STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N065004	A. BUILDING: _____ B. WING _____	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORTON COUNTY SENIOR LIVING	500 4TH STREET ELKHART, KS 67950

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Assisted Living facility conducted on 10/21/25 and 10/22/25.	S 000		
S3101 SS=D	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: 3101 KAR 26-41-202(h) The facility reported a census of 15 residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)102 was signed by all individuals involved in the development of the NSA to include the nurse responsible for the development of the NSA. Findings included: - R102's medical record revealed he moved into the facility on 08/29/25 with a diagnosis of atrial fibrillation.	S3101		

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

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S3101	Continued From page 1 The 08/21/25 NSA documented signatures for the resident and the operator but was not signed by the nurse who developed the NSA. On 10/22/25 at 12:03 PM Administrative Staff A confirmed R102's NSA was not signed by the nurse involved with the development of the NSA. The operator failed to ensure R102's NSA was signed by all individuals involved in the development of the NSA.	S3101		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: 3165 KAR 26-41-204(d) The facility reported a census of 15 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)102 and R103. Findings included:	S3165		

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S3165	Continued From page 2 - R102's medical record revealed he moved into the facility on 08/29/25 with a diagnosis of atrial fibrillation. R102's most recent NSA was completed on 08/21/25 and did not identify the nurse responsible for the implementation and supervision of the health care services plan. On 10/22/25 at 12:03 PM Administrative Staff A confirmed R102's NSA did not identify the nurse responsible for the implementation and supervision of the care plan. The operator failed to ensure R102's NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan. - R103's medical record revealed she moved into the facility on 04/05/24 with a diagnosis of gait/balance disturbance. R103's most recent NSA was completed on 10/10/25 and did not identify the nurse responsible for the implementation and supervision of the health care services plan. On 10/22/25 at 11:48 AM Administrative Staff A confirmed R103's NSA did not identify the nurse responsible for the implementation and supervision of the care plan. The operator failed to ensure R103's NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan.	S3165		

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S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41 204 (i) The facility reported a census of 15 residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure designated staff completed an assessment for Resident (R)101 to confirm her bed assist device was not a restraint, to determine the purposes of the bed assist device, to assess the residents' ability to use the bed assist device safely, that the bed assist devices were securely attached to the bed or bedframe, and they posed no risk for entrapment. Findings included: -R101's medical record revealed she moved into the facility on 11/28/22 with a diagnosis of chronic pain. The 09/17/25 "Functional Capacity Screen" (FCS) documented R101 was independent with transfers. The 09/17/25 "Negotiated Service Agreement" (NSA) documented R101 used a U-shaped bed	S3171		

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S3171	Continued From page 4 assist device to help transfer in and out of bed. R101's medical records lacked evidence of documentation of a completed bed assist device assessment. On 10/22/25 at 10:45 AM an observation of R101's apartment revealed there was a U-shaped bed assist device attached to the left-hand side of the bed. This device was properly attached to the bed but had an open space between the uprights that measured 12 inches across. On 10/21/25 at 03:00 PM Administrative Staff B confirmed R101 did not have a bed assist device assessment completed for the use of the U-shaped bed assist device attached to her bed. On 10/22/25 a request was made for a bed rail policy but none was provided. The operator failed to ensure designated staff completed an assessment for R101 to confirm her bed assist device was not a restraint, to determine the purposes of the bed assist device, to assess the residents' ability to use the bed assist device safely, and the bed assist device posed no risk for entrapment.	S3171		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family	S3175		

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S3175	Continued From page 5 member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: 3175 KAR 26-41-205(a)(1) The facility reported a census of 15 residents. The sample included three residents. Based on interview and record review the facility failed to ensure R101's medical records contained documentation of a completed medication self-administration assessment. Findings included: -R101's medical record revealed she moved into the facility on 11/28/22 with a diagnosis of chronic pain. The 09/17/25 "Functional Capacity Screen" (FCS) documented R101 required physical assistance with medication administration.	S3175		

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S3175	Continued From page 6 The 09/17/25 "Negotiated Service Agreement" (NSA) documented staff administered R101's medications. The NSA did not identify that R101 self-administered her estradiol cream. A physician order for Estradiol Vaginal Cream 1 gram, topically applied vaginally, resident to self-administer for urinary tract symptoms. Review of R101's medical records failed to locate a medication self-administration assessment completed for topically applying medicated creams. On 10/22/25 at 12:15 PM Administrative Staff A stated she was not able to locate a self-administration assessment for estradiol cream. The operator failed to ensure a medication self-administration assessment was completed for R101's use of medicated creams.	S3175		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.	S3186		

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S3186	Continued From page 7 This REQUIREMENT is not met as evidenced by: 3186 KAR 26-41-205(b) The facility reported a census of 15 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101 identified the responsible person for administration and management of selected medications. Findings included: -R101's medical record revealed she moved into the facility on 11/28/22 with a diagnosis of chronic pain. The 09/17/25 "Functional Capacity Screen" (FCS) documented R101 required physical assistance with medication administration. The 09/17/25 "Negotiated Service Agreement" (NSA) documented staff administered R101's medications. The NSA did not identify that R101 self-administered her estradiol cream. A physician order for Estradiol Vaginal Cream 1 gram, topically applied vaginally, resident to self-administer for urinary tract symptoms. On 10/22/25 at 12:15 PM Administrative Staff A confirmed R101's NSA did not identify the resident self-administered her estradiol cream.	S3186		

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S3186	Continued From page 8 The operator failed to ensure the NSA identified who was responsible for administration and management of R101's estradiol cream.	S3186		
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 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	S3215		

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S3215	Continued From page 9 expiration. This REQUIREMENT is not met as evidenced by: 3215 KAR 26-41-205(h)(1) The facility reported a census of 15 residents. Based on observation and interview, the operator failed to ensure resident medications were securely stored. Findings included: - An observation on 10/21/25 at 12:45 PM revealed the locked nurses' station contained a medication cart that was left unlocked. Administrative Staff A who was not a Certified Medication Aide or a Licensed nurse had access to the nurses' station and the unlocked medication cart. The unlocked medication cart contained numerous medications, both supplied by the pharmacy and "Over the Counter" (OTC) medications for multiple residents. On 10/22/25 at 10:45 AM an observation of Resident (R)101's apartment revealed there was a tube of prescription triamcinolone cream on the bedside table. An observation of the nurses' station on 10/22/25 at 10:50 AM revealed both the medication cart and refrigerator were unlocked.	S3215		

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S3215	Continued From page 10 On 10/22/25 at 11:09 AM "Certified Medication Aide" (CMA) B stated the nurses' station door was always locked but that all care staff had access to this room. CMA B stated staff administered R101's triamcinolone cream but thought she no longer needed it. On 10/22/25 a policy concerning medication storage was requested from Administrative Staff B but none was provided. The operator failed to ensure medications were securely stored to ensure only licensed nurses and medication aides had access to medications.	S3215		
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 11 This REQUIREMENT is not met as evidenced by: 3280 KAR 26-41-104(d)(3) The facility reported a census of 15 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 10/22/25 Administrative Staff A provided copies of the "Quarterly Review of Emergency Management Plan" with residents and with staff. Review of these documents revealed lack of documentation of quarterly reviews completed for the first, second and third quarters of 2025 with staff and lack of documentation of a quarterly review with residents completed for the first quarter of 2025. On 10/22/25 at approximately 10:30 AM Administrative Staff A provided documentation of reviews of the emergency management plan and acknowledged reviews had not been completed on a quarterly basis. The operator failed to ensure the completion of quarterly reviews of the emergency management plan with employees and residents.	S3280		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies	S3310		

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S3310	Continued From page 12 (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: 3310 KAR 26-41-207(c) The facility reported a census of three residents. Based on record review and interview the administrator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Resident (R)101 moved into the facility on 11/28/22 with a diagnosis of chronic pain. Review of R101's medical records failed to locate an annual TB Symptom Screen Questionnaire	S3310		

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S3310	Continued From page 13 completed for 2024. On 10/21/25 at 03:00 PM Administrative Staff A confirmed R101 did not have an annual TB Symptom Screen Questionnaire completed for 2024. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - R102 moved into the facility on 08/29/25 with a diagnosis of atrial fibrillation. Review of R102's medical records failed to locate a TB Symptom Screen Questionnaire completed upon admission to the facility. On 10/22/25 at 12:03 PM Administrative Staff A stated she was not able to locate an admission TB symptom screen questionnaire in R102's medical record. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire within 7 days of residency." The operator failed to ensure the compliance	S3310		

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S3310	Continued From page 14 with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - R103 moved into the facility on 04/05/24 with a diagnosis of gait/balance disturbance. Review of R103's medical records failed to locate a TB Symptom Screen Questionnaire completed annually. On 10/22/25 at 11:48 AM Administrative Staff A stated she was unable to locate an annual TB symptom screen questionnaire completed for R103 in her medical records. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		
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	S3320		

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S3320	Continued From page 15 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. This REQUIREMENT is not met as evidenced by: 3320 KAR 28-39-254 (a) The facility reported a census of 15 residents. Based on observation, and record review the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - Observations during initial tour on 10/20/25 at 12:33 PM revealed the following chemicals with "KEEP OUT OF REACH OF CHILDREN" warning labels found unlocked under the sink in the unlocked staff breakroom: One 32-ounce (oz.) spray bottle of Great Value Glass Cleaner	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N065004	A. BUILDING: _____ B. WING _____	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORTON COUNTY SENIOR LIVING	500 4TH STREET ELKHART, KS 67950

(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
S3320	Continued From page 16 One 1-gallon container BETCO Quat-Stat disinfectant One 19 oz. spray can of Sprayway glass cleaner One 32 fluid (fl.) oz. spray bottle of Trueliving multi-purpose cleaner One 14.2 oz . spray can of Pledge furniture polish One 28 fl. oz. bottle of Mr. Clean multi-purpose cleaner An observation of the dining room at approximately 03:22 PM revealed the following chemicals located in an unlocked cabinet under the dining room sink with "KEEP OUT OF REACH OF CHILDREN" warning labels: One 17 oz. spray can of Misty Dualcide P3 broad spectrum pesticide One 17.5 oz. spray can of RAID wasp and hornet spray One 19 oz. spray can of Sprayway glass cleaner One 19 oz. spray can of Lysol disinfectant spray One 1-gallon container of Rental One heavy duty carpet cleaner On 10/22/25 the operator provided an undated and untitled policy that documented, "Cleaning chemicals, sanitizing solutions, and supplies must be kept in a locked closet, cabinet, or room at all times."	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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
S3320	Continued From page 17 The operator failed to ensure staff kept chemicals locked for resident safety.	S3320		