STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N073002	A. BUILDING: _____ B. WING _____	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING OF LARNED	714 W 9TH STREET LARNED, KS 67550

(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 citation represents the findings of the licensure resurvey for the above named assisted living facility conducted on 09/15/25.	S 000		
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 census equaled 15 residents. The sample included 3 residents. Based on record review, interview and observation, Operator/ Licensed Nurse (LN) A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 record review Resident (R)1. Findings included: - Resident roster obtained on 09/15/25 from Operator/ LN A revelaed one resident had a bed assistive device (R1). - Record review for R1 revealed an admission date of 06/18/21 with diagnoses of spinal stenosis, hypertension, hyperlipidemia and dysphagia.	S3171		

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

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S3171	Continued From page 1 The "Functional Capacity Screen" dated 06/05/25 recorded the resident was independent with dressing and toileting, required supervision with transfer and walk/mobility and required physical assistance with bathing, eating management of medications and was unable to perform management of treatments. R1 had impaired memory/ recall, was at risk for falls/ unsteadiness and had impaired vision. R1 used a walker for ambulation. Review of R1's "Negotiated Service Agreement/ Health Care Service Plan" (NSA/HCSP) dated 06/05/25 recorded staff assisted R1 with bathing twice weekly, provided cueing and assistance with eating, administered medications and provided reminders for meals, activities and appointments. The NSA/HCSP further recorded R1 used an upright walker independently in his room and supervision was provided by staff in common areas. The NSA failed to identify the use of a bed assistive device used for transfers and/or repositioning. Record review lacked an assessment of the bed assistive device to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device and an annual safety check assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation with LN B on 09/15/25 at 01:20 PM	S3171		

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S3171	Continued From page 2 in R1's room revealed a bed assist device to the left side of his bed. The bed assist device was not secured to the bed. Interview on 09/15/25 at approximately 01:35 PM with LN B confirmed a bed assistive device assessment was not completed for R1 and further stated she was not aware who placed the bed assistive device on R1's bed or when it was placed. Electronic interview on 09/16/25 at 09:39 AM with Operator/ LN A confirmed she was unaware who placed the bed assistive device or when it was placed. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Operator/ LN A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 record review Resident (R)1.	S3171		

Kansas Department on Aging

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