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	N040008	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF HALSTEAD	715 W 6TH ST HALSTEAD, KS 67056

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey conducted at the above named Assisted Living Facility conducted on 03/18/26 and 03/19/26.	S 000		
S3092 SS=E	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 facility reported a census of 27 residents(R). The sample included three residents. Based on interview and record review the executive director failed to ensure designated staff reviewed and revised the "Negotiated Service Agreement" for two (R4 and R5) of three sampled residents when the residents had a significant change in service needs related to	S3092		

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

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S3092	Continued From page 1 Home Health. Findings included: - R4 moved into the facility on 01/17/23 with a diagnosis of mild cognitive impairment. Interview on 03/19/26 at 11:05 AM Administrative Staff A reported the "Functional Capacity Screen" and "Negotiated Service Agreement" are one, combined document (FCS/NSA). R4's FCS/NSA dated 10/27/25 revealed she needed physical assistance with all activities of daily living and had cognitive impairment related to memory recall and decision-making ability. It also identified she received physical therapy services through a local Home Health company. R4's record included an Addendum to the NSA dated 10/17/25 when R4 started physical therapy services but did not include an Addendum to the NSA when therapy services were discontinued. Interview with local Home Health company reported R4 started physical therapy services on 10/17/25 and services were discontinued on 11/13/25. Interview on 03/19/26 at 03:38 PM Administrative Staff A confirmed staff failed to review/revise R4's NSA when she discontinued physical therapy services. - R5 moved into the facility on 07/17/25 with diagnosis of heart failure. Interview on 03/19/26 at 11:05 AM Administrative	S3092		

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S3092	Continued From page 2 Staff A reported the "Functional Capacity Screen" and "Negotiated Service Agreement" are one, combined document (FCS/NSA). R5's FCS/NSA dated 07/17/25 identified he needed physical assistance with bathing, dressing, and toileting and needed assistance with management of his medications. It also identified R5 received therapy services from a local Home Health company. R5's record lacked an addendum to his NSA to identify when he no longer received services from Home Health. R5's Nursing Progress notes identified he no longer received services from Home Health company on 12/19/25 to change his suprapubic catheter. Interview on 03/19/26 at 11:11 AM Administrative Nurse C reviewed R5's record and confirmed his NSA had not been revised to identify he no longer received Home Health services. The operator failed to ensure designated staff reviewed and revised R5's NSA when he no longer received skilled nursing services from Home Health.	S3092		
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	S3211		

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S3211	Continued From page 3 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 facility reported a census of 27 residents(R). Based on observation and interview, the executive director failed to ensure a licensed nurse or pharmacist wrote the residents' full name on all over-the-counter medications, including the original manufacturer's medication package and the medication container/tube. Findings included: - Observation on 03/18/26 at 03:04 PM Certified Medication Aide (CMA) B unlocked the medication cart for inspection revealing the following over-the-counter medications that had a room number on them but did not include the resident's full name; bottle of Vitamin D3, Probiotic Acidophilus, Areds 2, Centrum Silver Vitamins, Equate Multivitamin, another bottle of Centrum Silver in bottom drawer without a resident's name. Interview on 03/18/26 at 03:05 PM CMA B reported the nurse is to put a label on the bottle	S3211		

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S3211	Continued From page 4 with the resident's name, but was not sure of the process to get that done. Interview on 03/18/26 at 05:00 PM Administrative Staff A confirmed the nurse was supposed to put a label on the bottle with the resident's name. The executive director failed to ensure a licensed nurse or pharmacist wrote the resident's full name on over-the-counter medications.	S3211		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 27 residents (R). The sample included three residents. Based on interview and record review the executive director failed to ensure three (R4, R4, R5) of three sampled resident records contained documentation of all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken. Findings included: - R3 moved into the facility on 10/31/25 with	S3261		

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S3261	Continued From page 5 diagnosis of Parkinson's disease. Interview on 03/19/26 at 11:05 AM Administrative Staff A reported the "Functional Capacity Screen" and "Negotiated Service Agreement" are one, combined document (FCS/NSA). R3's FCS/NSA revealed she only needed physical assistance with eating, and management of her medications and medical treatments. It identified Licensed Nurses and Certified Medication Aides administer her medications. R3's nursing progress notes revealed the following: 11/06/25 - new order for Oxycontin (narcotic pain medication) 45 milligrams (mg) three times a day and discontinue all "as needed" (PRN) Oxycontin. The record lacked documentation of the resident's pain or that her insurance denied the scheduled oxycontin until 12/19/25, 43 days after the original order for the scheduled pain medication. 12/19/25 - resident in severe pain and upset insurance denied scheduled oxycontin. Received new order for Norco (narcotic pain medication) 7.5/325 mg every 6 hours as needed. R3 sent to local emergency room for pain management. 12/23/25 -R3 felt like her pain was not controlled with the Norco. New Order to discontinue Oxycontin and start Morphine (narcotic pain medication) 30 mg extended release (ER) and 15 mg ER every 8 hours. 01/02/26 - R3 complained of neck/shoulder tightness - request Flexeril (Muscle relaxant) and physical/occupational therapy.	S3261		

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S3261	Continued From page 6	S3261		

01/05/26 - New order for Home Health physical therapy due to neck/shoulder tightness. The record lacked follow up if resident received Flexeril and lacked if therapy helped with neck/shoulder tightness.
01/22/26 -New Order for Flexeril 10 mg three times a day as needed.
The record lacked documentation of the results of starting the Flexeril.
02/24/2- R3 went to the emergency room and diagnosed with Urinary Tract Infection and started on an antibiotic.
02/26/26 - received new orders for antibiotic changes
The record lacked follow-up as to results of antibiotic related to symptoms she had.
03/06/26 - Resident started on a different antibiotic based on culture results.
The record lacked documentation on follow-up as to results of antibiotic.
R3's record included documentation of three falls from 02/22/26 to 03/02/26.
03/06/26 - decreased Flexeril to 5 mg instead of 10 mg.
The record lacked documentation related to results of decreasing Flexeril dose.

Interview on 03/19/26 at 01:40 PM Administrative Licensed Nurse C reported she would expect detailed documentation of residents' condition. Administrative Licensed Nurse C reviewed R3's nursing documentation and confirmed it was not detailed as to R3's symptoms and results of treatment.

- Review of R4's record revealed she moved into the facility on 01/17/23 with diagnosis of mild cognitive impairment.

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S3261	Continued From page 7 Interview on 03/19/26 at 11:05 AM Administrative Staff A reported the "Functional Capacity Screen" and "Negotiated Service Agreement" are one, combined document (FCS/NSA). R4's FCS/NSA dated 10/27/25 identified she needed physical assistance with all activities of daily living and was unable to participate in management of medications or medical treatments. It identified facility staff would assist with activities of daily living, and the Licensed Nurse or Certified Medication Aide would administer medications. R4's nursing progress notes included the following: 02/07/25- new order to discontinue Haloperidol (antipsychotic) every morning. The record lacked documentation as to results of discontinuing the medication. 03/29/25 - R4 had bilateral knee injections at her physician appointment. The record lacked documentation of results of injections. 08/01/25 - new order to increase Oxybutynin (bladder medication) to10 mg daily. The record lacked documentation of symptoms and results of increasing medication. 08/06/25 - new order for Keflex (antibiotic) 500 mg four times a day for 7 days and Epsom salt soaks to R foot twice a day for 7 days. The record lacked documentation of why the above order was started and results of treatment. 08/08/25 - new order for Colace (stool softener)100 mg daily The record lacked documentation as to why the new medication was started and results.	S3261		

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S3261	Continued From page 8	S3261		

08/14/25 - R3 received left knee injection.
The record lacked documentation as to the results of the knee injection.
12/04/25 - Tramadol (narcotic pain medication) decreased from four times a day to three times a day.
The record lacked documentation of how decreasing the medication affected her pain.

Interview on 03/19/26 at 03:49 PM Administrative Licensed Nurse B confirmed the documentation lacked symptoms and follow-up of results when new medications were ordered.

The executive director failed to ensure facility staff documented all symptoms, actions and results of those actions in R4's record.

- R5's record revealed he moved into the facility on 07/17/25 with diagnosis of heart failure.

Interview on 03/19/26 at 11:05 AM Administrative Staff A reported the "Functional Capacity Screen" and "Negotiated Service Agreement" are one, combined document (FCS/NSA).

R5's FCS/NSA dated 01/13/26 identified he needed physical assistance with bathing, dressing, toileting and management of his medications and medical treatments. It identified staff would help as needed and Licensed Nurse and Certified Medication Aide would administer medications.

R5's record included the following nursing documentation:
08/13/25 -- New order for Macrobid (antibiotic)100 mg twice a day for seven days.

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S3261	Continued From page 9 The record lacked symptoms for starting medications or follow up as to results. 08/28/25 - Urinary Analysis results received with new orders for a different antibiotic twice a day for five days until culture results are back. 09/02/25 - new order for seven additional days of Nitrofurantoin. The record lacked follow up on results of antibiotics. 09/11/25 - Start Pantoprazole 20mg po daily. The record lacked symptoms to start the medication and results of the medications. 09/19/25 - new order for Trospium (urinary antispasmodic) 20mg twice a day for bladder spasms/overactive bladder. The record lacked documentation of the results of the medication. 10/13/25 - new order for Trazodone (antidepressant) 50 mg at bedtime. The record lacked documentation of symptoms related to the initiation of the Trazodone and results of medication. 11/17/25 - blood noted mixed in urine, new order to hold Eliquis and Plavix for 3 days and update physician on Thursday. The record lacked documentation if bleeding resolved. Interview on 03/19/26 at 11:11 AM Administrative Licensed Nurse C reported she would expect documentation to include details of the residents condition. After reviewing R5's record she confirmed it did not include documentation of all symptoms and results of treatment for R5. The operator failed to ensure designated staff documented all incidents, symptoms, and indications of illness, treatment and results of	S3261		

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S3261	Continued From page 10 treatment in R5's medical record.	S3261		
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: KAR 26-41-206(d) The facility reported a census of 27 residents. Based on observation and interview, the executive director failed to ensure dietary staff prepared foods in a way to ensure flavor, appearance and maintain proper serving temperature of food. Findings included:	S3298		

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S3298	Continued From page 11 Review of the food temperature logs for January 2026 revealed the following: Lacked Breakfast food temperatures for January 12, 15, 16, 22,23,24,25, 29, 20 31. Lacked Lunch food temperatures for January 12, 15, 16, 22, 23, 24, 25, 29, 30, 31. Lacked Supper food temperatures for January 12, 16, 17, 18, 22, 23, 24, 25, 30, 31. Review of the food temperature logs for February 2026 revealed the following: Lacked breakfast food temperatures for February 5, 6, 7, 8, 12, 13, 14, 15, 19, 20, 21, 22, 26, 27, 28. Lacked lunch food temperatures for February 1, 5, 6,7, 8, 12, 13, 14, 15, 19, 20, 21, 22, 26, 27, 28. Lacked supper food temperatures for February 1, 5, 6, 7, 8, 12, 13, 24, 25, 19, 20, 21, 22, 26, 27, 28. Interview on 03/18/26 at 03:30 PM dietary staff reviewed the food temperature logs and confirmed staff were to be temping and documenting the temperatures to ensure foods were prepared and served at appropriate temperatures and the records do not reflect that. Review of the dietary guidelines for Americans 2005 recommends checking the internal temperature of cooked food to make sure food is cooked to and held at an appropriate temperature and to keep food out of the "danger zone" (40 degrees F to 140 degrees F) where bacteria can multiple rapidly. The executive director failed to ensure dietary staff monitored food temperatures to ensure food	S3298		

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S3298	Continued From page 12 was prepared and served at proper temperatures.	S3298		