Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067008	A. BUILDING: _____ B. WING _____	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES III	7440 220TH ROAD CHANUTE, KS 66720

(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 197379, 194288, and 191177, for the above named facility conducted on 12/02/25 and 12/04/25.	S 000		
S3026 SS=E	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-101 (f)(1)(C) The facility reported a census of 13 residents. The sample included 6 residents and 1 focused review. Based on interview, the Operator failed to protect "Resident" (R) 2 from exploitation when "Certified Medication Aide" (CMA) A received $125.00 from her. The operator further failed to protect R3 from exploitation when CMA A took him to the bank, and he withdrew $50.00 and gave it to CMA A. Findings included:	S3026		

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
	N067008	A. BUILDING: _____ B. WING _____	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES III	7440 220TH ROAD CHANUTE, KS 66720

(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
S3026	Continued From page 1	S3026		

- Record review for R2 revealed an admission date of 06/01/23 with diagnoses of chronic obstructive pulmonary disease, rheumatoid arthritis, insomnia, alcohol abuse with intoxication, major depressive disorder, generalized anxiety disorder, muscle weakness, repeated falls, and need for assistance with personal care.

Review of R2's combined "Functional Capacity Screen" (FCS)/ "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) dated 06/02/25, revealed R2 was independent with bathing, toileting, transferring, . She required occasional supervision with dressing, walking, and was usually continent. R2 was cognitively intact and was able to make herself understood and she understood others. Under the section titled "Money Management" R2 had a "Power Of Attorney" listed who R2 relied on for legal and financial matters. Under the section titled "Special Assessment and Monitoring; Impaired Decision Making" it was documented that R2's "family to assist with major decisions as needed. Staff to assist with minor decisions as needed".

Review of R2's "Medical Record" under the "Nurse Notes" tab revealed the following entry;

11/13/25 (not time documented) "Registered Nurse" (RN) B documented that she spoke to E2 about giving money to a staff member.

Review of the facility provided document titled "Reporting Facility" revealed that CMA A had accepted $125.00 from R2.

Review of the facility provided "Witness

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067008	A. BUILDING: _____ B. WING _____	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES III	7440 220TH ROAD CHANUTE, KS 66720

(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
S3026	Continued From page 2	S3026		

Statement" dated 11/14/25, unnotarized and signed by R2, revealed CMA A was in R2's room, and that CMA A was on CMA A's cell phone. R2's witness statement revealed that CMA A verbalized that CMA A was unable to buy "cigarettes, pay her bills, or buy groceries". R2's witness statement revealed that CMA A asked R2 for money, R2 had $125.00 in cash and that she gave it to CMA A with the understanding it was a loan.

Interview with R2 on 12/04/25 at approximately 12:50 PM confirmed CMA A had been "fretting" because she was unable to pay her bills. R2 stated CMA A did not ask her for a specific amount of money. R2 stated that at the time she had $125.00 in cash, and she gave it to CMA A.

- Record review for R3 revealed an admission date of 04/10/25 with diagnoses of abdominal aortic aneurysm, atherosclerotic heart disease, coronary artery disease, chronic obstructive pulmonary disease, generalized anxiety disorder, hypertension, major depression, pulmonary valve disease, and Agoraphobia (anxiety disorder marked by intense fear of places or situations where escape feels difficult or help unavailable).

Review of R3's combined "Functional Capacity Screen" (FCS)/ "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) dated 04/10/25, revealed R3 independent with all "Activities of Daily Living" (ADL)'s, was cognitively intact, and was able to make himself understood and he understood others. Under the section titled "Transportation Services; Shopping" it was documented that R3 did not go shopping due to his anxiety. Under the section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067008	A. BUILDING: _____ B. WING _____	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES III	7440 220TH ROAD CHANUTE, KS 66720

(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
S3026	Continued From page 3	S3026		

titled "Money Management" it was documented that R3 was "Independent" with his money management.

Review of the facility provided document titled "Reporting Facility" revealed that CMA A had asked R3 for money in 10/2025, and CMA A drove R3 to the bank where he withdrew $50.00 and gave it to CMA A.

Review of the facility provided "Witness Statement" dated 11/13/25 unnotarized and signed by R3 revealed R3 had been transported to the bank in 10/2025, and he withdrew $50.00 and gave it to CMA A. R3's statement confirmed that he thought this was a loan to CMA A. R3 confirmed in the statement that CMA A did not pay back the $50.00 and then the first part of 11/2025 CMA A approached him again and asked him for $200.00. R3's statement confirmed he did not give CMA A the requested $200.00.

Interview on 12/04/25 at approximately 01:30 PM with R3 revealed he was unable to recall how many times that CMA A approached him for money. R3 stated that she did ask him for $200.00 and that he did not give her $200.00. R3 continued to state that CMA A did ask him for money and CMA A did drive him to the bank where he withdrew $50.00 and gave it to CMA A. R3 continued to confirm he thought it was a loan.

The Operator failed to protect R 2 from exploitation when CMA A received $125.00 from R2. The operator further failed to protect R3 from exploitation when CMA A took him to the bank, and he withdrew $50.00 and gave it to CMA A.