Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067010	A. BUILDING: _____ B. WING _____	03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF CHANUTE	701 OSA MARTIN BLVD CHANUTE, KS 66720

(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 03/23/26 and 03/24/26.	S 000		
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: K.A.R.26-41-202 (d)(4) The facility reported a census of 29 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Operator failed to ensure the review and if necessary revision of R1's combined NSA/HSP when requested by the resident or the facility staff to make a change in the resident healthcare services.	S3092		

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

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S3092	Continued From page 1 Findings included: - Record review for R1 revealed an admission date of 07/19/25 with a diagnosis of type one diabetes mellitus. Review of R1's "Functional Capacity Screen" (FCS) dated 07/19/25 revealed R1 required supervision with bathing and dressing. R1 was independent with toileting, transferring, walking/mobility and eating. R1 was cognitively intact and was able to make herself understood and she understood others. R1 managed her own medications. Review of R1's combined NSA/ "Health Service Plan" (HSP) instructed facility that a "friend" would supervise R1's bathing and dressing, and a paid private caregiver to set up R1's medications and treatments. Interview on 03/24/26 at approximately 10:45 AM with Operator A confirmed that upon R1's admission the private paid caregiver administered R1's medications. Operator A further confirmed that the facility "Certified Medication Aides" (CMA)'s manage R1's medications. Interview on 03/24/26 at approximately 01:00 PM with R1 confirmed that she has a private companion. The companion does not administer her medications and does not provide any hands-on care.	S3092		
S3101 SS=E	26-41-202 (h) NSA Signatures	S3101		

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S3101	Continued From page 2 (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: K.A.R.26-41-202 (h) The facility reported a census of 29 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement. Findings included: - Record review for R1 revealed an admission date of 07/19/25 with a diagnosis of type one diabetes mellitus. Review of R1's "Functional Capacity Screen" (FCS) dated 07/19/25 revealed R1 required supervision with bathing and dressing. R1 was independent with toileting, transferring, walking/mobility and eating. R1 was cognitively intact and was able to make herself understood and she understood others. R1 managed her own medications. Review of R1's combined NSA/ "Health Service	S3101		

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S3101	Continued From page 3	S3101		

Plan" (HSP) instructed facility that a "friend" would supervise R1's bathing and dressing, and a paid private caregiver to set up R1's medications and treatments.

R1's combined NSA/HSP lacked the signatures of each individual involved in the development of the NSA/HSP.

- Record review for R3 revealed an admission date of 04/05/24 with diagnoses of malignant neoplasm of bones of skull and face, essential hypertension, chronic atrial fibrillation, and ulcerative colitis.

Review of R3's FCS dated 06/30/25 revealed R3 was independent with bathing, dressing, toileting, transferring, walking/mobility, and eating. R3 managed his own medications, and he was cognitively intact. R3 was able to make himself understood and he understood others.

Review of R3's combined NSA/HSP dated 06/30/25 instructed facility staff to provide housekeeping weekly.

R3's combined NSA/HSP lacked the signatures of each individual involved in the development of the NSA/HSP.

Interview on 03/24/26 at approximately 02:00 PM with Operator A confirmed the combined NSA/HSP for R1 and R3 lacked the signatures of each individual involved in the development of the NSA/HSP.