures to include insulin pen preparation for residents to self-administer. Findings included:	S3202		

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S3202	Continued From page 3 - Resident (R) 2's medical record revealed the resident moved into the facility on 01/20/25 with diagnosis of diabetes mellitus type two. The 02/17/25 Functional Capacity Screen documented R2 required supervision with medications and treatments. The 02/17/25 Negotiated Service Agreement documented staff prepared insulin and supervised R2's self-administration. Review of Certified Medication Aide (CMA) D's employee record revealed a hire date of 05/28/24. The employee record lacked evidence of documentation of skills competency for preparation of insulin pens for injection. On 10/14/25 at 11:45 AM, during entrance interview, Administrative Staff A confirmed the CMA's prepared insulin pens with putting on the needle and dialing up the correct dose of medication. On 10/14/25 at 12:36 PM Administrative Staff A confirmed no competencies were signed for CMAs to complete insulin pen preparation for administration. On 10/14/25 at approximately 02:00 PM Certified Medication Aide (CMA) D stated she prepared insulin pens for R2 to self-inject including placing the needle and dialing the dose. On 10/15/25 at approximately 12:30 PM R2 stated the CMA put the needle on the insulin pen and dialed up his dose.	S3202		

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S3202	Continued From page 4 The facility's "Medication Management" policy last reviewed 06/04/25 failed to specify what tasks are required by a licensed nurse and what tasks could be completed by a CMA. It further failed to instruct staff on what to do with an insulin pen. The operator failed to ensure designated staff completed competencies for preparing insulin pens for R2 to self-administer.	S3202		
S3215 SS=F	26-41-205 (h) Medication Storage (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. (3) Any resident who self-administers medication and is unable to provide proper storage as	S3215		

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S3215	Continued From page 5 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 REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 24 residents. Based on observation and interview, the operator failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations. Findings included: - Record review for R1 revealed an admission date of 04/12/25 with the following diagnoses: conductive hearing loss, hypothyroidism, and Meniere's disease. The 05/04/25 Functional Capacity Screen (FCS) identified R1 required physical assistance with management of medications. The 02/27/24 combined NSA/HSP identified facility staff ordered, prepared, and administered medications. Observation on 10/15/25 at 12:22 PM of R1's room revealed one tube biofreeze 1.5 fluid	S3215		

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ounce, one tube biofreeze three fluid ounces, one 300 caplet bottle vitamin C 1,000 milligrams, and one bottle 1,200 milligram fish oil 150 softgels located on the table beside the chair.

On 10/15/25 at 12:56 PM R1 stated she did not administer the medications in her room to herself and staff come get them when they need.

- Record review for R2 revealed an admission date of 01/20/25 with a diagnosis of diabetes mellitus type two.

The 02/17/25 FCS identified R2 required supervision with management of medications.

The 02/17/25 combined NSA/HSP identified staff prepared and administered oral medications to R2.

Observation on 10/15/25 at 12:25 PM of R2's bathroom shared with his wife revealed behind the mirror were at minimum six tubes of medicated biologicals, three boxes of over-the-counter medications, a bottle of antiseptic, a bottle of eye drops, and nine bottles of over the counter medications including acetaminophen, melatonin, and multi vitamins. In the cabinet to the left of the shower were located one tube of diclofenac sodium 1%, two tubes of hydrocortisone cream 1%, one tube Benadryl cream, and two tubes itch stopping cream.

On 10/15/25 at approximately 12:25 PM R2 stated he did not take any of those medications and he did not believe his wife did either.

- Record review for R3 revealed an admission

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S3215	Continued From page 7 date of 07/15/25 with diagnosis of dementia. The 08/15/25 FCS identified R3 was unable to perform management of medications. The 08/15/25 combined NSA/HSP identified facility staff ordered, prepared, and administered R3's medications. Observation on 10/15/25 at 12:16 PM of R3's bathroom cabinet revealed two bottles diphenhydramine 25 milligram, 100 tablets and one bottle calcium carbonate 1000 milligrams, 160 chewable tablets. On 10/15/25 at 12:42 PM R3 stated she has some medications in her room she takes when she needs them. On 10/15/25 at 01:12 PM Administrative Staff A confirmed R1, R2, and R3 should not have access to any oral or topical medications. - Observation on 10/14/25 at 01:58 PM of the medication room revealed cabinets which contained extra medications for residents. The following medications were located in the cabinets: One bottle ondansetron 4 milligrams, 12 tablets with use by date 09/12/24 One bottle milk of magnesia suspension, 12 fluid ounces with use by date 08/29/25 One tube Neosporin 0.5 ounce with expiration date 09/23 - without resident name Two bottles acetaminophen 500 milligrams, 30 tablets with use by date 07/02/25 and 08/26/25 One bottle ibuprofen 200 milligrams, 100 tablets	S3215		

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S3215	Continued From page 8	S3215		

with use by date 08/12/25
Aleve 220 milligrams, 200 caplets with expiration date 09/21
Calcium carbonate 1000 milligrams, 72 tablets with use by date 04/23/25
One tube diclofenac sodium 1% 100 grams, with expiration date 03/24

On 10/14/25 at approximately 02:08 PM Administrative Staff A confirmed the medications were past date of use.

- Observation on 10/14/25 at 02:10 PM revealed the medication room had a refrigerator with an opened box that contained an unsealed vial of Tubersol. The vial lacked a date to indicate when it was opened.

The box and the vial of Tuberculin instructed to discard 30 days after opening.

On 10/14/25 at 02:10 PM Administrative Staff A confirmed the Tubersol vial was opened and not dated.

The facility's 06/04/24 "Medication Management" policy stated medications were stored following manufacturer's recommendations or those of the supplier and only licensed nurses and medication aides had access to the medications and biologicals.

The operator failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations.

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S3280	Continued From page 9	S3280		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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: KAR 26-41-104(d)(3) The facility reported a census of 24 residents. Based on interview and record review the operator failed to provide evidence of documentation reviews of the facility's emergency management plan were completed with all residents and all staff every quarter. Findings included: - Review of the facility's resident council records lacked evidence of documentation quarterly	S3280		

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S3280	Continued From page 10 reviews were completed with residents during the third and fourth quarter of 2024 and for the second quarter of 2025. Further review revealed not all residents were in attendance at the resident council meetings for the second quarter of 2024 and first and third quarters of 2025. Review of in-services for staff revealed the records lacked quarterly review of the emergency management plan for quarter three of 2024. Further review revealed only fire and tornado was reviewed 04/30/25 and only evacuation was reviewed 07/30/25. The records lacked evidence the entire emergency plan was reviewed with all staff each quarter. On 10/14/25 at 02:30 PM Administrative Staff A confirmed the facility's record lacked documentation reviews of the emergency management plan were completed quarterly with all staff and residents. The facility's "Emergency and Disaster Plan" last reviewed 06/09/24 read quarterly in-services were provided to staff and quarterly education at resident council meetings. The operator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with all staff and residents.	S3280		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (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	S3299		

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S3299	Continued From page 11 used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 24 residents. The facility had a main kitchen where food was stored, prepared, and served to all residents. Based on observation and interview the operator failed to ensure food items were stored under safe conditions. Findings included: - Observation on 10/14/25 at 01:22 PM in the kitchen revealed two refrigerators that contained food items for the residents. Refrigerator space #1 contained one squeeze bottle of white dressing without label identifying what was inside or a date it was prepared. Refrigerator space #2 contained the following food items that lacked labels identifying what was inside and a date the food was opened or prepared. One zippered bag of lighter colored, seasoned meat likely pork loin One zippered bag of pink meat like ham One zippered bag sliced tomato One zippered bag salad mix One five-pound zippered bag of fancy shredded natural cheese	S3299		

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S3299	Continued From page 12 One container of shredded mixed cheese Two squeeze bottles, one dark brown substance and one white substance One pan with two thawed zippered bags hamburger On 10/14/25 at 01:36 PM Administrative Staff A confirmed the food items lacked labels identifying what was inside and/or a date the food was opened or prepared. The 2009 Food and Drug Administration "Food Code", section 3-501.17 for ready-to-eat potentially hazardous food date marking instructed foods opened or prepared and held for more than 24 hours should indicate date or day by which the food should be consumed or discarded. The operator failed to ensure foods were stored under safe conditions.	S3299		