STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B011004	A. BUILDING: _____ B. WING _____	06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HAVEN LLC	445 E 10TH ST BAXTER SPGS, KS 66713

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 06/01/26 and 06/02/26.	S 000		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-206 (f) The facility reported a census of 7 residents. The sample included 3 residents. Based on record review, observation and interview the operator failed to ensure all food would be stored under safe and sanitary conditions. Findings Included: - Record Review on 06/01/26 at approximately 12:44 PM revealed a facility document titled "Temperature Log" revealed all refrigerator temperatures were 39 degrees Fahrenheit (F) and freezer temperatures were -11 degrees F for the month of May. Observation on 06/01/26 at approximately 12:45 PM revealed a white refrigerator freezer combo located in the kitchen. Inside the refrigerator was	S5195		

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

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S5195	Continued From page 1 a digital display for control settings the settings were set at 39 degrees F for the refrigerator and -11 degrees F for the freezer. Interview on 06/01/26 at approximately 12:46 PM with Certified Medication Aide C confirmed facility staff read and wrote the temperatures displayed on the digital control settings display. Interview on 06/01/26 at approximately 12:47 PM with Operator A confirmed the temperatures were not being monitored. The operator failed to ensure all food would be stored under safe and sanitary conditions.	S5195		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-207 (c)	S5230		

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S5230	Continued From page 2	S5230		

The facility reported a census of 7 "Residents'"(R)'s. The sample included 3 residents. Based on interview and record review the operator failed to ensure the homes compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R's 1, 2 and 3, newly hired Administrative Nurse B, "Certified Medication Aide" (CMA)'s C and D, "Certified Nurse Aide" (CNA) E, and Housekeeping Staff F.

Findings Included:

- Record Review for R1 revealed an admission date of 04/01/26 with diagnoses of convulsions, anxiety, hemiplegia and hemiparesis following cerebral infraction affecting non dominant left side, and dementia with aggression.

R1's "Medical Record" lacked documentation of the required TB screening questionnaire within seven days of admission to the facility.

-Record Review for R2 revealed an admission date of 04/28/25 with diagnoses of dementia, hypothyroidism, depression, behaviors with dementia, sleep disturbances, hypertension, adult failure to thrive.

Review of R2's "Medical Record" revealed a two-step TB skin test that was completed on 05/31/25 and 06/18/25.

R2's "Medical Record" lacked documentation of the required TB screening questionnaire within seven days of admission to the facility.

- Record review for R3 revealed an admission date of 12/16/25 with diagnoses of generalized anxiety disorder, dementia with behavioral

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S5230	Continued From page 3	S5230		

disturbances, sleep disturbance, major depressive disorder and chronic obstructive pulmonary disease.

Review of R3's "Medical Record revealed a two-step TB skin test that was completed on 12/10/25 and 12/16/25.

R3's "Medical Record" lacked documentation of the required TB screening questionnaire within seven days of admission to the facility.

Interview on 06/01/26 at approximately 03:53 PM with Administrative Nurse B confirmed the "Medical Record" for R1, R2, and R3 lacked documentation of the required TB symptoms screen was performed within seven days of admission to the facility .

The operator failed to ensure the home's compliance with the department's TB guidelines for adult care homes adapted by reference in K.A.R. 26-39-105 for R1, R2, and R3.

Record review of newly hired Administrative Nurse B revealed she began employment on 08/15/25. Administrative Nurse B's employee record lacked documentation of the required TB screening questionnaire being completed within 7 days of employment.

Record review of newly hired CMA C revealed she began employment on 04/01/25. CMA C's employee record lacked documentation of the required TB screening questionnaire was completed within 7 days of employment.

Record review of newly hired CMA D revealed she began employment on 12/22/25. CMA D's employee record lacked documentation of the

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S5230	Continued From page 4 required TB screening questionnaire was completed within 7 days of employment. Record review of newly hired CNA E revealed she began employment on 09/01/25. CNA E's employee record lacked documentation of the required TB screening questionnaire was completed within 7 days of employment. Record review of newly hired Housekeeping Staff F revealed he began employment on 05/25/26. Housekeeping Staff F's employee record lacked documentation of the required TB screening questionnaire was completed within 7 days of employment. Interview on 06/01/26 at approximately 03:54 PM with Administrative Nurse B confirmed Administrative Nurse B, CMA C,CMA D ,CNA E, and Housekeeping Staff F's personal record lacked documentation of the required TB symptom screen being performed within 7 days of employment. The operator failed to ensure the home's compliance with the department's TB guidelines for adult care homes adapted by reference in K.A.R. 26-39-105 for newly hired Administrative Nurse B ,CMA C,CMA D ,CNA E, and Housekeeping Staff F.	S5230		
S5335 SS=E	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,	S5335		

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S5335	Continued From page 5 and changes in building use in existing buildings 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 facility reported a census of 7 residents. Administrative Staff A identified seven of the seven residents with cognitive impairment, and five of seven were independently mobile. Based on observation and interview the operator failed to ensure the facility was equipped and maintained to protect the health and safety of residents and personnel regarding a back door located in the kitchen with a keypad lock that was unlocked and unlatched. Findings Included: - Observation on 06/01/26 at approximately 12:58 PM located between the kitchen and the sitting room was a door that was open. In the middle of the kitchen was a back door that led to the outside that was unlocked and unlatched. Interview on 06/01/26 at approximately 01:00 PM with Administrative Staff A confirmed the door from the sitting room to the kitchen always remained open. Administrative staff A continued to confirm the back door should be latched and locked to prevent cognitively impaired and wandering residents from exiting out of it. The operator failed to ensure the facility was equipped and maintained to protect the health and safety of residents and personnel regarding a back door located in the kitchen with a keypad	S5335		

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S5335	Continued From page 6 lock that was unlocked and unlatched.	S5335		