Kansas Department for Aging and Disability Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N083001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOCUST GROVE VILLAGE	**701 W 6TH STREET , LA CROSSE, Kansas, 67548**

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S0000	INITIAL COMMENTS The following citations represent the findings of a Health Licensure Resurvey for the above name assisted living conducted on 10/28/26. The facility reported a census of nine residents. The sample included three residents.	S0000		
S3280 SS = F	Disaster and Emergency Preparedness CFR(s): 26-41-104 (d) (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 LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-104(d)(3) Based on record review for all residents and all facility employees, the facility failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with all residents and employees. Findings included:	S3280		

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

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S3280 SS = F	Continued from page 1 - On 10/28/26 facility staff provided documentation of reviews of the emergency management plan with residents for the following dates: 06/18/25, 03/24/26, 06/16/26, and 09/15/26. The documentation lacked evidence this information was reviewed with all the residents. On 10/28/26 facility staff provided documentation that staff completed a review of the emergency management plan 12/2025 but failed to provide documentation to show quarterly reviews were completed with all employees on a quarterly basis. The facility failed to ensure reviews of the emergency management plan were completed on a quarterly basis with all residents and employees.	S3280		
S3310 SS = F	Infection Control Policies CFR(s): 26-41-207 (b) (5-6) (c) (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; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-207(c) Based on record review and interview, the facility failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Resident (R)102 moved into the facility on 04/20/26 with a diagnosis of mild cognitive	S3310		

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S3310 SS = F	Continued from page 2 impairment. Review of medical records revealed R102 did not have a TB Symptom Screen Questionnaire or a two-step TB skin test (TST) completed within seven days of admission to the facility. On 10/28/26 at 12:09 PM Licensed Nurse A stated a TB Symptom Screening Questionnaire and a two-step TB skin test were not completed upon admission for R102. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident…shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire within 7 days of residency…Each new resident…shall receive a two-step TST…within 7 days of residency…" The facility failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		
S3085 SS = E	Negotiated Service Agreement CFR(s): 26-41-202 (a) (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 LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-202(a)(1) Based on interview and record review the facility failed to ensure the “Negotiated Service Agreement”	S3085		

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S3085 SS = E	Continued from page 3 (NSA) was fully developed based on the resident's “Functional Capacity Screen” (FCS), service needs, and preferences, and failed to identify outside providers and services they provided for Resident (R)101, R102 and R103. Findings included: - R101’s medical record revealed the resident moved into the facility on 08/19/25 with a diagnosis of macular degeneration. The 08/11/26 FCS identified R101 visual impairment. The 08/11/26 NSA did not address what services staff provided concerning R101’s visual impairment. On 10/28/26 at 03:06 PM Licensed Nurse (LN) A stated R101’s NSA did not specifically address what services were provided the resident concerning their impaired vision. The facility failed to ensure R101’s NSA was fully developed based on the FCS, service needs, and preferences. - R102’s medical record revealed the resident moved into the facility on 04/20/26 with a diagnosis of mild cognitive impairment. The 04/20/26 FCS identified R102 was at risk for falls and had visual and hearing impairment. The 04/20/26 NSA failed did not address what services staff provided R102 concerning falls, visual impairment or hearing impairment. On 10/28/26 at 03:12 PM LN A stated R102’s NSA did not address all that triggered on the FCS. The facility failed to ensure R102’s NSA was fully developed based on the FCS, service needs, and preferences. - R103’s medical record revealed the resident moved into the facility on 02/21/25 with a diagnosis	S3085		

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S3085 SS = E	Continued from page 4 of hypertension. The 02/15/25 FCS identified R103 required physical assistance with management of treatments, had short-term memory, memory/recall and decision-making impairment, was at risk for falls and had visual and hearing impairment. The 02/15/25 NSA did not address what services staff provided R103 concerning management of treatments, impaired cognition, falls, visual impairment or hearing impairment. On 10/28/26 at 03:24 PM LN A stated R103's NSA did not address all that triggered on the FCS. The facility failed to ensure R103's NSA was fully developed based on the FCS, service needs, and preferences.	S3085		