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| CREDO SENIOR LIVING OF BELLEVILLE LLC | 530 23RD STREET BELLEVILLE, KS 66935 |

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| S 000 | INITIAL COMMENTS<br><br>The following represents the findings of a resurvey with attached complaints 196048, 19602, 193494, and 192335 at the above named assisted living facility conducted on 07/07/25 and 07/08/25. | S 000 | | |
| S3092 SS=E | 26-41-202 (d) Negotiated Service Agreement Revisions<br><br>(d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days;<br>(2) following any significant change in condition, as defined in K.A.R. 26-39-100;<br>(3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and<br>(4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(d)(2)<br><br>The facility reported a census of 16 residents with three residents included in the sample, one focused review, and one closed record review. Based on interview and record review the operator failed to ensure facility staff revised the Negotiated Service Agreement (NSA) based on residents' Functional Capacity Screen (FCS), | S3092 | | |

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

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| S3092 | Continued From page 1 | S3092 | | |

service needs, and preferences for Residents (R) 1 and R3 upon change in condition.

Findings included:

- Record review for R1 revealed an admission date of 10/10/23 with a diagnosis of Alzheimer's.

The 02/05/25 FCS identified R1 required physical assistance with bathing, was independent with toileting, and had no cognition difficulties.

The 04/01/25 FCS identified R1 required supervision with bathing and toileting; was incontinent of bladder; had long-term memory, memory/recall, and decision-making difficulties; and had impaired vision.

The 10/24/24 (most recent) service plan which is the facility's combined Negotiated Service Agreement and Healthcare Service Plan (NSA/HCP) identified facility staff of one would provide assistance with bathing. R1 was independent with toileting, managing her glasses, and would make appropriate decision on her own for cognition.

R1's record lacked evidence of a revised NSA since 02/05/25.

- Record review for R3 revealed an admission date of 04/01/22 with diagnoses of depression, gastritis, heart failure, hypertension, edema, insomnia, and atrial fibrillation.

The 12/16/24 FCS identified R3 required physical assistance with bathing, was unable to

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| S3092 | Continued From page 2<br>perform management of medications or treatments, was incontinent of bladder, and was at risk of falls.<br><br>The 04/01/25 FCS identified R3 was independent with bathing, required physical assistance with management of medications and treatments, was continent of bladder, and had memory/recall and decision-making difficulties. The FCS failed to identify R3's impaired hearing.<br><br>The 01/09/25 (most recent) NSA/HCP was completed at admission and identified facility staff would provide assistance with bathing. The NSA/HSP documented R3 required assistance for cognition without providing any services.<br><br>R3's record lacked evidence of a revised NSA since 01/09/25.<br><br>On 07/07/25 at 12:53 PM Administrative Nurse C confirmed she has not revised any NSA/HSPs but has completed FCS quarterly.<br><br>The facility's "Functional Capacity Screen" policy revised in 2022 detailed the FCS was to be used as a basis for determining the services included on the NSA/HSP. The "Negotiated Service Agreement/Health Care Plan Policy" revised 2022 explained the services on the NSA/HSP will meet the needs of the resident.<br><br>The operator failed to ensure facility staff revised NSAs based on residents' FCSs, service needs, and preferences for R1 and R3 upon change in condition. | S3092 | | |

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| S3165 | Continued From page 3 | S3165 | | |
| S3165 SS=F | 26-41-204 (d) Health Care Services<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(d)<br><br>The facility reported a census of 16 residents with three residents included in the sample, one focused review, and one closed record review. Based on record review and interview the operator failed to ensure the Negotiated Service Agreement (NSA) for all residents listed the licensed nurse responsible for implementing and supervising their Healthcare Service Plans (HSP).<br><br>Findings included:<br><br>- Record review for Resident (R)1, R2, R3, R4, and R5 revealed the NSAs failed to name the licensed nurse responsible for implementing and supervising the HSPs.<br><br>On 07/07/25 at 12:49 PM during the entrance interview Administrative Staff A stated Administrative Nurse C is responsible for the HSPs and was hired into the position in February of 2025.<br><br>On 07/07/25 at 12:53 PM Administrative Nurse C | S3165 | | |

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| S3165 | Continued From page 4<br>confirmed she had not completed new NSAs or addendums for any of the residents to document that she was the licensed nurse responsible for the HSPs.<br><br>The facility's "Health Care Services" policy revised 2022 explained the NSA/HSP will include the name of the licensed nurse responsible for supervision of the plan.<br><br>The operator failed to ensure all residents' NSAs named the licensed nurse responsible for implementing and supervising their HSPs. | S3165 | | |
| S3175 SS=E | 26-41-205 (a) (1) Self Administration of Medication<br><br>(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 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.<br>(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.<br><br>This REQUIREMENT is not met as evidenced | S3175 | | |

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| S3175 | Continued From page 5<br>by:<br>KAR 26-41-205(a)(1)<br><br>The facility reported a census of 16 residents with three included in the sample, one focused record review, and one closed record review. Based on interview and record review the operator failed to ensure a licensed nurse performed an assessment to determine if Resident (R) 1 and R4 could self-administer medications safely.<br><br>Findings included:<br><br>- Record review for R1 revealed an admission date of 07/25/23 with a diagnosis of dementia.<br><br>The 04/01/25 Functional Capacity Screen (FCS) identified R1 was unable to perform management of medications or treatments.<br><br>The 10/24/24 (most recent) service plan which is the facility's combined Negotiated Service Agreement and Healthcare Service Plan (NSA/HCP) identified facility staff of one would order and administer medications to R1.<br><br>Review of R1's July 2025 medication administration record revealed estradiol 0.1 milligram per gram vaginal cream and triamcinolone acetonide 0.1% were ordered to keep at resident's bedside and she could apply independently.<br><br>R1's record lacked evidence of documentation a medication self-administration assessment to apply estradiol or triamcinolone creams were completed. | S3175 | | |

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| S3175 | Continued From page 6<br><br>Observation 07/08/25 at 12:58 PM of R1's apartment revealed two tubes of estradiol vaginal cream in bathroom cabinet drawer.<br><br>On 07/08/25 at 01:08 PM Certified Medication Aide E stated R1 applies creams herself.<br><br>- Record review for R4 revealed an admission date of 04/01/22 with diagnoses of atrial fibrillation and edema.<br><br>The 04/07/25 FCS identified R4 was unable to perform management of medications and treatments.<br><br>The 10/30/24 NSA/HSP identified facility staff of one would order and administer medications to R4.<br><br>Review of R4's July 2025 medication administration record revealed Mucinex Maximum Strength ordered to be taken every twelve hours as needed and Refresh eye drops to be used three times a day.<br><br>Observation on 07/08/25 at 12:42 PM of R4's apartment revealed one bottle of Miralax, one box of Mucinex 10 caplets, one bottle pepto bismol, five bags of mentol cough drops, one bottle biotin, one box of Refresh eye drop vials, one bottle mature multivitamins, one bottle vitamin B12 supplement, and one bottle of PreserVision eye vitamins.<br><br>On 07/08/25 at 12:48 PM R4 stated she has some cough drops in her apartment that she takes on her own. | S3175 | | |

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| S3175 | Continued From page 7<br><br>R4's record lacked evidence of documentation a medication self-administration assessment to administer any of her medications was completed.<br><br>On 07/08/25 at 03:44 PM Administrative Staff A confirmed R1 and R4's records lacked medication self-administration assessments.<br><br>The facility's "Medication Management" policy revised in 2022 read all residents were offered the opportunity to self-administer medications and were given assessments to determine safe functionality.<br><br>The operator failed to ensure a licensed nurse performed an assessment to determine if R1 or R4 could self-administer medications safely. | S3175 | | |
| S3227 SS=E | 26-41-205 (l) (2) Medication Regimen Review Variance Report<br><br>(l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. | S3227 | | |

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| S3227 | Continued From page 8<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(l)(2)<br><br>The facility reported a census of 16 residents with three residents included in the sample, one focused review, and one closed record review. Based on interview and record review the operator failed to ensure a licensed nurse notified Resident (R) 1, R2, and R4's medical care provider of variances identified in the medication regimen reviews by the licensed pharmacist; and failed to ensure a licensed nurse sought a response within five working days.<br><br>Findings included:<br><br>- Record review for R1 revealed an admission date of 07/25/23 with a diagnosis of dementia.<br><br>The 04/13/24 Consultant Pharmacist's "Medication Review" note for R1 documented to get new laboratory test completed to adjust medication (Eliquis) related to her kidney function and to get parameters for holding her blood pressure medication (metoprolol).<br><br>The 06/30/24 Consultant Pharmacist's "Medication Review" note for R1 recommended to get parameters for holding metoprolol added to the medication order.<br><br>R1's record lacked evidence that her physician was notified and that her physician responded to the recommendations. | S3227 | | |

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| S3227 | Continued From page 9<br><br>- Record review for R2 revealed an admission date of 09/23/24 with diagnoses of myalgia, postural orthostatic tachycardia, gastroesophageal reflux disorder, and hypertensive heart.<br><br>The 04/13/24 Consultant Pharmacist's "Medication Review" note for R2 identified a duplicate order for pantoprazole and recommended to clarify which order should be used.<br><br>The 06/30/24 Consultant Pharmacist's "Medication Review" note for R2 again noted a duplicate order for pantoprazole and recommended to clarify which order should be used and instructed the facility to add a strength of medication to the meloxicam order.<br><br>R2's record lacked evidence that her physician was notified and that her physician responded to the recommendations.<br><br>- Record review for R3 revealed an admission date of 04/01/22 with diagnoses of depression, gastritis, heart failure, hypertension, edema, insomnia, and atrial fibrillation.<br><br>The 04/13/24 Consultant Pharmacist's "Medication Review" note for R3 recommended to get hold parameters for her blood pressure medication atenolol and updated laboratory test for new medication potassium chloride.<br><br>The 06/30/24 Consultant Pharmacist's "Medication Review" note for R3 recommended to get hold parameters for her blood pressure | S3227 | | |

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| S3227 | Continued From page 10<br>medication atenolol and to obtain administration instructions for trazodone with the indication.<br><br>R3's record lacked evidence that her physician was notified and that her physician responded to the recommendations.<br><br>On 07/08/25 at 01:01 PM Administrative Nurse C stated she had never seen any recommendations from the pharmacist therefore had not followed up on any.<br><br>The operator failed to ensure a licensed nurse notified medical care providers for R1, R2, and R4 of variances identified in the medication regimen reviews by the licensed pharmacist; and failed to ensure a licensed nurse sought a response from the medical care providers regarding the variances within five working days. | S3227 | | |
| S3280 SS=F | 26-41-104 (d) Disaster and Emergency Preparedness<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;<br>(2) education of each resident upon admission to the facility regarding emergency procedures;<br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br>(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 | S3280 | | |

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| S3280 | Continued From page 11<br>secure location.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-104(d)(3)<br><br>The facility reported a census of 16 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.<br><br>Findings included:<br><br>- Review of the facility's emergency plan records lacked evidence of documentation quarterly reviews were completed with staff during the second, third, and fourth quarter of 2024 and with residents since the last survey.<br><br>On 07/08/25 at 03:04 PM Administrative Staff A confirmed the facility's record lacked documentation reviews of the emergency management plan were completed quarterly with all residents and all staff.<br><br>The operator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with all residents and staff. | S3280 | | |
| S3310 SS=F | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(b) (5) prohibiting any employee with a | S3310 | | |

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| S3310 | Continued From page 12<br>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;<br>(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<br>(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<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-207(c)<br><br>The facility reported a census of 16 residents with three residents included in the sample and five staff record reviews. 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.<br><br>Findings included:<br><br>- Record review for Resident (R) 3 revealed an admission date of 01/09/25 with a diagnosis of dementia.<br><br>R3's first step of the two-step TB skin test was administered 02/11/25 (over 4 weeks after | S3310 | | |

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| S3310 | Continued From page 13<br>admission) and read on 02/14/25. The second step was administered 2/26/25 and read 03/01/25.<br><br>R3's record lacked evidence of documentation a completed TB skin test was started within seven days of residency.<br><br>On 07/08/25 at approximately 04:22 PM Administrative Nurse C confirmed R1's TB skin test was not administered within seven days of admission.<br><br>- Review of Certified Nurse Aide (CNA) D's employee record revealed a hire date of 03/27/25. Her record included administration of a first TB skin test on 05/21/25 with no read date and lacked evidence of documentation of a second step indicating incomplete TB testing.<br><br>On 07/07/25 at 12:49 PM Administrative Staff A confirmed CNA D's record lacked evidence of documentation of completed TB testing.<br><br>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 of employment or admission.<br><br>The facility's "TB Skin Tests" policy last revised in 2022 described each new employee and resident would begin a two-step test within seven days of residency or employment.<br><br>The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes | S3310 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N079003 | A. BUILDING: _____ B. WING _____ | 07/08/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CREDO SENIOR LIVING OF BELLEVILLE LLC | 530 23RD STREET BELLEVILLE, KS 66935 |

| (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 |
|---|---|---|---|---|
| S3310 | Continued From page 14<br>adopted by reference in KAR 26-39-105 which had the potential to affect all residents. | S3310 | | |