STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B075003	A. BUILDING: _____ B. WING _____	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUADELOUPE ASSISTED LIVING LLC	104 E PARK AVENUE SAINT MARYS, KS 66536

(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 an initial survey for the above named home plus facility conducted on 02/18/26.	S 000		
S 110 SS=F	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: KAR 26-39-103(c)(1)(B) The facility reported a census of three residents with three residents included in the sample. Based on interview and record review the	S 110		

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

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S 110	Continued From page 1 operator failed to ensure each resident or their legal representative was notified in writing of the rules governing the resident's conduct and responsibilities for R1, R2, and R3. Findings included: - Record review for R1 revealed an admission date of 11/13/25 with diagnoses of Graves' disease, schizophrenia, diabetes mellitus type two, and dementia. Review of R1's "Admission Agreement" revealed documentation of the resident's rights, rates and services but failed to indicate the rules governing conduct and responsibility. - Record review for R2 revealed an admission date of 12/15/25 with diagnoses of blind right eye, abnormal gait, chronic heart failure, and chronic kidney disease. Review of R2's "Admission Agreement" revealed documentation of the resident's rights, rates and services but failed to indicate the rules governing conduct and responsibility. - Record review for R3 revealed an admission date of 02/05/26 with diagnoses of hypertension and bilateral lower extremity venous insufficiency. Review of R3's "Admission Agreement" revealed documentation of the resident's rights, rates and services but failed to indicate the rules governing conduct and responsibility. The operator failed to ensure each resident or	S 110		

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S 110	Continued From page 2 their legal representative was notified in writing of the rules governing the resident's conduct and responsibilities for R1, R2, and R3.	S 110		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(g) The facility reported a census of three residents. Based on observation and interview the operator failed to ensure a notice of the availability of the facility's policies and procedures was posted in a place accessible to all residents. Findings included: - Observation on 02/18/26 at approximately 12:22 PM during the initial tour revealed a notice that the facility's policies and procedures were available was not posted. On 02/18/26 at approximately 01:39 PM Administrative Staff B confirmed a notice of the facility's policies and procedures available was not posted.	S5029		

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S5029	Continued From page 3 The operator failed to ensure a notice of the availability of the facility's policies and procedures was posted in a place accessible to all residents.	S5029		
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: KAR 26-42-101(k) The facility reported a census of three residents. Based on observation and interview the operator failed to ensure the ombudsman and the department's names, addresses, and telephone numbers were posted in a common area accessible to all residents and the public. Findings included: - Observation on 02/18/26 at approximately 12:23 PM during the initial tour revealed the ombudsman and the department's names,	S5050		

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S5050	Continued From page 4 addresses, and telephone numbers were not posted in a common area. On 02/18/26 at 12:23 PM Administrative Staff A confirmed the ombudsman and the department's names, addresses, and telephone numbers were not posted in a common area. The operator failed to ensure the ombudsman and the department's names, addresses, and telephone numbers were posted in a common area accessible to all residents and the public.	S5050		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1)	S5105		

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S5105	Continued From page 5 The facility reported a census of three residents with three included in the sample. Based on interview, observation, and record review the operator failed to ensure a written Negotiated Service Agreement (NSA) was developed for R1, R2, and R3 based on their Functional Capacity Screens (FCS), service needs, and preferences in collaboration with the resident or their legal representative. Findings included: - Record review for R1 revealed an admission date of 11/13/25 with diagnoses of Graves disease, schizophrenia, diabetes mellitus type two, and dementia. The 11/10/25 Functional Capacity Screen (FCS) identified R1 required supervision with bathing, dressing, and toileting; was independent with transfers, walking, and eating; was unable to perform management of medications; had short term memory and decision making cognitive difficulties; had impaired vision and decision making; and was at risk of falls, wandering and socially inappropriate behavior. A Negotiated Service Agreement (NSA) was requested 02/18/26 which the facility failed to provide. - Record review for R2 revealed an admission date of 12/15/25 with diagnoses of blind right eye, abnormal gait, chronic heart failure, and chronic kidney disease. The 12/12/25 FCS identified R2 required supervision with dressing, transfers, and	S5105		

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S5105	Continued From page 6 walking/mobility; required physical assistance with bathing; was independent with toileting and eating; was unable to perform management of medications and treatments; had no cognitive difficulties; had impaired vision; and was at risk of falls. An NSA was requested 02/18/26 which the facility failed to provide. - Record review for R3 revealed an admission date of 02/05/26 with diagnoses of hypertension and bilateral lower extremity venous insufficiency. The 02/05/26 FCS identified R3 was unable to perform bathing, dressing, toileting, transfers, and management of medications and treatments; required physical assistance with walking/mobility; required supervision with eating; had short-term memory, memory recall, and decision making cognitive difficulties; was rarely or never understandable or understood others with communication; and had impaired decision-making. An NSA was requested 02/18/26 which the facility failed to provide. On 02/18/26 at 01:11 PM Administrative Staff B confirmed R1, R2, and R3's did not have developed NSAs. The facility's "Admission Agreement" documented an NSA would be developed for each resident. The operator failed to ensure a written NSA was	S5105		

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S5105	Continued From page 7 developed for R1, R2, and R3 based on their FCS, service needs, and preferences in collaboration with the resident or their legal representative.	S5105		
S5171 SS=F	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(i) The facility reported a census of three residents with three included in the sample. Based on observation, interview, and record review, the operator failed to ensure a licensed nurse completed an assessment for the ability to use bed rails safely without risk of entrapment and to confirm the bed rails were not a restraint for Residents (R) 1, R2, and R3. Findings included: - Record review for R1 revealed an admission date of 11/13/25 with diagnoses of Graves' disease, schizophrenia, diabetes mellitus type two, and dementia. The 11/10/25 Functional Capacity Screen (FCS) identified R1 required supervision with bathing, dressing, and toileting; was independent with transfers, walking, and eating; was unable to perform management of medications; had short term memory and decision-making cognitive	S5171		

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S5171	Continued From page 8	S5171		

difficulties; had impaired vision and decision making; and was at risk of falls, wandering and socially inappropriate behavior.

A Negotiated Service Agreement (NSA) was requested 02/18/26, which the facility failed to provide.

Review of R1's undated "Kardex" revealed she was not steady during transitions and walking. The only mobility device documented was a walker.

Review of "Resident Roster" provided by the facility on 02/18/26 revealed R1 had a bed assistive device.

Observation on 02/18/26 at 03:55 PM revealed R1 had a bed assistive device attached to the left side of her bed.

- Record review for R2 revealed an admission date of 12/15/25 with diagnoses of blind right eye, abnormal gait, chronic heart failure, and chronic kidney disease.

The 12/12/25 FCS identified R2 required supervision with dressing, transfers, and walking/mobility; required physical assistance with bathing; was independent with toileting and eating; was unable to perform management of medications and treatments; had no cognitive difficulties; had impaired vision; and was at risk of falls.

An NSA was requested 02/18/26 which the facility failed to provide.

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S5171	Continued From page 9	S5171		

Review of R2's undated "Kardex" revealed he turned self in bed, required standby assist with walker for transfers, and used a quarter rail to get up out of bed.

Review of "Resident Roster" provided by the facility on 02/18/26 revealed R2 had a bed assistive device.

- Record review for R3 revealed an admission date of 02/05/26 with diagnoses of hypertension and bilateral lower extremity venous insufficiency.

The 02/05/26 FCS identified R3 was unable to perform bathing, dressing, toileting, transfers, and management of medications and treatments; required physical assistance with walking/mobility; required supervision with eating; had short-term memory, memory recall, and decision-making cognitive difficulties; was rarely or never understandable or understood others with communication; and had impaired decision-making.

An NSA was requested 02/18/26 which the facility failed to provide.

Review of R3's undated "Kardex" revealed she turned side-to-side in bed, was unsteady during transitions from seated to standing, and the only mobility device was a walker.

Review of "Resident Roster" provided by the facility on 02/18/26 revealed R3 had a bed assistive device.

On 02/18/26 at approximately 02:12 PM

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S5171	Continued From page 10 Administrative Staff B confirmed there were no bed rail assessments for R1, R2, or R3. The operator failed to ensure a licensed nurse completed an assessment of bed assistive devices for R1, R2, and R3.	S5171		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of three residents. The facility had a main kitchen where food was stored and prepared. Based on observation and interview the operator failed to ensure foods were stored under safe conditions. Findings included: - Observation on 02/18/26 at 12:29 PM revealed a refrigerator and freezer unit was in the facility's main kitchen which contained food items for the residents. A temperature log for the unit was not found. The following food items were stored without a date opened:	S5195		

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S5195	Continued From page 11 One container 16 fluid ounces whipping cream One container 64 fluid ounces of half and half One container 32 fluid ounces Italian sweet cream coffee creamer One can 6.5 ounce reddi wip One gallon milk On 02/18/26 at approximately 12:30 PM Administrative Staff A confirmed there was no temperature log for the refrigerator and freezer and the foods lacked dates they were opened. The 2009 Food Code on page 85 and 86 instructed to date food when prepared or opened. The 2005 Food Safety Guidelines instructs refrigerator temperature at 40 degrees F and freezer temperatures at 0 degrees F. The operator failed to ensure foods were stored under safe conditions.	S5195		
S5230 SS=F	26-42-207 (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 setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes	S5230		

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S5230	Continued From page 12 adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of 12 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for two newly hired staff and Residents (R) 1, R2, and R3. Findings included: - Record review for Administrative Staff B revealed a hire date of 11/13/25. A first step of the TB two-step test (TST) was administered 11/14/25 and read 11/16/25. Her record failed to include a second step. Record review for Certified Medication Aide C revealed a hire date of 11/07/25. A first step of the TB two-step test (TST) was administered 11/14/25 and read 11/16/25. Her record failed to include a second step. Record review for R1 revealed an admission date of 11/13/25. Her record lacked TB symptom screening completed upon admission. Her record included a first step of the TB TST administered on 11/16/25 and read 11/18/25 and failed to include a second step.	S5230		

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S5230	Continued From page 13 Record review for R2 revealed an admission date of 12/15/25. Her record lacked TB symptom screening completed upon admission. Her record included a first step of the TB TST administered on 12/16/25 and read 12/18/25 and failed to include a second step. Record review for R3 revealed an admission date of 02/05/26. Her record lacked TB symptom screening completed upon admission. On 02/18/26 at 01:10 PM Administrative Nurse B confirmed all residents and staff failed to have a second step of the TST and symptom screens. The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented each new resident and employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire. All new staff and new residents should complete a TB two step skin test within seven days of hire or admit. The operator failed to ensure the facility remained in compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105, which affected all residents.	S5230		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (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	S5313		

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S5313	Continued From page 14 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 26-42-205(g)(3) The facility reported a census of three residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages of sixteen over-the-counter (OTC) medications. Findings included: - Observation on 02/18/26 at 12:32 PM revealed Administrative Staff A unlocked and opened the medication cart where the medications for the residents were stored. The following over-the-counter medications were not labeled with residents' full names: One bottle 250 tablets antioxidant protection One bottle 100 tablets ibuprofen 200 milligrams (mg) One bottle 40 capsules acetaminophen 500mg One bottle 240 softgels vitamin D3 2,000 international units One bottle 100 tablets zinc 50mg One bottle 120 caplets iron 18mg	S5313		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B075003	A. BUILDING: _____ B. WING _____	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUADELOUPE ASSISTED LIVING LLC	104 E PARK AVENUE SAINT MARYS, KS 66536

(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
S5313	Continued From page 15 One bottle 180 capsules omega 3 640mg One bottle 100 capsules vitamin B complex One bottle 180 softgels omega fish oils 1,200mg One 2.5 milliliter bottle motion eaze One bottle 240 capsules turmeric and ginger 1950 mg One bottle 120 tablets Gold Multi dietary supplement One bottle 240 tablets vitamin B complex One bottle 90 tablets Vita-D3 vitamin complex One bottle 120 tablets aspirin 81mg One 100 gram tube diclofenac sodium 1% On 02/18/26 at approximately 12:48 PM Administrative Staff B confirmed the OTC medications were not labeled with residents' full names. The operator failed to ensure all OTC medications were labeled with the residents' full names.	S5313		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a)	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B075003	A. BUILDING: _____ B. WING _____	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUADELOUPE ASSISTED LIVING LLC	104 E PARK AVENUE SAINT MARYS, KS 66536

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S5335	Continued From page 16 The facility reported a census of three residents. Based on observation and interview the operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area. Findings included: - Observation on 02/18/26 at approximately 12:50 PM revealed the cabinet below the kitchen sink was unlockable. The following chemicals were in the cabinet with labels that read "Keep out of reach of children:" One 85 wipe container of disinfectant wipes One 75 ounce container of dishwashing gel One 10 ounce container detergent booster - Observation on 02/18/26 at approximately 12:53 PM revealed a cabinet above the washing machine that was unlockable. The following chemicals were in the cabinet labeled "Keep out of reach of children" One 85 wipe container of disinfectant wipes One 32 ounce spray bottle of Windex One gallon container of multi surface cleaner One 32 ounce spray bottle of glass cleaner One 32 ounce spray bottle of disninfectant One 19 ounce aerosol spray can of disinfectant One 65 ounce box of Borax One 160 count box dryer sheets One 160 count container of disinfectant wipes - Observation on 02/18/26 at approximately 12:54 PM revealed chemicals on top of the	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B075003	A. BUILDING: _____ B. WING _____	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUADELOUPE ASSISTED LIVING LLC	104 E PARK AVENUE SAINT MARYS, KS 66536

(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
S5335	Continued From page 17 washing machine cabinet. The following chemicals had labels that read "Keep out of reach of children:" One 8.8 ounce spray bottle of air freshener One 16 fluid ounce spray bottle of fabric cleaner One 64 fluid ounce container of Awesome all purpose cleaner One 30 wipe container of glass cleaner wipes On 02/18/26 at approximately 12:54 PM Administrative Staff A confirmed chemicals were not in a locked area. The operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area.	S5335		