

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

PRINTED: 04/08/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>17E528</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRYSIDE HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>440 SE WOODLAND AVE</b> <b>TOPEKA, KS 66607</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  The following citations represent the findings of complaint investigation #98172.	F 000			
F 323 SS=D	A revised 2567 was sent to the facility on 4/8/16. 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: The facility identified a census of 82 residents. The sample included 3 residents. Based on observation, interview, and record review the facility failed to provide adequate supervision for resident #1, who left the facility without staff knowledge.  Findings included:  - The Electronic Health Records for resident #1 documented diagnoses that included schizophrenia (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought), unspecified intellectual disability (developmental disorder characterized by less than average intelligence), and deaf (nonspeaking).	F 323			
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 323	<p>Continued From page 1</p> <p>The annual Minimum Data Set Assessment dated 1/28/16, recorded the resident with intact short and long-term memory, modified independence with decision-making, and independent with activities of daily living.</p> <p>The Care Area Assessment (CAAs) for cognition dated 2/3/16 documented the resident was deaf, alert and oriented, and communicated through gestures and writing. The CAA for activities documented the resident was independent with activities such as riding his/her bike when weather was appropriate, went on walks independently, and went to the store.</p> <p>An elopement assessment dated 1/28/16, documented the resident was not at risk for elopement.</p> <p>The care plan dated 2/4/16 documented the resident did not have a history of elopement and could demonstrate signing in/out when leaving the facility. The resident could do so independently, but may not always do this. The resident had a tendency to take him/herself to hospitals/clinics out in the community even when he/she did not have any scheduled appointments. Staff educated the resident to let them know when he/she needed something and the facility doctors could take care of issues as well.</p> <p>New interventions added: On 3/10/16, the resident was familiar with the surroundings community and frequently takes him/herself around town on his/her bike. The resident had a history of not signing out. On 3/17/16, social services staff discussed with the resident the importance of notifying staff of when he/she would be leaving, and educated the resident on the facility policy of signing out when</p>	F 323			

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F 323	<p>Continued From page 2 leaving the facility.</p> <p>The facility reported incident dated 3/9/16 recorded at approximately 6:45 P.M. the resident walked to the bus station and purchased a ticket to [a metropolitan area, where he/she was originally from]. The resident did not notify staff of when he/she would return. Staff attempted to locate the resident at 10:00 P.M. and notified the local police for an alert watch.</p> <p>Social service note dated 3/11/16 at 2:30 P.M., documented the resident reported he/she went to [a metropolitan area] because he/she wanted to see the dentist and get his/her dentures fixed. Social services explained to the resident that he/she would be able to get those services here at the facility. The resident stated he/she did intend to return to the facility and planned to do so by bus and revealed he/she had money to purchase the return ticket.</p> <p>Review of the resident's 2-hour check sheet, on 3/9/16 documented at 8:00 P.M. and 10:00 P.M., staff documented the resident was OOF (out of the facility).</p> <p>Review of the funds sign out book, recorded the resident withdrew \$24 on 3/8/16.</p> <p>According to Wunderground.com, the temperature on 3/9/16 at 6:53 P.M., the temperature was 54 degrees Fahrenheit, clear, a north wind of 4.6 miles per hour, and twilight occurred at 6:24 P.M.</p> <p>Record review of the sign in/out sheet on 3/24/16 documented the resident failed to sign out of 3/9/16, but did sign out on 3/24/16 at 10:00 A.M.;</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>however, documentation revealed the resident failed to sign back in.</p> <p>Observation on 3/24/16 at 2:35 P.M. revealed the resident walked in the dining room with a slow steady gait.</p> <p>During a written interview on 3/24/16 at 6:10 P.M., revealed when asked how he/she let staff know when he/she left, shook head yes to, signing out. When asked if he told them when he/she would be back, the resident pointed to administrative staff A, and agreed he/she told this staff member. When asked if the facility helped set up appointments for eyes, ears, and teeth, the resident pointed to the word teeth.</p> <p>On 3/24/16 at 1:00 P.M., an interview with administrative nursing staff D revealed, on 3/9/16, the resident walked to the bus station, bought a ticket, and went to see the dentist that made his/her dentures. Administrative nursing staff D revealed the resident failed to sign out.</p> <p>On 3/24/16 at 3:47 P.M., direct care staff P revealed the resident was alert, oriented, and can read. The facility staff performed 2-hour checks on the location of all residents. Staff P reported the resident did not always sign out and he/she reminded the resident to sign out when leaving.</p> <p>On 3/24/16 at 4:10 P.M., direct care staff O revealed the resident did not always sign out.</p> <p>On 3/24/16 at 5:23 P.M. social Services staff X reported the resident left the building fairly regularly and most generally signed out to let staff know where he/she was going and would return.</p>	F 323			

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F 323	<p>Continued From page 4</p> <p>On 3/24/16 at 5:35 P.M., licensed nursing staff G revealed he/she observed the resident after supper, around 6:30 P.M. on 3/9/16. Staff G revealed the resident went out often, at times he/she did not sign out. Staff continued educating the resident about signing out.</p> <p>On 3/24/16 at 7:50 P.M., administrative staff D revealed the facility policy directed residents to sign out before leaving the building and sign in when returning.</p> <p>The undated facility provided policy for Signing Residents In and Out directed all resident's sign out when leaving the premises and the Resident Sign In/Sign Out Record was located at the nurses' station. The residents must sign back in on the Resident Sign In/Sign Out Record upon return to the facility.</p> <p>The facility failed to provide adequate supervision for this resident, who left the facility without staff knowledge.</p>	F 323			