

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N063013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2025
NAME OF PROVIDER OR SUPPLIER GUEST HOME ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 400 S MCGEE STREET CANEY, KS 67333		
(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 196940, 196455, 196341, and 190562, for the above named facility conducted on 11/05/25 and 11/06/25.	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: K.A.R. 26-41-202 (a)(1) (2) (3) The facility reported a census of 23 residents. The sample included 6 "Residents" and 1 focused review. Based on record review and interview the Operator failed to ensure the	S3085		

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

TITLE

(X6) DATE

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S3085	Continued From page 1 "Negotiated Service Agreement" (NSA)'s for R4 and R6 contained a description of services the residents would receive, the provider of the services the residents would receive, and identification for payment when an outside resource provided a service. Finding included: - Record review for R4 revealed an admission date of 02/24/25 with diagnoses of type two diabetes, depression, insomnia, chronic obstructive pulmonary disease, hypertension, and last stage lung cancer. Review of R4's combined "Functional Capacity Screen" (FCS) / "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) dated 02/24/25 revealed R4 required physical assistance from staff for bathing. R4 was independent with dressing, toileting, transferring, walking/mobility, and eating. R4 lacked the ability to manage her own medications and medical treatments. Staff were instructed to administer R4's medications and medical treatments. R4 had impaired short-term memory, memory/recall, and decision making. R4 used a walker mobility device. R4's combined FCS/NSA/HSP lacked documentation of an outside hospice provider. Review of R4 "Medical Record" under the "Notes" tab revealed the following note: On 05/15/25 at 05:05 PM "Licensed Nurse" (LN) B documented that a local hospice nurse had	S3085		

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S3085	Continued From page 2 arrived to admit R4 to hospice services. Interview on 11/06/25 at approximately 07:00 PM with LN B confirmed R4 was receiving services from an outside provider for hospice services. - Record review for R6 revealed an admission date of 10/24/24 with diagnoses of acute chronic systolic congestive heart failure, myoclonus, paroxysmal atrial fibrillation, peripheral vascular disease, hypertension, unspecified depression, and angina pectoris. Review of R6's combined FCS/NSA/HSP dated 02/28/25 revealed R6 was independent with eating. R6 required physical assistance from staff for bathing, toileting, transferring, mobility, and dressing. R6 was cognitively intact, and she lacked the ability to manage her own medications. Facility staff to administer and manage R6's medications. R6 used a walker and wheelchair mobility device. Review of R6's NSA/FCS/HSP addendum dated 06/20/25 revealed R6 discharged from physical therapy. Review of R6's "Medical Record" under the "Notes" tab revealed the following entry; On 09/04/25 at 04:00 PM LN B documented that she received a call from a local hospice agency stating R6 had been admitted to hospice. Interview on 11/06/25 at approximately 07:00 PM with LN B confirmed R6 was receiving services from an outside provider for hospice services.	S3085		

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S3085	Continued From page 3 The Operator failed to ensure the NSA's for R4 and R6 contained a description of services the residents would receive, the provider of the services the residents would receive, and identification for payment when an outside resource provided a service	S3085		
S3201 SS=D	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident 's medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (d) (3) (B) The facility reported a census of 23 residents. The sample included 6 "Residents" and 1 focused review. Based on record review and	S3201		

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S3201	Continued From page 4 interview the Operator failed to ensure "Certified Medication Aide" (CMA) A identified the correct resident prior to administering the medications. This failure allowed CMA A to administer medications to R1 that were not R1's medications. Finding included: - Record review for R1 revealed an admission date of 03/27/24 with diagnoses of diabetes mellitus, hypertension, obesity, bipolar disorder, and chronic kidney disease. Review of R1's combined "Functional Capacity Screen" (FCS) / "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) dated 03/27/25 revealed R1 required physical assistance from facility staff for bathing and dressing. R1 required supervision for toileting, dressing, and eating. R1 lacked the ability to manage her own medications and medical treatments, and facility staff were instructed to administer R1's medications. R1 was cognitively intact and used a walker mobility device. Review of R1's "Medical Record" under the "Notes" tab revealed the following entry: On 09/12/24 at 07:15 PM "Licensed Nurse" (LN) B documented that R1 had received a call from CMA A stating that R1 had been administered another residents medications. Review of the facility provided handwritten document titled "Witness Statement" signed by CMA A and dated 09/12/24 revealed that she	S3201		

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S3201	Continued From page 5 took another resident's medications into R1's room and "administer medication". CMA A continued to write that after she stepped out of R1's room CMA A realized she administered another resident's medication to R1. Interview on 11/06/25 at approximately 02:00 PM with LN B confirmed CMA A did administer the wrong medications to R1. The Operator failed to ensure "Certified Medication Aide" (CMA) A identified the correct resident prior to administering the medications. This failure allowed CMA A to administer medications to R1 that were not R1's medications.	S3201		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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.	S3280		

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S3280	Continued From page 6 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-104 (d) (3) The facility reported a census of 23 residents. The sample included 6 "Residents" and 1 focused review. Based on record review and interview the Operator failed to ensure a quarterly review of the facility's emergency management plan with employees. Finding included: - Review of the facility provided document titled "In-Service Training Record 2025" revealed next to the topic of "Disaster Procedures" the date of 01/28. The document lacked any dates after 01/28. Review of the facility provided document titled "Disaster Awareness Sign In Sheet" dated "01/25" revealed nine employees signed that they had been informed on the listed disasters. Interview on 11/06/25 at approximately 07:00 PM with Operator C confirmed she could not provide documentation for the second and third quarters for 2025. The Operator failed to ensure a quarterly review of the facility's emergency management plan with employees.	S3280		