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 _____	10/14/2025

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 the licensure resurvey with attached complaint numbers 191525 and 191468, for the above named facility conducted on 10/13/25 and 10/14/25.	S 000		
S 225 SS=F	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the	S 225		

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

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S 225	Continued From page 1 resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: K.A.R. 26-39-102 (a) (1) (C) (3) The facility reported a census of 19 residents. The sample included 3 "Residents'" (R)'s . Based on record review and interview for R1 and R2 and all residents of the facility, the Operator failed to ensure at the time of admission a written agreement that described in detail the services and goods the resident would receive and specified the obligations that the resident had toward the care home for all residents. Findings included: - Record Review for R1 revealed an admission date of 08/20/23 with diagnoses of hypertension,	S 225		

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S 225	Continued From page 2 unspecified dementia, repeated falls, and Alzheimer's disease with late onset. Review of R1's "Functional Capacity Screen" (FCS) dated 06/21/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring and walking/mobility. R1 lacked the ability to manage her own medications, was incontinent, and had impaired short-term memory, long-term memory, memory recall and impaired decision making. R1 was able to make herself understood and she understood others. Review of R1's combined "Negotiated Service Agreement"(NSA)/"Health Service Plan" (HSP) dated 06/21/24 instructed facility staff to provide physical assistance for bathing, dressing, toileting, transferring, and walking/mobility. Facility staff were instructed to administer R1's medications. Review of the facility provided document titled "Resident Service Agreement" dated 08/18/23 and signed by R1's "Responsible Party" on 09/05/23, revealed under the section titled "Standard Monthly Services" the following; "There are routine services and amenities, which are included in the base monthly fee (Independent Level). As your needs exceed the base monthly fee, an additional three levels of care as described on the attached exhibit entitled Care levels addendum. R1's "Resident Service Agreement" lacked an attached exhibit entitled Care levels addendum, and further lacked documentation of the R1's monthly obligation to the facility.	S 225		

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S 225	Continued From page 3 Under the section titled "Negotiated Service Agreement/Health Care Plan" revealed the following: "The level of care and service you require determines you monthly fee as indicated on the "Monthly Resident and Service Fee addendum." R1's "Resident Service Agreement" lacked an attached "Monthly Resident and Service Fee addendum" showing R1's monthly obligation to the facility. Under the Section titled "Financial Arrangements A. Monthly Fees" it revealed the following: "The company will provide an itemized monthly billing statement showing current charges, payments received and the balance due for all services and supplies. - Record review for R2 revealed an admission date of 10/28/24 with diagnoses of hypertension, hypothyroidism, and bilateral hip replacement. Review of R2's FCS dated 10/24/24 revealed R2 required physical assistance with dressing and transferring. R1 required supervision with dressing and walking/mobility. Review of R2's combined NSA/HSP dated 10/28/24 instructed facility staff to provide physical assistance with bathing, transferring, and assistance with putting on her shoes and socks. Facility staff would provide stand by assistance with walking and management and administration of R2's medications.	S 225		

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S 225	Continued From page 4 Review of the facility provided document titled "Resident Service Agreement" dated 10/28/24 and signed by R2's "Responsible Party" revealed under the section titled "Standard Monthly Services" the following; "There are routine services and amenities, which are included in the base monthly fee (Independent Level). As your needs exceed the base monthly fee, an additional three levels of care as described on the attached exhibit entitled Care levels addendum. R2's "Resident Service Agreement" lacked an attached exhibit entitled Care levels addendum, and further lacked documentation of the R2's monthly obligation to the facility. Under the section titled "Negotiated Service Agreement/Health Care Plan" revealed the following: "The level of care and service you require determines you monthly fee as indicated on the "Monthly Resident and Service Fee addendum." R2's "Resident Service Agreement" lacked an attached "Monthly Resident and Service Fee addendum" showing R2's monthly obligation to the facility. Under the Section titled "Financial Arrangements A. Monthly Fees" it revealed the following: "The company will provide an itemized monthly billing statement showing current charges, payments received and the balance due for all services and supplies. Interview on 10/14/25 at approximately 09:00 AM	S 225		

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S 225	Continued From page 5 with Operator/Registered Nurse A confirmed the facility admission contracts for all residents lack the documentation on each contract the resident's financial obligation. Operator / Registered Nurse A continued to state when she goes out to perform the screening prior to admission, she will provide the families a levels of care pricing sheet, and then she will call the families after she enters the information into the computer system from the screening to let them know what the actual cost per month will be. The Operator failed to ensure at the time of admission a written agreement that described in detail the services and goods the resident would receive and specified the obligations that the resident had toward the care home for all residents.	S 225		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be	S3028		

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S3028	Continued From page 6 reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-101 (f) (3) (A) (C) (E) The facility reported a census of 19 residents. The sample 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to report to the department within 24 hours an allegation of neglect of services when a medication error was made that involved R2. The Operator continued to fail to open a full investigation on the allegation of neglect of identifying the resident before the medication was administered, and the Operator further failed to submit the completed report to the department within five working days the completed investigation. Findings included: - Record review for R2 revealed an admission date of 10/28/24 with diagnoses of hypertension, hypothyroidism, and bilateral hip replacement.	S3028		

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S3028	Continued From page 7 Review of R2's "Functional Capacity Screen" (FCS) dated 10/24/24 revealed R2 required physical assistance with bathing and transferring. R2 required supervision with dressing, walking/mobility, and management of her medications. R2 was cognitively intact and was able to maker herself understood and she understood others. R2 used a walker and wheelchair mobility device. Review of R2's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) dated 10/28/24 under the section titled "Medication Management" identified facility staff would administer R2's medications. Review of R2's electronic "Medial Record" under the "Progress Notes" tab revealed the following entries: On 07/12/25 at 03:19 PM a nursing note revealed that the nurse spoke with R2's family regarding the "Medication Error", and the nurse answered all questions. The nurse continued to document that the emergency room doctor suggested monitoring vital signs for two hours and then discontinue if R2's vital signs remained within her normal limits. "Explained training procedures in place to prevent the error from happening again". On 07/12/25 at 07:44 PM a health status note revealed R2's condition was "baseline. No changes to resident condition noted". R2 appeared to be without new signs or symptoms. R2 denied any adverse side effects.	S3028		

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S3028	Continued From page 8 Review of the facility provided document titled "Staff to Nurse/Director Communication Sheet" dated 07/12/25 and signed by "Certified Medication Aide" (CMA) F revealed that on 07/12/25 she received a call from R2 stating that R2 was ready for breakfast and that she only received 1 pill. CMA F checked the "Medication Administration Record" (MAR) and R2's medications and saw the night shift CMA G had administered R2's medications already. CMA F wrote that R2 called her back to R2's room and showed her the "cup" that CMA F brought her medications to R2 in and the "cup" that CMA G brought her medications to her in. "The one I had said E8" the cup CMA G gave R2 "said 14 which is a completely different resident." CMA F wrote that she checked the other resident room and the medication cup had "8" on it. CMA F wrote that she did vitals on both residents and called Operator/Registered Nurse A for further instructions. Interview on 10/14/25 at approximately 11:15 AM with Operator/Registered Nurse A and Regional Licensed Nurse B by phone. Regional Licensed Nurse B confirmed that the medication error was not reported to the department, she stated that based on the facilities "decision tree" there was not a need to report since the resident did not experience a harmful outcome. Operator/Registered Nurse A confirmed there was not a full investigation on why the medications were in labeled medication cups and why the residents were not identified prior to the administration of the mediations. Operator/Registered Nurse A confirmed the facility CMA's should not be pre-popping resident medications and taking them to other resident	S3028		

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S3028	Continued From page 9 rooms. The Operator failed to report to the department within 24 hours an allegation of neglect of services when a medication error was made that involved R2. The Operator continued to fail to open a full investigation on the allegation of neglect of identifying the resident before the medication was administered, and the Operator further failed to submit the completed report to the department within five working days the completed investigation.	S3028		
S3081 SS=E	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-201 (c) (1) The facility reported a census of 19 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure a screening was performed determining each residents functional capacity was performed at least every 365 days	S3081		

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S3081	Continued From page 10 for R1 and R3. Findings included: - Record Review for R1 revealed an admission date of 08/20/23 with diagnoses of hypertension, unspecified dementia, repeated falls, and Alzheimer's disease with late onset. Review of R1's "Functional Capacity Screen" (FCS) dated 06/21/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring and walking/mobility. R1 lacked the ability to manage her own medications, was incontinent, and had impaired short-term memory, long-term memory, memory recall and impaired decision making. R1 was able to make herself understood and she understood others. - Record Review for R3 revealed an admission date of 01/01/21 with diagnoses of hypertension and unspecified dementia. Review of R3's FCS dated 08/02/24 revealed R3 was independent with bathing, dressing, toileting transferring, walking/mobility, eating, and she managed her own medications. R3 had impaired short-term memory, memory/recall, and impaired decision making. Interview on 10/14/25 at approximately 01:50 PM with Operator/Registered Nurse A confirmed the FCSs for R1 and R3 were greater then 365 days old.	S3081		

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S3081	Continued From page 11 The Operator failed to ensure a screening was performed determining each residents functional capacity was performed at least every 365 days for R1 and R3.	S3081		
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: K.A.R. 26-41-202 (h) The facility reported a census of 19 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreements for R1 and R2. Findings included: - Record Review for R1 revealed an admission date of 08/20/23 with diagnoses of hypertension, unspecified dementia, repeated falls, and Alzheimer's disease with late onset. Review of R1's "Functional Capacity Screen"	S3101		

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S3101	Continued From page 12 (FCS) dated 06/21/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring and walking/mobility. R1 lacked the ability to manage her own medications, was incontinent, and had impaired short-term memory, long-term memory, memory recall and impaired decision making. R1 was able to make herself understood and she understood others. Review of R1's combined "Negotiated Service Agreement"(NSA)/"Health Service Plan" (HSP) dated 06/21/24 instructed facility staff to provide physical assistance for bathing, dressing, toileting, transferring, and walking/mobility. Facility staff were instructed to administer R1's medications. The R1's combined NSA/HSP lacked signatures of each individual involved in the development of the NSA. - Record review for R2 revealed an admission date of 10/28/24 with diagnoses of hypertension, hypothyroidism, and bilateral hip replacement. Review of R2's FCS dated 10/24/24 revealed R1 required physical assistance with dressing and transferring. R1 required supervision with dressing and walking/mobility. Review of R2's combined NSA/HSP instructed facility staff to provide physical assistance with bathing, transferring, and assistance with putting on her shoes and socks. Facility staff would provide stand by assistance with walking and management and administration of R2's	S3101		

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S3101	Continued From page 13 medications. R2's combined NSA/HSP lacked signatures of each individual involved in the development of the NSA. Interview on 10/14/25 at approximately 09:00 AM with Operator/Registered Nurse A confirmed the NSA's for R1 and R2 lacked signatures of each individual involved in the development of the NSA. The Operator failed to ensure at the time of admission a written agreement that described in detail the services and goods the resident would receive and specified the obligations that the resident had toward the care home for all residents. The Operator failed to ensure each individual involved in the development of the NSA signed the agreements for R1 and R2.	S3101		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970	S3248		

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S3248	Continued From page 14 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-102 (d) (4) The facility reported a census of 19 residents. The sample 5 newly hired employees. Based on record review and interview the Operator failed to provide supporting documentation that newly hired Director E did not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual had been known to work as a Certified Nurse Aide (CNA). Findings included: - Review of newly hired Director E revealed she began her employment on 05/20/24. The personnel record contained a copy of her out of state drivers license and a document titled "Candidate Profile" that revealed newly hired Director E's address was out of state. Under the	S3248		

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	N006008	A. BUILDING: _____ B. WING _____	10/14/2025

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S3248	Continued From page 15 section titled "Employment History" a job title of "CNA - Clinic Nurse" was listed. Newly hired Director E's personnel record lacked a registry check from each stated in which she had been known to work as a CNA. Interview on 10/14/24 at approximately 12:45 PM with Operator/Registered Nurse A with Regional Manager C by phone. Regional Manager C confirmed she failed to check the CNA registry in each stated newly hired Director E had been known to work as a CNA. The Operator failed to provide supporting documentation that newly hired Director E did not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual had been known to work as a Certified Nurse Aide CNA.	S3248		
S9999	Final Observations 9999 K.A.R. 26-39-101 (h) scope/severity of F The facility reported a census of 19 residents. Based on interview and record review the Licensee failed to notify the department within two working days when there was a change of operator, provide the name and address of the new operator, and provide evidence that the individual had completed the Operator course as specified by the secretary of the Kansas department of health and environment pursuant to K.S.A. 39-923 and amendments thereto when	S9999		

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S9999	Continued From page 16	S9999		

the facility terminated the Operator D on 03/19/24 and Operator A was confirmed by the department on 12/05/24.

Findings included:

- Record review of Operator D's personnel record revealed her employment was terminated on 03/19/24.

Review of Operator D's personnel record revealed a document titled "Licensure/Registration Application Receipt" dated 08/02/23 from the departments Licensing Administrator that revealed Operator D made a payment to the department.

- Review of the facility provided document titled "Personnel Hired Since Last Survey Review" dated 10/14/25 revealed Director E was hired on 05/20/24.

Review of the facility provided undated and untitled document of terminated employees revealed Director E terminated on 10/07/24.

Review of Director E's personnel file revealed a document titled "Job Description" dated 01/23/22. Under the section titled "Qualifications" it revealed the following: "Successful management experience in health care or similar field with thorough knowledge of state and federal regulations with an Operator, Manager, or Administrator license", signed by Director E and Regional Manager C on 05/02/24.

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S9999	Continued From page 17	S9999		

Director E's personnel record lacked documentation of the completion of the Operators Course, and the Director E's personnel record lacked documentation of an Operator's certificate number.

- Record review for Operator / Registered Nurse (RN) A revealed she began her employment on 05/20/24 as the facility RN.

Review of an email to Operator/RN A dated 12/05/24 from the departments Licensure and Certification Specialist revealed that the departments files were amended to "reflect that as of 11/26/24" Operator/RN A was the new Operator of the facility.

Interview on 10/14/25 at approximately 12:15 PM with Operator/RN A and Regional Manager C by phone. Regional Manager C confirmed she could not provide documentation notifying the department within two days of the change of Operator for the facility when Operator D was terminated. Regional Manager C stated that she went "to the help desk on the web site". Regional Manager C stated that she sends all new hire and termination information to the "Corporate" office for processing.

The Licensee failed to notify the department within two working days when there was a change of operator, provide the name and address of the new operator, and provide evidence that the individual had completed the Operator course as specified by the secretary of the Kansas department of health and environment pursuant to K.S.A. 39-923 and amendments thereto when the facility terminated

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S9999	Continued From page 18 the Operator D on 03/19/24 and Operator A was confirmed by the department on 12/05/24.	S9999		