STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N027008	A. BUILDING: _____ B. WING _____	08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE WEST AT GOOD SAMARITAN - ELLSWORTH	300 BICKERDYKE BLVD ELLSWORTH, KS 67439

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S 000	INITIAL COMMENTS The following represents the findings of a licensure resurvey for the above named assisted living facility conducted on 08/05/26-08/06/26.	S 000		
S3060 SS=F	26-41-106 Community Governance (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the facilitation of the organization of at least one resident council, each of which shall meet at least quarterly to provide residents with a forum to provide input into community governance. (b) Each administrator or operator shall ensure the accommodation of the council process by providing space for the meetings, posting notices of the meetings, and assisting residents who wish to attend the meetings. (c) In order to permit a free exchange of ideas and concerns, each administrator or operator shall ensure that all meetings are conducted without the presence of facility staff, unless allowed by the residents. (d) Each administrator or operator shall respond to each written idea and concern received from the council, in writing, within 30 days after the meeting at which the written ideas and concerns were collected. The administrator or operator shall ensure that a copy of each written idea or concern and each response is available to surveyors. This REQUIREMENT is not met as evidenced by: KAR 26-41-106(a) The facility reported a census of nine residents. Based on interview and record review the facility failed to ensure the facilitation of quarterly	S3060		

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

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S3060	Continued From page 1 resident council with a forum to ensure input into community governance. Findings included: - During entrance interview on 08/05/26 Administrative Nurse B stated there is no resident council. On 08/05/26 at 12:20 PM Administrative Nurse B and Administrative Staff C confirmed no meetings have been held for community governance. The facility failed to ensure the facilitation of quarterly resident council with a forum to ensure input into community governance.	S3060		
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 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)	S3211		

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S3211	Continued From page 2 The facility reported a census of nine residents. Based on observation and interview, the facility failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of seventeen over the counter (OTC) medications. Findings included: - Observation on 08/05/26 at approximately 11:00 AM revealed the facility medication cart contained the following OTC medications were not labeled with residents' full names: One bottle Lutein (dietary supplement) 20 milligrams (mg), 300 softgels Two bottles' Aspirin 81mg, 120 tablets One bottle AREDS2 (eye vitamin and mineral supplement), 120 softgels One bottle Fish Oil 1000mg, 50 softgels One bottle Vitamin D 50 micrograms (mcg), 200 softgels One bottle Vitamin D3 25mcg, 100 softgels One bottle Vitamin C 1000mg, 60 caplets One bottle Triple Omega 3-6-9 3600mg, 90 softgels One bottle Vitamin B12 1000mcg, 60 tablets - Observation on 08/05/26 at approximately 11:10 AM revealed the facility medication storage cabinet contained the following OTC medications were not labeled with residents' full names: One bottle Aspirin (chewable) 81mg, 36 tablets One bottle Polyethylene Glycol 17.9 ounces One bottle Magwell (dietary supplement), 120 capsules One bottle Acetaminophen 650mg, 100 caplets Five bottles Hydration Electrolytes (dietary	S3211		

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S3211	Continued From page 3 supplement gummies), 60 gummies On 08/05/26 at approximately 11:15 AM Administrative Nurse B confirmed the OTC medications listed above were not labeled with residents' full names. The facility failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of seventeen OTC medications.	S3211		
S3215 SS=E	26-41-205 (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 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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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	S3215		

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S3215	Continued From page 4 recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (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: KAR 26-41-205(h) The facility reported a census of nine residents. Based on observation and interview, the facility failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations. Findings included: - Observation on 08/05/26 at approximately 11:15 AM the medication room refrigerator contained the following medications were expired: One box Formoterol Fumarate 20 micrograms/2 milliliter, 60 count with discard after date of 07/01/2026 - Observation on 08/05/26 at approximately 11:10 AM the medication storage cabinet contained the following medications were expired: One bottle Cetirizine 10 milligram (mg), 25 capsules with expiration date of 04/2026 One bottle Acetaminophen 325mg, 100 tablets with expiration date of 10/2025 One bottle Cetirizine 10mg, 30 tablets with	S3215		

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S3215	Continued From page 5 expiration date of 07/2026 One bottle Warfarin 5mg, 30 tablets with do not use after date of 04/18/2026 One bottle Flecainide Acetate 100mg, 30 tablets with do not use after date of 05/05/2026 One bottle Polyethylene Glycol, 17.9 ounces with expiration date of 05/2026 - Observation on 08/05/26 at approximately 11:00 AM the facility medication cart contained the following medications were expired: One bottle Polyethylene Glycol, 17.9 ounces with expiration date of 05/2026 On 08/05/26 at approximately 11:15 AM Administrative Nurse B confirmed the medications listed above were expired. The facility failed to ensure medications were stored in accordance with each manufacturer's recommendations or those of federal and state laws and regulations.	S3215		
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	S3280		

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S3280	Continued From page 6 (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: KAR 26-41-104(d)(3) The facility reported a census of nine residents. Based on interview and record review the facility failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with staff. Findings included: - Review of the facility's emergency plan records lacked evidence of documentation quarterly reviews were completed with staff during the first, second, third, and fourth quarter of 2025 and for the first and second quarter of 2026. On 08/06/26 at approximately 12:45 PM Administrative Nurse B confirmed the facility's record lacked documentation reviews of the emergency management plan were completed quarterly with staff. The facility failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with staff.	S3280		
S3298 SS=F	26-41-206 (d) Food Preparation	S3298		

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S3298	Continued From page 7 (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 nine residents. The facility had a main kitchen where food was stored, prepared, and served. Based on interview and record review the facility failed to ensure food was served at the proper temperature. Findings included: - Review of the food temperature logs for 05/01/26 through 07/31/26 revealed food temperatures were not recorded for 64 out of 92 breakfast meals, 66 out of 92 lunch meals, and 91 out of 92 dinner meals. On 08/05/26 at approximately 10:45 AM	S3298		

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S3298	Continued From page 8 Administrative Staff C confirmed the food temperature logs were not completed for each meal. Dietary guidelines for Americans 2005 recommended using a clean thermometer that measured the internal temperature of cooked food to make sure food is cooked to and held at proper temperatures and to keep food out of the "danger zone" (40 degrees Fahrenheit to 140 degrees Fahrenheit) where bacteria can multiply rapidly. The facility failed to ensure food was served at the proper temperature.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of nine residents. The facility had a main kitchen where food was stored and prepared. Based on observation and interview, the facility failed to ensure food items were stored under safe conditions. Findings included:	S3299		

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S3299	Continued From page 9 - Observation on 08/05/26 at approximately 10:40 AM in the kitchen revealed cabinet with seasonings located inside. Seasoning cabinet contained the following items that were expired: One bottle of pumpkin pie spice 1.12 oz, best by date of 07/29/24 One bottle of yellow food coloring 1 oz, best by date of 08/30/2014 One bottle of Accent flavor enhancer 3 oz, best by date of 02/06/23 Seasoning cabinet contained the following containers with scoops located inside the containers: One container labeled Sugar 4 quarts (qt) One container labeled Salt 2 qt. - Observation on 08/05/26 at approximately 10:45 AM in the kitchen revealed one refrigerator in the food pantry that contained food items for residents. Pantry refrigerator contained the following items that were expired: One tub of Mayonnaise 3.78 Liters, best by date of 12/18/2025 Two containers of yogurt 6 ounces (oz), expiration date of 07/12/26 On 08/05/26 at approximately 10:50 AM Administrative Staff C confirmed scoops were located inside the containers and seasonings were expired as well as refrigerator food items. The facility failed to ensure foods were stored	S3299		

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S3299	Continued From page 10 under safe conditions.	S3299		