Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N061007	A. BUILDING: _____ B. WING _____	07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY CLUB ESTATES LP	2 LEWIS DRIVE PAOLA, KS 66071

(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
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 07/22/26.	S 000		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (d) The facility reported a census of 15 residents. The sample included 3 residents. Based on record review and interview for 1 sampled Resident (R) 1, Operator A failed to ensure facility staff administered medication in accordance with their medical care provider's written orders.	S3200		

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

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S3200	Continued From page 1 Findings included: - Record Review for R1 revealed an admission date of 04/02/25 with diagnoses of dementia and anxiety. Review of R1's "Functional Capacity Screen" (FCS) dated 04/02/26 revealed R1 was independent with dressing, toileting, transferring, mobility and eating required physical assistance with bathing and lacked the ability to manage her own medications and medical treatments. R1 was frequently incontinent. R1 was marked for impaired short-term memory and memory/recall. R1 was able to make herself understood and understood others. R1 was marked at risk for falls. Review of R1's "Negotiated Service Agreement"(NSA) dated 04/02/26 identified facility staff provided R1 with physical assistance for bathing and administered medications. Facility staff reminded R1 to use her walker when ambulating to prevent falls. Review of facility provided document titled July 2026 "Medication Administration Record"(MAR) revealed the following orders: Metoprolol 25 "milligram"(mg) take 1 tablet every morning, Alprazolam 0.25 mg take 1 tablet two times a day, Amiodarone 200 mg take 1 tablet by mouth every morning, Atorvastatin 40 mg take 1 tablet by mouth at bedtime, Donepezil 5 mg take 1 tablet by mouth at bedtime.	S3200		

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S3200	Continued From page 2 Medication administered and signed off everyday from 07/01/26 through 07/21/26 by certified staff. R1's "Medical Record" lacked documentation of written and signed medical care provider's orders for the above listed medications. Interview on 07/22/26 at approximately 02:30 PM with Licensed Nurse B confirmed R1's "Medical Record" lacked documentation of written medical care provider's orders. Operator A failed to ensure facility staff administered medication in accordance with their medical care provider's written orders.	S3200		
S9999	Final Observations K.S.A. 39-928 Upon receipt of an application for license, the licensing agency with the approval of the state fire marshal shall issue a license if the applicant is fit and qualified and if the adult care home facilities meet the requirements established under this law. A license, unless sooner suspended or revoked, shall remain in effect upon filing by the licensee, and approval by the licensing agency and the state fire marshal or their duly authorized agents, of an annual report upon such uniform dates and containing such information in such form as the licensing agency prescribes and payment of an annual fee. It shall be posted in a conspicuous place in the adult care home. Findings included: Department records revealed the facility failed to	S9999		

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S9999	Continued From page 3 file and pay the 2020, 2021, 2022, 2023, 2023, 2024, and 2025 annual renewal licensing fees. Observation on 07/22/26 at approximately 10:48 AM revealed the license located near the front entrance door of the facility. Interview on 07/22/26 at approximately 05:05 PM with Operator A confirmed annual renewal were not completed for the years of 2020, 2021, 2022, 2023, 2024, and 2025. The facility failed to file and pay the 2020, 2021, 2022, 2023, 2024, and 2025 annual renewal licensing fees to the department and post the license in a conspicuous place as required by KSA 39-928.	S9999		