STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N103005	A. BUILDING: _____ B. WING _____	07/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR CARE HOMES OF NEODESHA	400 FIR STREET NEODESHA, KS 66757

(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
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-202 (a) (1) (2) (3) The facility reported a census of 20 residents. The sample included 3 "Residents'" (R)'s, and 6 focused reviews. Based on record review and interview the Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R2, R3, R4, R5, R8 and R9 provided a full description of service they would receive based on the results of their "Functional Capacity Screens'" (FCS)'s, needs, and preferences. The operator further failed to ensure R3's NSA identified the outside hospice provider, and the NSA further lacked identification of who was responsible for payment for the outside providers service for R3.	S3085		

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

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S3085	Continued From page 1 Findings Included: - Record review for R2 revealed an admission date of 01/19/26 with diagnoses of unspecified dementia, major depressive disorder, and anxiety disorder. Review of R2's FCS dated 04/29/26 revealed R2 required physical assistance with bathing, dressing, and management of medication and medical treatments. R2 was a "standby assist" with toileting, and was independent with transferring mobility and eating. R2 was marked for impaired short-term memory, long term memory, memory/recall, and impaired decision making, and was occasionally incontinent. R2 was usually able to make herself understood and usually understood others. R 2 was marked at risk for falls, socially inappropriate disruptive behavior, and impaired decision-making. Review of R2's NSA dated 04/29/26 identified the facility staff would provide R2 with qualified staff to assist with bathing, dressing and management of medications and medical treatments. R2's NSA lacked documentation of health care services to be provided for R2's impaired communication, falls, and impaired decision making. Interview on 07/13/26 at approximately 05:05 PM with "Licensed Nurse" (LN) B confirmed R2's NSA lacked the description of services for communication, falls and impaired decision making. - Record Review for R3 revealed an admission date of 01/05/26 with diagnoses of Alzheimer's	S3085		

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S3085	Continued From page 2	S3085		

disease with late onset and insomnia.

Review of R3's FCS dated 02/03/26 revealed R3 required physical assistance with bathing, dressing, toileting, and management of medications and medical treatments. R3 required "standby assistance" with eating and was occasionally incontinent. R3 was marked for impaired long-term memory and impaired decision making. R3 was usually able to make herself understood and was usually able to understand others. R3 was marked at risk for impaired decision making.

Review of R3's NSA dated 02/03/26 identified the facility staff would provide R3 with qualified staff to assist with bathing, dressing, toileting and management of medication and medical treatments.

R3's NSA lacked documentation of health care services to be provided for R3's impaired communication, falls, and impaired decision making. R3's NSA further lacked identification of the outside provider for hospice services and R3's NSA further lacked identification of who was responsible for the payment for services for the outside provider hospice service.

Interview on 07/13/26 at approximately 05:08 PM with LN B confirmed R3's NSA lacked the description of services for communication, falls and impaired decision making. LN B continued to confirm R3's NSA lacked documentation of the hospice provider and who was responsible for the outside provider payment.

- Record review for R4 revealed an admission date of 01/26/24 with diagnoses of dementia, repeated falls, type 2 diabetes, and major

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depressive disorder.

Review of R4's FCS dated 07/09/26 revealed R4 required physical assistance with bathing, dressing, toileting, and management of medication and medical treatments. R4 required "standby" assistance with transferring and mobility. R4 was marked for impaired short-term memory, long term memory, memory/recall, and impaired decision making and was frequently incontinent. R4 could usually understand others and was able to make himself understood. R4 was marked at risk for falls and impaired decision making.

Review of R4's NSA dated 07/06/26 identified facility staff would provide R4 with qualified staff to assist with bathing, dressing, toileting, and management of medication and medical treatments.

R4's NSA lacked a description of health care services to be provided for R4's impaired cognition and impaired decision making.

Interview on 07/13/26 at approximately 05:10 PM with LN B confirmed R4's NSA lacked documentation of health care services to be provided for R4's impaired cognition and impaired decision making.

- Record review for R5 revealed an admission date of 07/27/23 with a diagnosis of dementia.

Review of R5's FCS dated 03/10/26 revealed R5 was unable to perform bathing, dressing, toileting, transferring and management of medications and medical treatments. R5 required physical assistance with mobility and eating and was incontinent. R5 was marked for impaired

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short-term memory, long term memory, memory/ recall, and impaired decision making. R5 was sometimes able to understand others and was usually able to make himself understood. R5 was marked at risk for falls and impaired decision making.

Review of R5's NSA dated 03/10/26 instructed facility staff to provide R5 with qualified staff to assist with bathing, dressing, toileting, transferring, mobility and management of medication and medical treatments.

R5's NSA lacked documentation of health care services for R5 for eating and impaired cognition.

Interview on 07/13/26 at approximately 05:15 PM with LN B confirmed R5's NSA lacked documentation of health care services to be provided for R5 for eating and cognition.

- Record review for R8 revealed an admission date of 04/29/24 with diagnoses of depression, unsteady on feet and senile degeneration of brain.

Review of R8's FCS dated 08/18/25 revealed R8 was unable to perform bathing, dressing, toileting, transferring, mobility, eating, and management of medications and medical treatments. R8 was marked for impaired short-term memory, long term memory, memory/ recall, and impaired decision making. R8 was incontinent and marked at risk for falls and impaired decision making. R8 was sometimes able to make herself understood and R8 rarely or never understood others.

Review of R8's NSA dated 08/18/25 instructed facility staff to provide R8 with qualified staff to assist with bathing, toileting, transfers, mobility,

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and management of medication and medical treatments.

R8's NSA lacked documentation of health care services to be provided for eating, impaired cognition, communication and risk for impaired decision making.

Interview on 07/13/26 at approximately 05:18 PM with LN B confirmed R8's NSA lacked documentation of health care services to be provided for R8 for eating, cognition, communication and impaired decision making.

- Record review for R9 revealed an admission date of 10/30/24 with diagnoses of senile degermation of the brain, depression, and dementia.

Review of R9's FCS dated 10/29/25 revealed R9 required physical assistance with bathing, dressing, toileting, transferring, mobility, eating, and management of medication and medical treatments. R9 was marked for impaired short-term memory, long term memory, memory/recall, and impaired decision making and was frequently incontinent. R9 was sometimes able to make himself understood and R9 sometimes understood others. R9 was marked at risk for falls, impaired decision making, wandering and inappropriate behavior.

Review of R9's NSA dated 10/29/25 instructed facility staff to provide R9 with qualified staff to assist with bathing, dressing, toileting, transferring, mobility, and management of medications and medial treatments.

R9's NSA lacked documentation for health care services to be provided for eating, impaired

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S3085	Continued From page 6 cognition, communication, impaired decision making, wandering and inappropriate behavior. Interview on 07/13/26 at approximately 05:24 PM with LN B confirmed R9's NSA lacked documentation of health care services to be provided for R9 for eating, cognition, communication, impaired decision making, wandering, and inappropriate behavior. The Operator failed to ensure the NSA's for R2, R3, R4, R5, R8 and R9 described the services they were to receive based on their FCS's, needs, and preferences. The operator further failed to identify the provider of the hospice service for R3 and the identification of who was responsible for payment for R3's outside hospice provider.	S3085		
S3211 SS=F	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 by:	S3211		

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S3211	Continued From page 7 K.A.R. 26-41-205 (g) (3) The facility reported a census of 20 residents. The sample included 3 residents and 6 focused reviews. Based on observation and interview, the operator failed to ensure a licensed pharmacist or the licensed nurse placed the full name of the resident on the "Over-The-Counter" (OTC) medication container's. Findings Included: - Observation on 07/08/26 at approximately 09:50 AM of the facilities medication cart located in the hallway behind the locked memory care unit doors, Certified Medication Aide C unlocked the medication cart, which revealed the following OTC medication's, which lacked the full name of the residents: 1 tub of Calmoseptine 1 container of antifungal 1 bag of Caltrate soft chews Observation on 07/08/26 at approximately 09:30 AM of the facilities room labeled medication room. Inside was a unlocked cabinet. "Licensed Nurse" (LN) B opened and revealed the following OTC medication's that lacked the full name of the resident: 1 bag of Soft Chew Caltrate 2 bottles of antacids 1 bottle of Mylanta 1 bottle of wound cleanser Interview on 07/08/26 at approximately 09:55 AM with LN B confirmed the OTC's lacked the full name of the resident.	S3211		

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S3211	Continued From page 8 The operator failed to ensure a licensed pharmacist or the licensed nurse placed the full name of the resident on the OTC medication container.	S3211		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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: K.A.R. 26-42-104 (d) (3) The facility reported a census of 20 residents. The sample included 3 residents and 6 focused review residents. Based on interview, the operator failed to provide a quarterly review of the facilities disaster and emergency preparedness	S3280		

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S3280	Continued From page 9 plan for all residents. Findings Included: - Interview on 07/08/26 at approximately 11:22 AM with Operator A confirmed she did not provide quarterly reviews of the facilities disaster and emergency preparedness plan for all residents. The operator failed to provide a quarterly review of the facilities disaster and emergency preparedness plan for all residents.	S3280		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care 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 shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.	S3320		

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S3320	Continued From page 10 This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-254 (a) The facility reported a census of 20 residents. The sample included 3 residents and 6 focused review. Based on observation and interview, the operator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel, and the public regarding unlocked chemicals. Findings Included: - Observation on 07/08/26 at approximately 09:30 AM revealed an unlocked cabinet located in the assisted living side common dining room with the following chemicals inside: 1 spray bottle of hard surface sanitizer and peroxide disinfectant 1 spray bottle of glass cleaner 1 spray bottle of food service sanitizer Interview on 07/08/26 at approximately 09:35 AM with Operator A confirmed the chemicals were in the cabinet and the door should be locked/secured to protect health and safety. The operator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel, and the public regarding unlocked chemicals.	S3320		