STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 09/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

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S 000	INITIAL COMMENTS The following citations represent the findings of a Health Licensure Resurvey and complaint survey regarding allegations in the following complaints: 197312, 199801,199807,199811,199750,199732,198771, 199930 conducted on 09/24/26, 09/28/26 and 09/30/26. The facility reported a census of 23 residents. The sample included 6 residents.	S 000		
S3026 SS=D	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-101 (f)(1)(C) Based on record review and interview, the facility failed to ensure no residents were subjected to exploitation for 1 of 6 residents reviewed for exploitation, Resident (R) 1. The failure resulted in the resident being exploited when a staff member asked and used R1's car. Findings included:	S3026		

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

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S3026	Continued From page 1	S3026		

R1 diagnoses included dementia.

The 02/24/26 Functional Capacity Screen revealed R1 had impaired short term memory and impaired decision making.

The 02/24/26 Negotiated Service Agreement (NSA) revealed R1 required facility staff to make minor decisions and R1's family were to make major decisions.

R1 admitted on 02/27/25 and required staff assistance with minor decision making.

The NSA dated 02/24/26 directed staff to provide qualified staff to assist with bathing, toileting, dressing, management of medications and provide assistance with minor decision making.

On 9/28/26 at approximately 01:11 PM Certified Nurses Aide (CNA) C stated "Certified Medication Aide (CMA) B was using R1's car and makes R1 feel sorry for her and R1 allowed CMA B to borrow R1's car on different occasions."

On 09/28/26 at approximately 01:23 PM CNA D stated "CMA B is using R1's car right now and is lending the car out to another one of the coworkers without R1 knowing it."

On 09/28/26 at approximately 03:11 PM, R1 confirmed CMA B had asked her to borrow the car and R1 allowed it on different occasions for an unknown number of times.

On 09/30/26 at approximately 09:35 AM, R1 confirmed she felt if she did not allow CMA B to borrow the car CMA B would be angry. R1 confirmed she loaned the car to CMA B's husband when CMA B had a seizure at work.

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S3026	Continued From page 2 On 09/30/26 at approximately 10:10 AM CMA B confirmed she asked R1 to borrow the car two weeks ago when she had a seizure at work and the purpose was to get back and forth to work. CMA B continued to confirm she had borrowed the car on different occasions previously. CMA B confirmed she knew it was against facility policy. On 09/30/26 at approximately 10:15 AM, Administrative Staff A confirmed she was aware of the car being loaned to the husband on the day CMA B had a seizure at the facility. On 09/30/26 at approximately 10:30 AM, R1 confirmed she had contacted CMA B on different occasions asking for her car to be returned. The surveyor reviewed the "Abuse and Neglect Leaner's Guide" dated 11/25/25, which showed exploitation is stealing or mismanaging the money, property, or belongings, of a clients. Stealing good or money while caring for a client is a crime. Deceiving a client into giving you money or goods is also exploitation, and is a crime. As a result, R1 experienced exploitation when a staff member used her car.	S3026		
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	S3211		

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S3211	Continued From page 3 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: K.A.R. 26-41-205 (g)(3) Based on observations and interview, the facility 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 09/24/26 at approximately 09:50 AM of the facility's medication cart revealed the following OTC medication's inside which lacked the full name of the resident: Two bottles of melatonin One bottle of vitamin C One bottle of alpha lipoic acid On 09/24/26 at approximately 09:55 AM with Administrative Staff A confirmed the OTC lacked the full name of the resident. The failure placed all residents at risk of staff using a stock medication for them.	S3211		
S3320 SS=F	28-39-254 CONSTRUCTION	S3320		

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S3320	Continued From page 4 (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. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-254 (a) Based on observation, record review and interview, the facility failed to ensure the facility was maintained to protect the safety of the residents, personnel, and the public. Findings included: Observation on 09/24/26 at approximately 09:40 AM revealed the room designated as the "Safe Room" for severe weather. On the south wall was two mattresses and wheelchairs lined down the	S3320		

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S3320	Continued From page 5 wall to the exit of the room. On the east wall was a medication cart and a cabinet. On the north wall was a cabinet and dining chairs lined against the wall with exercise balls on the chairs. On the west wall were dining chairs with exercise balls on them. In the middle of the room was a table with dining chairs around it. The surveyor reviewed the undated "Resident Disaster Plan", which showed if weather is productive, all residents will head to the storm safe room with shoes and a jacket. On 09/24/26 at approximately 03:41 PM with Administrative Staff A confirmed the designated "Safe Room" for severe weather had been used as storage and did not have the room for residents to fit inside in case of the event of bad weather. The failure placed all residents at risk for not being safe during severe weather.	S3320		