STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N069011	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANDBE HOME ACRES	200 WHISPERING PINES AVENUE NORTON, KS 67654

(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 01/13/26.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (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 REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c) (1) (2) The census equaled 9 residents. The sample included 3 residents. Based on record review and interview for 1 of 3 sampled residents (R)3, Administrator/ Licensed Nurse (LN) A failed to ensure designated facility staff conducted a screening following any significant change in condition as defined in K.A.R. 26-39-100. Findings included: - Review of R3's "Medical Record" revealed she admitted to the facility on 03/01/25 with diagnoses of altered mental status, hallucinations and hyperlipidemia.	S3081		

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

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S3081	Continued From page 1 R3's "Functional Capacity Screen (FCS))" dated 03/01/25 recorded resident as independent with dressing, toileting, transfer, walk/mobility and eating, supervision required for management of medications and treatments and physical assistance required for bathing. The FCS recorded R3 was continent, had impaired vision and impaired decision-making skills and used a walker for mobility. R3's FCS lacked a screening upon significant change in status. R3's "Negotiated Service Agreement" (NSA) dated 03/01/25 recorded facility staff assistance with bathing three times weekly and obtained vital signs weekly. The NSA failed to identify party responsible for medication and treatment management and further failed to address cognition. R3's "Service Plan" dated 03/01/25 recorded the following: staff assisted with bathing three times weekly, staff assisted with upper body dressing daily, staff provided three meals daily with reminders of meal times, and staff provided medication administration daily. The "Service Plan" further recorded facility staff assisted with calming resident during hallucinations. "Resident Progress Notes" dated 08/15/25 recorded R3 fell in her room, suffered a hip fracture and was transferred to the hospital. The record lacked documentation upon R3's return to the facility. Interview on 01/13/26 at 12:59 PM with	S3081		

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S3081	Continued From page 2 Administrator/ LN A stated R3 required physical assistance with bathing, dressing, toileting and management of medications and treatments. Administrator/ LN A further stated R3 was at risk for falls/ unsteadiness and wandering and had socially inappropriate disruptive behavior. Administrator/ LN A confirmed the FCS should have been updated following significant change in status. The facility failed to provide a policy on FCS. Administrator/ LN A failed to ensure designated facility staff conduct a screening following any significant change in condition as defined in K.A.R. 26-39-100.	S3081		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service.	S3085		

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S3085	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a) (1) The facility reported a census of 9 residents. The sample included 3 residents. Based on record review, observation and interview for 2 sampled residents (R)1 and R2, Administrator/ Licensed Nurse (LN) A failed to ensure the Negotiated Service Agreement (NSA) was fully developed based on the resident's Functional Capacity Screen (FCS), service needs, and preferences. Findings included: - Record review for R1 revealed an admission date of 10/06/25 with diagnoses of hypomagnesia and chronic obstructive pulmonary disease (COPD). The "Resident Functional Capacity Screen" (FCS) dated 10/06/25 recorded the resident required physical assistance with bathing, management of medications. The FCS further recorded R1 used a walker and wheelchair for ambulation. Review of R1's current "Negotiated Service Agreement Summary of Services and Signatures" (NSA) dated 10/06/25 recorded medication management and three meals daily was a services provided by the facility. The NSA failed to identify bathing and medication management.	S3085		

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S3085	Continued From page 4	S3085		

Interview on 01/13/26 at 01:45 PM with R1 stated facility staff assisted with bathing and administered his medications.

Interview on 01/13/26 at 02:49 PM with Administrator/ LN A confirmed R1's NSA did not identify the cares provided by staff for bathing and medication management.

- Record review for R2 revealed an admission date of 08/27/25 with diagnoses of hypertension, diabetes mellitus type II, hypothyroidism and hyperlipidemia.

The "Resident Functional Capacity Screen" (FCS) dated 08/27/25 recorded the resident required supervision for bathing, physical assistance for management of medications and treatment, had short term memory impairment and memory/ recall impairment. The FCS further recorded R1 used a walker for ambulation.

Review of R2's current "Negotiated Service Agreement Summary of Services and Signatures" (NSA) dated 08/26/25 recorded the facility provided three meals daily.

The NSA failed to identify bathing, medication management and memory impairment.

Observation on 01/13/25 at 11:39 AM revealed Certified Medication Aide (CMA) B administer medications to R2 in her room.

Interview on 01/13/26 at approximately 11:50 AM with R2 stated facility staff assisted her with bathing and administered medications to her.

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S3085	Continued From page 5 Interview on 01/13/26 at 02:45 PM with Administrator/ LN A confirmed R2's NSA did not identify the cares provided by staff for bathing, medication management and memory impairment. The facility failed to provide a policy on Negotiated Service Agreements. Administrator / LN A failed to ensure the NSA was fully developed based on the resident's FCS, service needs, and preferences.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement 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; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d) (2) The census equaled 9 residents. The sample	S3092		

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S3092	Continued From page 6	S3092		

included 3 residents. Based on record review and interview for 1 sampled resident (R)3, Administrator/ Licensed Nurse (LN) A failed to ensure the review, and if necessary, revision of the negotiated service agreement following any significant change in condition as defined in K.A.R. 26-39-100.

Findings included:

- Review of R3's "Medical Record" revealed she admitted to the facility on 03/01/25 with diagnoses of altered mental status, hallucinations and hyperlipidemia.

R3's "Functional Capacity Screen (FCS))" dated 03/01/25 recorded resident as independent with dressing, toileting, transfer, walk/mobility and eating, supervision required for management of medications and treatments and physical assistance required for bathing. The FCS recorded R3 was continent, had impaired vision and impaired decision-making skills and used a walker for mobility.

R3's "Negotiated Service Agreement" (NSA) dated 03/01/25 recorded facility staff assistance with bathing three times weekly and obtained vital signs weekly.

The NSA failed to identify party responsible for medication and treatment management and further failed to address cognition.

The NSA lacked the review and revision upon significant change in condition when R3 fell in her room, suffered a hip fracture, was transported to the hospital and returned to the

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S3092	Continued From page 7 facility. R3's "Service Plan" dated 03/01/25 recorded the following: staff assisted with bathing three times weekly, staff assisted with upper body dressing daily, staff provided three meals daily with reminders of meal times, and staff provided medication administration daily. The "Service Plan" further recorded facility staff assisted with calming resident during hallucinations. "Resident Progress Notes" dated 08/15/25 recorded R3 fell in her room, suffered a hip fracture and was transferred to the hospital. The record lacked documentation upon R3's return to the facility. Interview on 01/13/26 at 12:59 PM with Administrator/ LN A confirmed R3's NSA was not updated following significant change. Administrator/ Licensed Nurse (LN) A failed to ensure the review, and if necessary, revision of the negotiated service agreement following any significant change in condition as defined in K.A.R. 26-39-100.	S3092		
S3166 SS=F	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3166		

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S3166	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (e) The census equaled 9 residents. The sample included 3 residents. Based on record review, interview and observation for 1 sampled Resident (R)2 requiring "accuchecks" (blood sugar monitoring with a glucometer), a nursing procedure not included in the medication aide curriculum, Administrator/ Licensed Nurse (LN) A failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Record review for R2 revealed she admitted on 08/27/25 with diagnosis of type 2 diabetes mellitus. The resident's current "Functional Capacity Screen" (FCS) dated 08/27/25 recorded the resident required physical assistance with management of medications and treatments. The resident's current "Negotiated Service Agreement Summary of Services and Signatures" (NSA) dated 08/26/25 failed to identify party responsible for accuchecks. The resident's "Service Plan" dated 08/27/25 recorded facility staff provided guidance for accuchecks. Review of R2's current January 2026 "Medication	S3166		

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S3166	Continued From page 9	S3166		

Administration Record" (MAR) revealed the following, "Novolog Flexpen U-100 Insulin, per sliding scale; If blood sugar is 101 to 150, give 4 units. If blood sugar is 151-200, give 6 units. If blood sugar is 201 to 250, give 8 units. If blood sugar is 251 to 300, give 10 units. If blood sugar is 301 to 250, give 12 units. If blood sugar is 351 to 400, give 14 units. If blood sugar is great than 401, call MD. Subcutaneous." Blood sugar check signed off as performed by a Certified Medication Aide (CMA) (including CMA B, CMA C, CMA D and CMA E) three times daily on 01/01/26, 01/02/26 and 01/04/26 through 01/13/26.

Observation on 01/13/26 at 11:39 AM in R2's room revealed an accucheck performed by CMA B.

Review of sampled personnel records on 01/13/26 recorded the following CMAs recently hired, competency exams for accuchecks were requested.

CMA D, hire date 04/10/25

CMA E, hire date 05/01/25

Interview on 01/13/26 at 11:53 AM with Administrator/ LN A confirmed competencies for CMAs to obtain accuchecks were not completed for newly hired CMA D and CMA E and further confirmed competencies for CMAs to obtain accuchecks were not completed for CMA B and CMA C.

The facility failed to provide a policy on blood glucose monitoring by a CMA.

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S3166	Continued From page 10 For residents requiring "accuchecks", a nursing procedure not included in the medication aide curriculum, Administrator/ LN A failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3166		
S3202 SS=F	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 9 residents. The sample included 3 residents. Based on record review, interview and observation for 1 sampled Residents(R)2 and 1 non-sampled Resident (R)4 requiring insulin by injection, Administrator/ Licensed Nurse (LN) A failed to ensure the licensed nurse delegated 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 when medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse. Findings included:	S3202		

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S3202	Continued From page 11 - The "Resident Roster" obtained on 01/13/26 from Administrator/ LN A identified two residents as receiving insulin by injection (R2 and R4). - Record review for R2 revealed she admitted on 08/27/25 with diagnosis of type 2 diabetes mellitus. The resident's current "Functional Capacity Screen" (FCS) dated 08/27/25 recorded the resident required physical assistance with management of medications and treatments. The resident's current "Negotiated Service Agreement Summary of Services and Signatures" (NSA) dated 08/26/25 failed to identify party responsible for insulin administration. The resident's "Service Plan" dated 08/27/25 recorded facility staff provided guidance for insulin administration. Review of R2's current January 2026 "Medication Administration Record" (MAR) revealed the following, "Novolog Flexpen U-100 Insulin, per sliding scale; If blood sugar is 101 to 150, give 4 units. If blood sugar is 151-200, give 6 units. If blood sugar is 201 to 250, give 8 units. If blood sugar is 251 to 300, give 10 units. If blood sugar is 301 to 250, give 12 units. If blood sugar is 351 to 400, give 14 units. If blood sugar is great than 401, call MD. Subcutaneous." Medication signed off as administered by a Certified Medication Aide (CMA) (including CMA B, CMA C, CMA D and CMA E) three times daily on 01/01/26, 01/02/26 and 01/04/26 through 01/13/26.	S3202		

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S3202	Continued From page 12 R2's current January 2026 MAR further recorded the following, "Lantus U-100 Insulin solution; 100 unit/ milliliter; amount to administer: 40 units; subcutaneous." Medication signed off as administered by a CMA (including CMA B, CMA C, CMA D and CMA E) daily from 01/01/26 through 01/12/26. Observation on 01/13/26 at 11:39 AM in R2's room revealed CMA B dial R2's Novolog Flexpen per sliding scale and place the pen on R2's abdomen. Review of sampled personnel records on 01/13/26 recorded the following CMAs recently hired, competency exams for dialing insulin pens were requested. CMA D, hire date 04/10/25 CMA E, hire date 05/01/25. Interview on 01/13/26 at 11:53 AM with Administrator/ LN A confirmed competencies for CMAs to dial insulin pens were not completed for newly hired CMA D and CMA E and further confirmed competencies for CMAs to dial insulin pens were not completed for CMA B and CMA C. The facility failed to provide a policy on dialing insulin pens by a CMA. Administrator/ LN A failed to ensure the licensed nurse delegated 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 when medication aides dialed insulin pens for the	S3202		

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S3202	Continued From page 13 residents without an assessment for competency by a licensed nurse.	S3202		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (3) The census totaled 9 residents. The sample included 3 residents. Based on observation and interview for 2 sampled Resident (R)2 and R3 and 5 non-sampled Residents R4, R5, R6, R7 and R8, Administrator/ Licensed Nurse (LN) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included:	S3211		

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S3211	Continued From page 14 - Observation on 01/13/26 at 10:59 AM with Administrator/ LN A revealed a locked medication cart in the hallway of the facility. The following over the counter medications were noted without first and last names: For R2, the cart contained one bottle of Tylenol (pain reliever/ fever reducer), For R3, the cart contained one bottle Allergy Relief and one box of Salonpas (pain relieving patch), For R4, the cart contained one bottle of Vitamin D3 (supplement) and one bottle of Tylenol, For R5, the cart contained one bottle of Magnesium Oxide (supplement) and one bottle of Tylenol, For R6, the cart contained one bottle of Vitamin B12 (supplement), For R7, the cart contained one bottle of Tylenol, For R8, the cart contained one bottle of Thera Tears (eye drops) and one bottle of Systane eye ointment. Interview on 01/13/26 during the medication cart observation with Administrator/ LN A confirmed the above listed medications were without full first and last names for R2, R3, R4, R5, R6, R7 and R8 The facility failed to provide a policy on labeling over the counter medications. Administrator/ LN A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N069011	A. BUILDING: _____ B. WING _____	01/13/2026

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S3280	Continued From page 15	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 census equaled 9 residents. The sample included 3 residents and review of 2 newly hired employee records. Based on record review and interview, Administrator/ Licensed Nurse (LN) A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents and staff. Findings included:	S3280		

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S3280	Continued From page 16 - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, and lack of electrical, or water service. The plan failed to include a procedure for missing residents. The facility failed to provide documentation regarding quarterly emergency management plan reviews with residents and staff. Interview on 01/13/26 at 12:15 PM with Administrator/LN A confirmed no reviews were completed with residents and staff of the emergency management plan. Facility failed to provide an emergency management plan education policy. Administrator/ LN A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with residents and staff.	S3280		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care	S3310		

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S3310	Continued From page 17 setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207 (c) The census totaled 9 residents. The sample included 3 residents and review of 2 newly hired employees. Based on record review and interview for 1 of 3 sampled Residents (R)1 and 1 of 2 sampled staff (Certified Medication Aide (CMA) E, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R1's "Health Record" revealed he admitted to the facility on 10/06/25 and the record lacked completion of a two-step TB skin test and TB questionnaire. CMA E's "Employee Record" revealed a hire date of 05/01/25. CMA E's record lacked completion of a TB questionnaire upon hire. Interview on 01/13/26 at 02:33 PM with Administrator/ Licensed Nurse (LN) A confirmed record lacked documentation of a two-step TB skin test and TB questionnaire completed upon admission for R1 and further confirmed record	S3310		

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S3310	Continued From page 18 lacked a TB questionnaire completed for CMA E. The facility failed to provide a TB policy. The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		
S9999	Final Observations Kansas Statute 39-981. Authorized electronic monitoring; reasonable accommodations; notice; consent; use as evidence; prohibitions. (d) A resident, or such resident's guardian or legal representative, who wishes to conduct authorized electronic monitoring shall notify the adult care home on a form prescribed by the secretary for aging and disability services. (i) Each adult care home shall post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents. Scope/severity F This Requirement is not met as evidenced by: The census equaled 9 residents. The sample included 3 residents. Based on observation and interviews, for all residents, the facility failed to	S9999		

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S9999	Continued From page 19 post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents. - Observation on 01/13/26 at 10:41 AM during the initial tour revealed no sign posted at every resident's room stating video surveillance may be in progress. Interview on 01/13/26 at 12:04 PM with Administrator/ Licensed Nurse (LN) A confirmed Resident (R)3 had a surveillance camera in her room. Administrator/ LN A confirmed no sign was posted on each resident's room stating video surveillance may be in progress. For all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.	S9999		