STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006001	A. BUILDING: _____ B. WING _____	02/24/2026

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GUEST HOME ESTATES VI	737 HEYLMAN STREET FORT SCOTT, KS 66701

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints 197737, 197927, 197962, and 197979 at the above Residential Health Care Facility conducted on 02/19/26 and 02/24/26.	S 000		
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. This REQUIREMENT is not met as evidenced by: 3085 KAR 26-41-202(a)(1) The facility reported a census of 31 residents with three residents included in the sample. Based on interview, and record review the	S3085		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3085	Continued From page 1	S3085		

operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for Resident (R)101, and R102.

Findings included:

- R101's medical record revealed she moved into the facility on 06/25/21 with a diagnosis of Alcohol Dependence.

The 06/25/25 FCS identified R101 had severely impaired cognition with short-term and long-term memory loss, memory/recall issues and impaired decision making abilities.

The 06/25/25 NSA did not address what services staff provided R101 concerning her impaired cognition.

On 02/24/26 at 11:21 AM "Licensed Nurse" (LN) B acknowledged that R101's NSA did not address what services staff provided her concerning her impaired cognition and stated R101 did not require reminders, redirection or cueing.

The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.

- R102's medical record revealed she moved into the facility on 05/25/23 with a diagnosis of Type 2 Diabetes Mellitus.

The 05/25/25 FCS identified R102 required

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S3085	Continued From page 2 physical assistance with transfers and was a risk for falling. The 05/25/25 NSA did not address what services staff provided R102 concerning transfers or for falls. On 02/24/26 at 11:24 AM LN B stated R102 required at least one person assist with transfers. LN B also stated R102's NSA did not address what services staff provided R102 concerning fall prevention. The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: 3186 KAR 26-41-205(b)	S3186		

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S3186	Continued From page 3 The facility reported a census of 31 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)102 identified the responsible person for administration and management of selected medications. Findings included: - R102's medical record revealed she moved into the facility on 05/25/23 with a diagnosis of diabletes mellitus. The 05/25/25 FCS identified R102 required physical assistance with the management of her medications. The 05/25/25 NSA did not identify what services staff provided concerning the management of her insulin pump. On 02/24/26 at 03:23 PM R102 stated she had an insulin pump and the nurse and certified medication aides brought her the filled insulin cartridge to put into the insulin pump and she inserted the cartridge herself. On 02/24/26 at 11:24 AM "Licensed Nurse" (LN) B stated R102 had an insulin pump and required assistance to fill the cartridge for her insulin pump which the nurse or certified medication aide managed. LN B also confirmed that R102's NSA did not address the use of an insulin pump and what services staff provided for the management of the insulin pump.	S3186		

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S3186	Continued From page 4 The operator failed to ensure the NSA identified who was responsible for administration and management of R102's insulin pump.	S3186		
S3220 SS=D	26-41-205 (k) Medication Clinical Record (k) Clinical record. The administrator or operator, or the designee, shall ensure that the clinical record of each resident for whom the facility manages medication or prefills medication containers or syringes contains the following documentation: (1) A medical care provider ' s order for each medication; (2) the name of the pharmacy provider of the resident ' s choice; (3) any known medication allergies; and (4) the date and the 12-hour or 24-hour clock time any medication is administered to the resident. This REQUIREMENT is not met as evidenced by: 3220 KAR 26-41-205(k)(3) The facility reported a census of 31 residents. Based on record review and interview, the facility failed to ensure the clinical record of each resident for whom the facility manages medication contained documentation of any known medication allergies for Resident (R)103. Findings included:	S3220		

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S3220	Continued From page 5 - R103's medical record revealed he moved into the facility on 12/01/22 with a diagnosis of diabetes mellitus. The 12/01/25 "Functional Capacity Screen" (FCS) identified R103 required physical assistance with the management of his medications. The 12/01/25 NSA documented staff administered R103's medications. Review of R103's "Medication Administration Record" (MAR) revealed it did not identify his medication allergies to Zithromax, Dicloxacillin. On 02/24/26 at 11:37 AM Licensed Nurse B confirmed R103's MAR did not identify his medication allergies. The operator failed to ensure R103's medication administration records identified any known medication allergies.	S3220		
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	S3280		

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S3280	Continued From page 6	S3280		

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:
3280
KAR 26-41-104(d)(3)

The facility reported a census of 31 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan included all eight required items.

Findings included:

- On 02/19/26 a request for quarterly reviews of the emergency management plan with residents and staff was requested but none were provided.

On 02/19/26 at 01:00 PM Administrative Staff A stated that she has not completed any quarterly reviews of the emergency management plan since she took over in September 2025 and did not have access to previous reviews completed.

The operator failed to ensure disaster and

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S3280	Continued From page 7 emergency preparedness by failing to perform quarterly reviews of the emergency management plan with employees and residents that included all eight required topics.	S3280		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: 3298 KAR 26-41-206 (d) The facility had a census of 31 residents. All 31 residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature.	S3298		

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S3298	Continued From page 8 Findings included: - On 02/19/26 at 01:06 PM request for food temperature log sheets revealed no food temperature logs were available for review. On 02/19/26 at 01:06 PM Dietary Staff C stated that he has not logged any food temperatures since he hired on a couple of weeks ago and stated the previous dietary records were no longer available to current staff. The 2005 "Dietary Guidelines for Americans" documented in order to keep food out of the bacterial growth danger zone, cold food should be stored below 40 degrees Fahrenheit (F). Frozen food items should be kept at zero degrees Fahrenheit or below and these temperatures should be checked with an appliance thermometer. To keep food out of this danger zone, keep cold food cold (below 40°F) and hot food hot (above 140°F). The operator failed to ensure food items were served at the proper temperature.	S3298		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care 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	S3320		

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S3320	Continued From page 9 fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: 3320 KAR 28-39-254 (a) The facility reported a census of 31 residents. Based on observation and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents and visitors. Findings included: - An observation during the initial tour on 02/19/26 at 10:42 AM revealed the following unlocked chemicals with a "KEEP OUT OF REACH OF CHILDREN" warning label: An unlocked "Utility Room" had a cleaning cart that contained one 9.7-ounce (oz.) spray can of Pledge furniture polish.	S3320		

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S3320	Continued From page 10 One 32 oz. bottle of Lysol Advanced Power Clinging Gel One 23 fluid (fl.) oz. Windex glass cleaner The under the sink cabinet in the utility room contained one 22 oz. spray bottle All Purpose Cleaner One 32 fl. oz. spray bottle Great Value Mold and Mildew Remover One 25.3 fl. oz. Swiffer Power Mop There were also multiple other chemicals stored in this utility room. On 02/19/26 at approximately 10:42 AM Administrative Staff A acknowledged there were unlocked chemicals located in the utility room. On 02/19/26 at 11:06 AM an observation of the North Hall "Utility Room" contained a one-gallon container of Clorox Bleach One 210 fl. oz. container of Fabuloso Multi-Purpose Cleaner One 3.78-quart container of Great Value Low-Splash Bleach One 15 oz. spray can of Brody Chemical Disinfectant Spray. On 02/24/26 a policy concerning chemical storage was requested from the operator, but none was provided.	S3320		

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S3320	Continued From page 11 The operator failed to ensure staff kept chemicals locked for resident and visitor safety.	S3320		