STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N066008	A. BUILDING: _____ B. WING _____	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF SENECA	1700 COMMUNITY DRIVE SENECA, KS 66538

(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 represents the findings of a resurvey with attached complaint 193409, 192140, 191470, and 190364 at the above named assisted living facility conducted on 09/23/25-09/24/25.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(2) The facility reported a census of 12 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for Resident (R)3 on change of condition. Findings included: - Record review for R3 revealed an admission date of 05/02/24 with a diagnosis of diabetes mellitus type two.	S3081		

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

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S3081	Continued From page 1 The 08/22/25 FCS identified R3 required physical assistance with management of medications and treatments; was independent with bathing, dressing, toileting, transfers, mobility, eating; and was identified at risk of falls. The 03/11/25 (most recent) "Service Plan Report" which is the facility's combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HSP) identified facility staff would administer medications to R3. The NSA/HSP failed to identify services to prevent R3 from falling. Review of R3's chart revealed an FCS was not completed at the time she was readmitted from a hospitalization. The 05/06/25 at 11:33 AM "Health Status Note" documented R3 returned from the hospital with physical therapy, occupational therapy, and home health. On 09/24/25 at approximately 03:13 PM Administrative Staff A confirmed R3 did not have a new FCS or NSA completed upon return from hospitalization in May and she would have had a change in condition with new orders for therapy. The operator failed to ensure designated staff completed an FCS for R3 upon change of condition.	S3081		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each	S3082		

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S3082	Continued From page 2	S3082		

resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-201(d)

The facility reported a census of 12 residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure designated facility staff documented the residents' functional capacity accurately on the functional capacity screening form for Resident (R) 1 and R2.

Findings included:

- Record review for R1 revealed an admission date of 08/01/22 with diagnoses including restless leg syndrome and osteoarthritis.

The 01/16/25 Functional Capacity Screen (FCS) identified R1 required physical assistance with bathing and management of medications and treatments; was independent with dressing, toileting, transfers, walking/mobility, and eating. She had no cognitive difficulties, was understandable and understood others during communication, was frequently incontinent of bladder, was at risk of falls, and had impaired vision.

The 02/13/25 (most recent) "Service Plan Report" is the facilities combined Negotiated Service Agreement and Healthcare Service Plan (NSA/HSP) which acknowledged facility staff

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S3082	Continued From page 3 provided assistance with bathing and dressing her bottom half. R1 could perform transfers, toileting, and eating independently. Facility staff provided management of medications. The NSA/HSP failed to describe services provided for prevention of falls. On 09/24/25 at approximately 03:18 PM Administrative Staff A confirmed R1's FCS failed to accurately reflect her capacity at the time of screening. - Record review for R2 revealed an admission date of 04/04/25 with a diagnosis of dementia. The 07/07/25 FCS identified R2 was independent with bathing, dressing, toileting, transfers, mobility, eating, and was at risk for falls. The 04/10/25 (most recent) NSA/HSP identified staff set up R2 for bathing. On 09/24/25 at 03:08 PM Administrative Staff A confirmed R2 required staff assistance with all aspects of bathing and his FCS failed to reflect his capacity. The operator failed to ensure designated facility staff documented the residents' functional capacity accurately on the functional capacity screening form for Resident (R) 1 and R2.	S3082		
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	S3085		

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S3085	Continued From page 4 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 12 residents with three residents included in the sample. Based on interview, observation, and record review the operator failed to ensure the Negotiated Service Agreement (NSA) was based on the resident's Functional Capacity Screen (FCS), service needs, and preferences for resident (R)1 and R3 including a description of the services the resident received. Findings included: - Record review for R1 revealed an admission date of 08/01/22 with diagnoses including restless leg syndrome and osteoarthritis.	S3085		

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S3085	Continued From page 5 The 08/20/25 FCS identified R1 required physical assistance with bathing, dressing, toileting, walking/mobility, eating, and management of medications and treatments. She needed supervision with transfers, had no cognitive difficulties, was understandable and understood others during communication, was frequently incontinent of bladder, was at risk of falls, and had impaired vision. The 02/13/25 (most recent) "Service Plan Report" is the facilities combined Negotiated Service Agreement and Healthcare Service Plan (NSA/HSP) which acknowledged facility staff provided assistance with bathing and dressing her bottom half. R1 could perform transfers, toileting, and eating independently. Facility staff provided management of medications. The NSA/HSP failed to describe services provided for prevention of falls. Review of "Health Status Notes" revealed the resident sustained falls on 04/16/24, 05/20/24, 06/20/24, 09/17/24, 11/14/24, 11/23/24, 12/01/24, 01/11/25, 02/12/25, 03/31/25, 04/10/25, 06/26/25, 07/02/25, 07/30/25, and 08/15/25. Review of nurse note on 06/20/24 at 05:30 PM revealed the staff would begin assisting R1 with dressing and activities of daily living. On 09/24/25 at approximately 01:33 PM R1 stated staff assist her with getting up, dressed, to and from the bathroom, and to and from meals and activities. She was to use her call light to prevent from falling. On 09/24/25 at 02:42 PM Administrative Staff A	S3085		

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S3085	Continued From page 6 confirmed R1's NSA failed to describe the services provided for prevention of falls, dressing, or toileting. The operator failed to ensure R1's NSA described the services she received based on her FCS. - Record review for R3 revealed an admission date of 05/02/24 with a diagnosis of diabetes mellitus type two. The 08/22/25 FCS identified R3 required physical assistance with management of medications and treatments; was independent with bathing, dressing, toileting, transfers, mobility, eating; and was identified at risk of falls. The 03/11/25 (most recent) NSA/HSP identified facility staff would administer medications to R3. The NSA/HSP failed to identify services to prevent R3 from falling. Review of "Health Status Note" on 05/14/25 at 11:52 AM revealed R3 was seen for physical therapy and instructed R3 to continue doing exercises on her own. On 09/24/25 at approximately 03:50 PM Administrative Staff A confirmed R3's NSA failed to describe the services provided for prevention of falls. The operator failed to ensure R3's NSA described the services she received based on her FCS.	S3085		

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S3171	Continued From page 7	S3171		
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 12 residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure a licensed nurse completed an assessment including safety of device without risk of entrapment and to confirm the bed assist device was installed properly for Residents (R) 2. Findings included: - Record review for R2 revealed an admission date of 04/04/25 with a diagnosis of dementia. The 07/07/25 Functional Capacity Screen (FCS) identified R2 was independent with transfers and was at risk for falls. The 04/10/25 (most recent) "Service Plan Report" which is the facility's combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HSP) identified R2 was independent with transfers and facility staff made sure assistive devices were in good repair and personal items were within reach to reduce risk	S3171		

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S3171	Continued From page 8 of falls. The 04/04/25 "Bed Rail Assessment" failed to indicate no zone of entrapment and security of device. Observation on 09/24/25 at approximately 03:52 PM revealed a bed cane was attached to the left side of R2's bed. There was a 12-inch gap between the cane rails that lacked a cover to prevent entrapment between the rails. On 09/24/25 at approximately 03:52 PM R2 stated he used the bed assist device to get and in and out of bed. On 09/24/25 at approximately 03:28 PM Administrative Staff A confirmed R2's bed rail assessment failed to include zone of entrapment and security assessment. The operator failed to ensure a licensed nurse completed an assessment including safety of device without risk of entrapment and to confirm the bed assist device was installed properly for Residents (R) 2.	S3171		
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	S3280		

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S3280	Continued From page 9 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 12 residents. Based on interview and record review the operator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with all residents and staff. Findings included: - Review of the facility's emergency plan records lacked evidence of documentation quarterly reviews were completed with staff during the fourth quarter of 2024 and with residents since the last survey. On 09/23/25 at 03:12 PM Administrative Staff A confirmed the facility's record lacked documentation reviews of the emergency management plan were completed quarterly with staff and residents. The operator failed to provide evidence of	S3280		

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S3280	Continued From page 10 documentation quarterly reviews of the facility's emergency management plan were completed with all residents and staff.	S3280		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 12 residents. The facility had a main kitchen where food was stored, prepared, and served with a refrigerator and two freezers and additional freezer and refrigerators located in the maintenance closet and the laundry room. Based on observation and interview the operator failed to ensure food items were stored under safe conditions. Findings included: - Observation on 09/23/25 at approximately 01:40 PM in a storage room with maintenance supplies revealed a freezer which stored food for the residents. A thermometer was not found in the freezer nor a temperature log. - Observation on 09/23/25 at 01:46 PM in the laundry revealed a refrigerator and freezer	S3299		

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S3299	Continued From page 11 combination unit without thermometers in each space or a temperature log. On 09/23/25 at approximately 02:45 PM temperature logs were requested for the units in the storage room and laundry. Dietary staff D confirmed she did not find any nor has she ever logged temperatures for those units. On 09/23/25 at 03:48 PM Administrative Staff A confirmed temperatures are expected to be logged for all freezer and refrigeration units. The operator failed to ensure foods were stored under safe conditions.	S3299		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (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:	S3310		

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S3310	Continued From page 12 KAR 26-41-207(c) The facility reported a census of 12 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for one resident and one staff. Findings included: - Record review for R2 revealed an admission date of 04/04/25 with a diagnosis of dementia. Review of R2's record revealed the first step of the two-step TB skin test was administered 04/04/25 and did not have a read date. The second step was administered 04/23/25 also without a read date. On 09/24/25 at 03:20 PM Administrative Staff A confirmed R2's record lacked read dates of the TB two-step test. - Review of Certified Nurse Aide (CNA) E's employee record revealed a hire date of 05/22/25 and lacked evidence of documentation of TB testing. On 09/24/25 at 03:20 PM Administrative Staff A confirmed CNA E's record lacked evidence of documentation of TB testing. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee and each new resident shall receive a two-step TB skin test within seven days	S3310		

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S3310	Continued From page 13 of employment or admission. The skin test should be read 48-72 hours from administration. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		