

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>17E534</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>10/24/2016</b> |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ATTICA LONG TERM CARE FACILITY</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>302 N BOTKIN</b><br><b>ATTICA, KS 67009</b>                         |                      |   |
| (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) COMPLETION DATE |   |
| F 000   | INITIAL COMMENTS  | F 000   |   |                      |   |
| F 226<br>SS=C   | <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>The facility census totaled 44 residents. Based on interview and record review the facility failed to develop an abuse, neglect, and exploitation policy, which included a cell phone usage and social media policy with specifics for training current and new staff regarding the policy.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During an interview on 10/18/16 at 12:51 PM administrative staff A reported the facility had a policy in place regarding phone communications and pieces of it had been added to the ANE (Abuse, neglect and exploitation) policy. Administrative nursing staff B reported he/she completed an in-house inservice on 4-20-16 but did not include training related to cameras and phone use because it was reviewed, upon hire, as a part of the handbook.</li> <li>During an interview on 10/18/16 at 1:47 PM administrative staff A reported he/she understood that the current policy for social networking and other web-based communications policy did not</li> </ul> | F 226   |   |                      |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 226   | Continued From page 1<br>include how the facility planned to train staff.<br><br>Review of the ANE policy dated 8/2016 lacked specific information related to resident photographs and/or social media. Review of the undated social networking and other web-based communications policy lacked specifics related to how the facility would train current and new staff related to the policy on photographs and/or social media.<br><br>The facility failed to incorporate the process for training of current and new staff in the social networking and other web-based communications policy. | F 226   |   |   |