

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N047002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/05/2025
NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 607 COURT PLACE LAKIN, KS 67860		
(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 represent the findings of a resurvey for the above named Assisted Living facility conducted on 11/05/25.	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 16 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 based on the resident's "Functional Capacity Screen"	S3085		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3085	Continued From page 1 (FCS), service needs, and preferences for Resident (R)101 and R103. Findings included: - R101's medical record revealed she moved into the facility on 01/20/25 with a diagnosis of dementia. - The 05/05/25 FCS identified R101 triggered for inappropriate behaviors. - The 05/05/25 NSA did not address what services staff provided to address R101's inappropriate behaviors. - On 11/05/25 at 02:20 PM Administrative Nurse A stated R101 at times yelled at other residents and staff and cause some disruption in the dining room. Administrative Staff A stated R101 was easily redirected by staff when she exhibited these inappropriate behaviors. - The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R103's medical record revealed she moved into the facility on 06/12/24 with a diagnosis of Alzheimer's Disease. - The 06/11/25 FCS identified R103 had impaired vision. - The 06/11/25 NSA did not address what services staff provided R103 concerning her impaired vision.	S3085		

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S3085	Continued From page 2 On 11/05/25 at 02:25 PM Administrative Nurse A confirmed R103's NSA did not address what services staff provided her concerning impaired vision and stated she expected this to be addressed. The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		
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 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.	S3320		

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S3320	Continued From page 3 This REQUIREMENT is not met as evidenced by: 3320 KAR 28-39-254(a) The facility reported a census of 16 residents. Based on observation, record review the operator failed to ensure staff secured all chemicals to maintain the safety of all residents and visitors. Findings included: - An observation on 11/05/25 at 10:20 AM of the library revealed a large, unlocked rolling cabinet with nail polish and supplies along with numerous bottles of nail polish neatly arranged and mounted on the wall. The following unlocked chemicals with the warning label of "KEEP OUT OF REACH OF CHILDREN" were observed: One 1-fluid ounce (fl. oz.) bottle of Sally Hansen Instant Cuticle Remover - One 19 oz. spray can of Great Value Citrus Scent Disinfectant Spray - One 15 oz. spray can of Brody Chemicals Disinfectant Spray - One container of Equate Regular nail polish remover - One canister of PDI Sani-Cloth Plus Germicidal Disposable Cloths The library also contained craft supplies to	S3320		

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S3320	Continued From page 4 include : One 11 oz. spray can of Elmer's Craft Bond Acid Free Multi-Purpose Spray Adhesive also with the "KEEP OUT OF REACH OF CHILDREN" warning label. The "Cleaning Supplies and Chemical Storage" policy retrieved 11/2025 documented, " ...will ensure all residents' safety by assuring that all cleaning supplies and chemicals are kept in locked cabinets in non-resident areas." The operator failed to ensure staff kept chemicals locked for resident and visitor safety.	S3320		