STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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 a resurvey with a complaint #174017 at the above named Assisted Living conducted on 10/25/23 and 10/26/23.	S 000		
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: KAR 26-41-202(a)(1) The facility reported a census of 11 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what	S3085		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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	Continued From page 1	S3085		

triggered in the "Functional Capacity Screen" (FCS) for resident (R)101, R102 and R103.

Findings included:

- R101's medical record revealed the resident moved into the facility on 06/09/21.

The 08/20/23 FCS identified R101 had impaired vision.

The 01/12/23 NSA did not address what staff were going to do to address R101's impaired vision.

On 10/26/23 at 12:45 PM Administrative Nurse B acknowledged that impaired vision was not addressed on the NSA.

The 2022 "Negotiated Service Agreement / Health Care Plan Policy" documented, "When the initial assessment (Functional Capacity Screen) indicates that a resident is in need of health care services, a Negotiated Service Agreement/Health Care Plan shall be developed...The Negotiated Service Agreement/Health Care Plan will contain: a. A description of health care services to be provided by the residence, services to be provided from outside resources, the frequency and when the services will be provided. b. The identity of the individual who will provide the services to meet the needs of the resident, including those for special populations."

The operator failed to ensure R101's NSA was fully developed to include all items that triggered

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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	Continued From page 2 on the FCS. - R102's medical record revealed she moved into the facility on 08/20/23. The 08/17/23 FCS identified R102 as having impaired hearing. The 08/20/23 NSA did not address what staff were going to do to address R102's hearing impairment. On 10/26/23 at 12:45 PM Administrative Nurse B stated the NSA did not address R102's hearing impairment. The 2022 "Negotiated Service Agreement / Health Care Plan Policy" documented, "When the initial assessment (Functional Capacity Screen) indicates that a resident is in need of health care services, a Negotiated Service Agreement/Health Care Plan shall be developed...The Negotiated Service Agreement/Health Care Plan will contain: a. A description of health care services to be provided by the residence, services to be provided from outside resources, the frequency and when the services will be provided. b. The identity of the individual who will provide the services to meet the needs of the resident, including those for special populations." The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS. - R103's medical record revealed she moved into the facility on 08/03/23.	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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	Continued From page 3 The 08/03/23 FCS identified R103 required physical assistance with transfers. The 08/03/23 NSA did not address did not address R103's use of a bed assist device. On 10/26/23 at 01:26 PM Administrative Nurse B stated the NSA did not identify R103 used a bed assist device. The 2022 "Negotiated Service Agreement / Health Care Plan Policy" documented, "When the initial assessment (Functional Capacity Screen) indicates that a resident is in need of health care services, a Negotiated Service Agreement/Health Care Plan shall be developed...The Negotiated Service Agreement/Health Care Plan will contain: a. A description of health care services to be provided by the residence, services to be provided from outside resources, the frequency and when the services will be provided. b. The identity of the individual who will provide the services to meet the needs of the resident, including those for special populations." The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every	S3092		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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
S3092	Continued From page 4 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(2) The facility reported a census of 11 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101 was review and revised as needed at least once every 365 days. Findings included: - R101's medical record revealed the resident moved into the facility on 06/09/21. Review of R101's records revealed the most current "Functional Capacity Screen" (FCS) was dated 08/20/23. Review of R101's records revealed the most current NSA was dated 01/12/23. On 06/14/23 at 10:58 AM Licensed Nurse C	S3092		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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
S3092	Continued From page 5 stated an NSA is completed upon admission but was not updated at least every 365 days. On 10/26/23 at 12:45 PM Administrative Nurse B stated she was not aware that the NSA needed to be updated annually. The 2022 "Negotiated Service Agreement / Health Care Plan Policy" documented, "The Negotiated Service Agreement/Health Care Plan shall be reviewed 30 days after admission and quarterly thereafter. At least annually, upon a significant change of condition, or more frequently if requested by the resident a new NSA/HCP shall be done." The operator failed to ensure R101's NSA was updated at least once every 365 days.	S3092		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 11 residents. The sample included three residents. Based on interview, and record review the operator failed	S3101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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
S3101	Continued From page 6	S3101		

to ensure the "Negotiated Service Agreement" (NSA) for residents (R)101, and R103 were signed by all individuals involved in the development of the NSA.

Findings included:

- R101's medical record revealed the resident moved into the facility on 06/09/21 with a diagnosis of congestive heart failure.

The 01/12/23 NSA was not signed.

On 10/26/23 at 12:45 PM Administrative Nurse B stated the NSA was not signed by all individuals. A copy of the NSA with a signature page was emailed to the DPOA but it has not been returned and no follow-up had been documented.

The 2022 "Negotiated Service Agreement / Health Care Plan Policy" documented, "All individuals involved in the development of the Negotiated Service Agreement/Health Care Plan shall sign the agreement."

The operator failed to ensure R101's NSA was signed by all individuals involved in the development of the NSA.

- R103's medical record revealed the resident moved into the facility on 01/13/18 with a diagnosis of Parkinson's Disease.

The 08/03/23 NSA was not signed.

On 10/26/23 at 01:26 PM Administrative Nurse B stated the NSA was not signed by all individuals.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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
S3101	Continued From page 7 A copy of the NSA with a signature page was emailed to the DPOA but it has not been returned and no follow-up had been documented. The 2022 "Negotiated Service Agreement / Health Care Plan Policy" documented, "All individuals involved in the development of the Negotiated Service Agreement/Health Care Plan shall sign the agreement." The operator failed to ensure R103's NSA was signed by all individuals involved in the development of the NSA.	S3101		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 11 residents. The sample included three residents. Based on observation, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of	S3155		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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
S3155	Continued From page 8 necessary health care services to meet the needs for two of three sampled residents evidenced by the failure to complete and document an assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint for resident (R)102, and R103. Findings included: - R102's medical record revealed the resident moved into the facility on 08/20/23 with a diagnosis of dementia. The 08/17/23 "Functional Capacity Screen" (FCS) documented R102 required supervision with transfers, walking/mobility and used a walker. The 08/17/23 "Negotiated Service Agreement" (NSA) documented R102 required stand-by-assistance with getting in and out of bed, chair and required the use of railings. Review of R102's medical records failed to locate an assessment for the use of a bed cane. An observation on 10/26/23 at 10:55 AM revealed R102 had a bed assist device attached to the right side of her bed. This bed cane was not attached properly and could be easily pulled away from the bed. On 10/26/23 at 12:45 PM Administrative Nurse B stated R102 used a bed assist device but did not remember completing a bed rail assessment for the use of this bed assist device.	S3155		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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
S3155	Continued From page 9 The 2022 "Restraint Policy" documented, "...It is important that when side rails are used, it is ensured that the rail is designed specifically for the make or type of bed and the mattress fits tightly against the side rail." The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R102 regarding the use of a bed assistive device. - Resident (R)103s medical record revealed the resident moved into the facility on 01/13/18 with a diagnosis of Parkinson's Disease. The 08/03/23 FCS documented R103 required physical assistance with transfers. The 08/03/23 NSA did not address R103's use of a bed assist device. Review of R103's medical records failed to locate an assessment for the use of a bed cane. An observation on 10/26/23 at 10:50 AM revealed R103 had a u-shaped bed cane that was not appropriately attached to the bed and would slide out easily. On 10/26/23 at 01:26 PM Administrative Nurse B stated R103 used a bed assist device, but the NSA did not address R103's use of a bed assist device and acknowledged a bedrail assessment was not readily found in R103's medical records. The 2022 "Restraint Policy" documented, "...It is	S3155		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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
S3155	Continued From page 10 important that when side rails are used, it is ensured that the rail is designed specifically for the make or type of bed and the mattress fits tightly against the side rail." The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R103 regarding the use of a bed assistive device.	S3155		
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(2) The facility reported a census of 11 residents. Based on observation, record review and interview the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - Observation on 10/25/23 at 09:58 PM revealed the facility's medication room contained the	S3213		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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
S3213	Continued From page 11 following prescription medications which were not labeled with a resident's full name: Resident (R)103: Two tubes of Mupirocin 128 ointment One Advair Diskus inhaler R102: One tube of Diclofenac one-percent gel One tube of Ascend Silver Sulfadiazine Cream R106: One spray of Fluticasone Propionate 50 micrograms medication container was not labeled and was not stored in the original box. One tube of Diclofenac Sodium gel One tube of Estradiol 0.01% cream One tube of Lidocaine four-percent cream R105: One spray bottle of Fluticasone Propionate 50 micrograms medication container was not labeled and was not stored in the original box. One bottle of Major Deep Sea Premium Saline Nasal Moisturizing Spray The 2022 "Medication Management" policy documented, "...The pharmacist shall label the drug, as required for prescription drugs." The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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
S3298	Continued From page 12 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 had a census of 11 residents. All 11 residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature. Findings included: - On 10/25/23 at 09:25 AM review of the "Oct. 2023 Food Temperatures" log revealed Dinner temperatures were missing for 10/01/23, 10/20/23, 10/21/23, and 10/22/23. Supper temperatures were missing for 10/01/23 - 10/04/23, and 10/07/23 - 10/24/23.	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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
S3298	Continued From page 13 On 10/25/23 at 09:38 AM Dietary Staff D acknowledged the food temperature log was missing documentation for the evening shift. Review of the 2022 "Food Services" policy documented, "Cold foods are generally served at temperature of 40 degrees or below and hot foods must be maintained at temperatures over 140 degrees F and above as per "Focus on Food Safety" from the Kansas Department of Health and Environment." According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or higher and cold foods must be maintained at an internal temperature of 41 F or below. The operator failed to ensure food items were served at the proper temperature.	S3298		
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	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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
S3320	Continued From page 14 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: KAR 28-39-254 (a) The facility reported a census of 11 residents. Based on observation, record review and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - Observations during the initial tour on 10/25/23 revealed the following: At 08:37 AM the eastside "Storage" room was unlocked and had the following chemicals: Nine - 121 fluid ounce (fl. oz.) containers of Great Value Bleach Eleven - 21 oz. containers of Ajax Oxygen Bleach Cleanser Three - quart containers of ACS Isopropyl Alcohol Antiseptic Two - one-gallon containers of Intercon Clear Blue glass cleaner One - gallon container of ACS Glass Cleaner	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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
S3320	Continued From page 15 Three - quart spray bottles of Great Value All Purpose Cleaner with Bleach Five canisters of Great Value Disinfecting wipes. One - 3.78-quart container of Clorox Bleach One - 3.78-quart container of Great Value Bleach One box of Great Value Ultimate Fresh Dryer Sheets. One gallon can of Sherwin Williams Captivate Paint & Primer-n-One Three spray cans of IND/COM Stainless Steel Cleaner One 2.5-gallon container of Intercon Destainer Three containers of 2.43 gallons of XTRA detergent Observation on 10/25/23 at 08:51 AM of the laundry room revealed the following unlocked chemicals: One box of Great Value Ultimate Fresh dryer sheets One 2.43-gallon container of XTRA detergent One 2.53-quart bottle of Great Value bleach One quart bottle of Intercon Viscous bowl & restroom cleaner One 24 fl. oz. bottle of Great Value Toilet Bowl Cleaner One quart spray bottle of ACS isopropyl Alcohol antiseptic One box of 20 Mule Team Borax Detergent Booster On 10/25/23 at 05:20 PM Administrative Staff A stated the storage and laundry rooms should be locked. The 2022 "Health and Safety" policy documented, "Storage in a clean and safe area is important for all chemicals."	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF FT SCOTT	820 S HORTON STREET FORT SCOTT, KS 66701

(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
S3320	Continued From page 16 The operator failed to ensure staff kept chemicals locked for resident safety.	S3320		