STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N066009	A. BUILDING: _____ B. WING _____	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO MEMORY CARE OF SENECA	1702 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 an initial survey for the above named assisted living facility conducted on 05/21/25.	S 000		
S3050 SS=F	26-41-101 (k) Ombudsman (k) Ombudsman. Each administrator or operator shall ensure the posting of the names, addresses, and telephone numbers of the Kansas department on aging and the office of the long-term care ombudsman with information that these agencies can be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the facility. The administrator or operator shall ensure that this information is posted in an area readily accessible to all residents and the public. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(k) The facility reported a census of two residents. Based on observation and interview the operator failed to ensure the ombudsman and the department's names, addresses, and telephone numbers were posted in a common area accessible to all residents and the public. Findings included: - Observation on 05/21/25 at 09:58 AM during the initial tour revealed the ombudsman and the department's names, addresses, and telephone	S3050		

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

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S3050	Continued From page 1 numbers were not posted in a common area. On 05/21/25 at 09:58 AM Licensed Nurse C confirmed the ombudsman and the department's names, addresses, and telephone numbers were not posted in a common area. The operator failed to ensure the ombudsman and the department's names, addresses, and telephone numbers were posted in a common area accessible to all residents and the public.	S3050		
S3296 SS=F	26-41-206 (c) (1) Dietary Services Weekly Menu (c) (1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (c) (1) The facility reported a census of two residents. The facility had a main kitchen where food was served to all residents. Based on interview and observation the operator failed to ensure menus were available to each resident on at least a weekly basis. Findings included: - Observation on 05/21/25 at 10:30 AM of the kitchen and common areas revealed no menu posted for residents. On 05/21/25 at 11:16 AM Certified Nurse Aide D confirmed there was no menu posted for the	S3296		

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S3296	Continued From page 2 residents. The facility's "Head Cook/Lead Cook" job description instructed the head cook to post each week's menu in an area available to all residents at all times. The operator failed to ensure menus were available to each resident on at least a weekly basis.	S3296		
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 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.	S3320		

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S3320	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of two residents. Based on observation and interview the operator failed to ensure the facility was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas. Findings included: - Observation on 05/21/25 at 09:59 AM of the public bathroom revealed one eight ounce spray bottle of Glade air freshener with label that read "Keep out of reach of children." On 05/21/25 at 10:00 AM Licensed Nurse C confirmed chemical was not stored in a locked area. - Observation on 05/21/25 at 10:18 AM of the kitchen revealed an unlocked cabinet under the double bowl sink which contained the following chemicals with labels that read "Keep out of reach of children": One container dishwasher pacs, 78 pacs One container dishwasher pacs, 62 pacs Two containers disinfecting wipes, 75 wipes One 38 fluid ounce bottle of Dawn dish soap One 40 fluid ounce spray bottle of cleaning vinegar One 19 ounce aerosol can of disinfectant spray One 12.5 ounce aerosol can of dusting spray One 9 ounce aerosol can of furniture polish	S3320		

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S3320	Continued From page 4 One 23 fluid ounce spray bottle of Windex On 05/21/25 at approximately 10:20 AM Certified Nurse Aide D confirmed chemicals were not stored in a locked area. - Observation on 05/21/25 at 01:45 PM of R2's room revealed one eight-ounce spray bottle of Febreeze air freshener with label that read "Keep out of reach of children." The facility's "Infection Control Training" revised 2022 instructed staff to store chemicals in a locked cabinet in laundry. The training failed to instruct staff on storage of chemicals outside of the laundry room. The operator failed to ensure the building was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas.	S3320		