

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N002001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER GUEST HOME ESTATES VII		STREET ADDRESS, CITY, STATE, ZIP CODE 806 W 4TH STREET GARNETT, KS 66032		
(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 complaints 196983, 197375, 197472, and 197827at the above Residential Health Care Facility conducted on 01/27/26, 01/28/26 and 01/29/26.	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: 3085 KAR 26-41-202(a)(1) The facility reported a census of nine residents with three residents included in the sample and three abbreviated record reviews completed.	S3085		

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

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N002001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER GUEST HOME ESTATES VII		STREET ADDRESS, CITY, STATE, ZIP CODE 806 W 4TH STREET GARNETT, KS 66032		
(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 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" (FCS), service needs, and preferences for Resident (R)104, R105 and R106. Findings included: - R104's medical record revealed she moved into the facility on 01/10/26 with a diagnosis of cerebral infarction. The 01/10/26 FCS identified R104 triggered for impaired vision. The 01/10/26 NSA did not address what services staff provided R104 concerning her impaired vision. On 01/29/26 at 11:15 AM "Licensed Nurse" (LN) B confirmed R104's NSA did not address what services staff provided her concerning her impaired vision. The operator failed to ensure R104's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R105's medical record revealed she moved into the facility on 04/23/24 with a diagnosis of dysphagia. The 04/23/25 FCS identified R105 was at risk for falls. The 04/23/25 NSA did not address what services	S3085		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N002001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER GUEST HOME ESTATES VII		STREET ADDRESS, CITY, STATE, ZIP CODE 806 W 4TH STREET GARNETT, KS 66032		
(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 staff provided R105 concerning risk for falls. On 01/29/26 at 11:15 AM LN B confirmed R105's NSA did not address what services staff provided concerning falls. The operator failed to ensure R105's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R106's medical record revealed she moved into the facility on 10/16/18 with a diagnosis of diabetes mellitus. The 04/23/25 FCS identified R106 was at risk for falls. The 04/23/25 NSA did not address what services staff provided R106 concerning risk for falls. On 01/29/26 at 11:17 AM LN B confirmed R106's NSA did not address what services staff provided concerning falls. The operator failed to ensure R106's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall	S3215		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N002001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER GUEST HOME ESTATES VII		STREET ADDRESS, CITY, STATE, ZIP CODE 806 W 4TH STREET GARNETT, KS 66032		
(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
S3215	Continued From page 3 store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: 3215- KAR 26-41-205(h) The facility reported a census of nine residents. Based on observation and record review, the operator failed to ensure all medications and biologicals were properly stored in accordance with each manufacturer's recommendations.	S3215		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N002001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER GUEST HOME ESTATES VII		STREET ADDRESS, CITY, STATE, ZIP CODE 806 W 4TH STREET GARNETT, KS 66032		
(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
S3215	Continued From page 4 Findings included: - On 01/27/26 at 02:32 PM an observation of the medication room refrigerator revealed one vial of Tubersol was opened and dated 10/24/25. The vial of Tubersol, the original packaging it came in and the product insert all documented the vial should be discarded after 30 days if it had been entered and in use. The operator failed to ensure medications and biologicals were stored in accordance with manufacturer's recommendations.	S3215		
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 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,	S3248		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N002001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER GUEST HOME ESTATES VII		STREET ADDRESS, CITY, STATE, ZIP CODE 806 W 4TH STREET GARNETT, KS 66032		
(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
S3248	Continued From page 5 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: 3248 KAR 26-41-102(d)(2) The facility reported a census of nine residents. Based on interview and record review, the operator failed to ensure four of five newly hired employees records included evidence of supporting documentation for criminal background checks of newly hired facility staff was completed. Findings included: - Review of employee files conducted on 01/27/26 revealed the following: "Licensed Nurse" (LN) B was hired on 10/27/25. The operator was unable to provide a copy of a "Kansas Bureau of Investigations" (KBI) criminal background check completed upon hire. Dietary Staff C was hired on 11/03/25. The operator was unable to provide a copy of a Kansas Bureau of Investigation criminal background check completed upon hire. "Certified Medication Aide" (CMA) D was hired	S3248		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N002001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER GUEST HOME ESTATES VII		STREET ADDRESS, CITY, STATE, ZIP CODE 806 W 4TH STREET GARNETT, KS 66032		
(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
S3248	Continued From page 6 on 10/10/25. The operator was unable to provide a copy of a Kansas Bureau of Investigation criminal background check completed upon hire. Maintenance Staff E was hired on 12/31/25. The operator was unable to provide a copy of a Kansas Bureau of Investigation criminal background check completed upon hire. On 01/27/26 at 03:45 PM Administrative Staff A stated they were not able to access the criminal background results from the KBI website, so she did not have the KBI background checks available. The operator failed to ensure criminal background checks were completed for newly hired staff.	S3248		