STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B067003	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO MEMORY CARE OF CHANUTE	705 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 03/24/26 & 03/25/26.	S 000		
S5126 SS=E	26-42-202 (h) NSA Signatures (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. 26-42-202 (h) The home reported a census of 7 residents. The sample included 3 "Residents'" (R)'s. Based on interview and record review, the Operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the written NSA's for R1 and R2. Findings included: - Record review for R1 revealed an admission date of 09/17/22 with diagnoses of Alzheimer's disease, essential hypertension, and tachycardia. Review of R1's "Functional Capacity Screen" (FCS) dated 09/19/25 revealed R1 required	S5126		

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

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S5126	Continued From page 1	S5126		

physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R1 lacked the ability to manage her own medications and was incontinent. R1 had impaired short-term memory, long-term memory, memory/recall, and decision making. R1 was rarely or never able to make herself understood and she was rarely or never able to understand others.

Review of R1's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) instructed facility staff to provide R1 with physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. Facility staff were instructed to manage and administer R1's medications.

R1's NSA lacked a signature of R1's family member or legal representative.

- Record review for R2 revealed an admission date of 03/23/26 with a diagnosis of Alzheimer's disease.

Review of R2's FCS dated 03/23/26 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, and eating. R2 required supervision with walking/mobility. R2 was incontinent and had impaired short-term memory, long-term memory, memory/recall, and decision making. R2 was usually able to make herself understood and she sometimes understood others. R2 lacked the ability to manage her own medications an was at risk for impaired decision making.

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S5126	Continued From page 2 Review of R2's combined NSA/HSP dated 03/23/26 instructed facility staff to provide a one person staff assistance with bathing, dressing, and toileting. Facility staff were instructed to provide supervision with resident transferring, mobility, and eating. Facility staff were instructed to manage and administer R2's medications. R2's NSA lacked a signature of R1's family member or legal representative. Interview on 03/25/26 at approximately 03:00 PM with Operator A and Licensed Nurse B confirmed the NSA's for R1 and R2 lacked the signatures of all who were involved in the development of the NSA. The Operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the written NSA's for R1 and R2.	S5126		
S5251 SS=E	26-42-105 (f) (11) Resident Records 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: K.A.R. 26-42-105 (f) (11) The home reported a census of 7 residents. The sample included 3 "Residents'" (R)'s. Based on	S5251		

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S5251	Continued From page 3	S5251		

interview and record review, the Operator failed to ensure each resident record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time occurrence, action taken and results of the action for R2 and R3.

Findings included:

- Record review for R2 revealed an admission date of 03/23/26 with a diagnosis of Alzheimer's disease.

Review of R2's "Functional Capacity Screen" (FCS) dated 03/23/26 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, and eating. R2 required supervision with walking/mobility. R2 was incontinent and had impaired short-term memory, long-term memory, memory/recall, and decision making. R2 was usually able to make herself understood and she sometimes understood others. R2 lacked the ability to manage her own medications an was at risk for impaired decision making.

Review of R2's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) dated 03/23/26 instructed facility staff to provide a one person staff assistance with bathing, dressing, and toileting. Facility staff were instructed to provide supervision with resident transferring, mobility, and eating. Facility staff were instructed to manage and administer R2's medications.

Review of R2's electronic "Medical Record" under the "Progress Notes" tab revealed it

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S5251	Continued From page 4	S5251		

lacked an entry for the incident of R2 admitting to the facility.

Interview on 03/25/26 at approximately 03:00 PM with Operator A and Licensed Nurse B confirmed R2's electronic "Medical Record" lacked documentation of R2 admitting to the facility.

- Record Review for R3 revealed an admission date of 10/07/25 with diagnoses of unspecified dementia, major depressive disorder, neurocognitive disorder with Lewy bodies dementia.

Review of R3's FCS dated 10/07/25 revealed R3 required supervision with bathing, and physical assistance with dressing. R3 was independent with toileting, transferring, walking/mobility, and she lacked the ability to manage her own medications. R3 was usually continent, and had impaired-short term memory, long-term memory, memory/recall, and decision making. R3 was able to make herself understood and she usually understood others. R3 was at risk for falls and impaired decision making.

Review of R3's combined NSA/HSP dated 10/0/25 instructed facility staff to provide physical assistance with bathing, and instructed facility staff she was independent with dressing. Facility staff were instructed to administer and manage R3's medications. Facility staff were instructed to keep R3's area free of clutter and provide non-glare soft lighting at night to reduce risk of falls.

Review of R3's electronic "Medical Record"

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S5251	Continued From page 5 under the "Progress Notes" tab revealed the notes lacked an entry for any indication of injury. Observation on 03/24/26 at approximately 02:30 PM of R3 sitting at a dining room table in the common dining room. R3 had a large bruise to the left side of her face that went around the left eye, and on her cheek that was in various stages of healing. Interview on 03/25/26 at approximately 03:00 PM with Operator A and Licensed Nurse B confirmed that R3 had a fall. Review of the facility provided document titled "Incident Report" that was dated on 03/11/26 revealed R3 had a witnessed fall, and she went to the local hospital for evaluation and treatment. Interview on 03/25/26 at approximately 03:00PM confirmed R3's electronic "Medical Record" lacked documentation of R3's witnessed fall, her leaving the facility to go to the local hospital, and her return from the local hospital after treatment for the fall. The Operator failed to ensure each resident record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time occurrence, action taken and results of the action for R2 and R3	S5251		
S5315 SS=D	26-42-205 (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	S5315		

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S5315	Continued From page 6 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 home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home 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 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 home. (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: K.A.R. 26-42-205 (h) The home reported a census of 7 residents. The sample included 3 "Residents'" (R)'s. Based on observation and record review the operator failed	S5315		

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S5315	Continued From page 7 to ensure the "Licensed Nurse" (LN), or the "Certified Medication Aides'" (CMA)'s stored all the facility medications in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations in the secured specialty unit. Findings included: - Observation on 03/25/26 at approximately 10:00 AM of R2's bathroom in the cabinet located on the southeast wall revealed a container of Triamcinolone cream and a tube of Calazime Zinc Oxide Paste. Interview on 03/25/26 at approximately 01:00 PM with Operator A confirmed all facility medications were to be locked in the secured medication room. The operator failed to ensure the LN or the CMA's stored all the facility medications in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations in the secured specialty unit.	S5315		
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	S5335		

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S5335	Continued From page 8 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: K.A.R. 28-39-437 (a) The home reported a census of 7 residents. The sample included 3 "Residents'" (R)'s. Based on observation and record review the operator failed to ensure the home was maintained to protect the health and safety of the residents who resided in the secured specialty home. Findings included: - Observation on 03/24/26 at approximately 02:30 PM during the initial tour of the secured specialty home revealed in a closet identified as a Mechanical Room located in the hallway on the northeast section of the home. The door freely opened and sitting on the floor was a gallon jug of Mr. Clean all Purpose cleaner. Interview on 03/25/26 at approximately 01:00 PM with Operator A confirmed all facility cleaning chemicals were to be secured. The operator failed to ensure the home was maintained to protect the health and safety of the residents who resided in the secured specialty home.	S5335		