STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067009	A. BUILDING: _____ B. WING _____	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES II	1202 S PLUMMER STREET CHANUTE, KS 66720

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #197110 at the above named Residential Health Care Facility conducted on 03/09/26 and 03/10/26.	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: 3081 KAR 26-41-201(c)(1)(2) The facility reported a census of 14 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for resident (R)101 at least once every 365 days or with a significant change in condition. Findings included: - R101's medical record revealed she moved	S3081		

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

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S3081	Continued From page 1 into the facility on 02/01/21 with a diagnosis of dementia. The most current FCS available in R101's medical records was dated 01/05/25 with no documentation to show a FCS was completed since this date. On 03/11/26 at 02:21 PM Licensed Nurse B stated a FCS was not completed for R101 when she had a significant change in condition or annually for 2026. The operator failed to ensure designated staff completed a FCS for R101 at least once every 365 days or with a significant change in condition.	S3081		
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	S3211		

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S3211	Continued From page 2 by: 3211 KAR 26-41-205 (g)(3) The facility reported a census of 14 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over the counter (OTC). Findings included: - Observation on 03/10/26 at 02:34 PM of the medication cart revealed the following OTC medications not labelled with the full name of the resident: One bottle of GeriCare One Daily Multi-Vitamin One bottle of PreserVision AREDS2 One bottle of Equate Low Dose Aspirin One bottle of Megneta's Awesome Sleep On 03/10/26 at 02:48 PM an observation of the "Storage" closet included the following overflow OTC medications which were not labeled with the full name of the resident: One bottle of Equate Prostate Health Beta Plus Three bottles of Equate Memory Support One bottle of Tylenol Acetaminophen Regular Strength Liquid Gels One bottle of TUMS One bottle of Nature Made Vitamin D3 One bottle Spring Valley C 1000 milligrams One bottle of Equate Low Dose Aspirin One bottle of Equate Extra Strength Pain Reliever One bottle of Spring Valley Vitamin D3	S3211		

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S3211	Continued From page 3 The undated "Policy on Over the Counter Medication" documented, "When a resident, family member or a friend bring in over the counter medications to Guest Home Estates for a resident, the nurse will first check to see if resident has a doctor's order for the medication and confirm the correct dosage. The nurse will be the only person that will mark the medication with their full name..." The operator administrator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
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	S3215		

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S3215	Continued From page 4 the resident, licensed nurses, and medication aides. (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 REQUIREMENT is not met as evidenced by: 3215 KAR 26-41-205(h) The facility reported a census of 14 residents. Based on observation, record review and interview, the operator failed to ensure all medications and biologicals were properly stored in accordance with each manufacturer's recommendations. Findings included: - On 03/10/26 at 02:34 PM an observation of the medication room refrigerator revealed one vial of Tubersol was opened and dated 11/03/25. On 03/10/26 at 02:34 PM Licensed Nurse A acknowledged the vial of Tubersol was opened and dated 11/03/25 and stated there have been resident admissions and newly hired staff since this vial was opened.	S3215		

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S3215	Continued From page 5 The vial of Tubersol, the original packaging it came in and the product insert all documented the vial should be discarded after 30 days if it had been entered and in use. The operator failed to ensure medications and biologicals were stored in accordance with manufacturer's recommendations.	S3215		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.	S3248		

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S3248	Continued From page 6 This REQUIREMENT is not met as evidenced by: 3248 KAR 26-41-102(d)(1) The facility reported a census of 14 residents. Based on interview and record review, the operator failed to ensure one of five newly hired employees records included evidence of timely verification with the nurse aide registry was completed. Findings included: - Review of employee files conducted on 03/11/26 revealed the following: "Certified Nurse Aide" (CNA) C was hired on 07/07/25. Review of the "Nurse Aide Registry Confirmation Notice" provided by the operator revealed a check date of 08/05/25 which was obtained approximately one month after hire. On 03/11/26 at approximately 05:08 PM Administrative Staff A acknowledged that the nurse aide registry check completed for CNA C was not completed prior to employment. The operator failed to ensure timely verifications of the nurse aide registry checks were completed prior to newly hired staff beginning employment.	S3248		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

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S3280	Continued From page 7 (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: 3280 KAR 26-41-104(d)(3) The facility reported a census of 14 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 with employees and residents. Findings included: - On 03/11/26 Administrative Staff A provided documentation of quarterly reviews of the	S3280		

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S3280	Continued From page 8 emergency management plan with residents but lacked documentation of quarterly reviews completed for the third and fourth quarters of 2025. On 03/11/26 at 03:35 PM Administrative Staff A confirmed there was no documentation for the third and fourth quarters of 2025. The operator failed to ensure the completion of quarterly reviews of the emergency management plan with residents.	S3280		