STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N057004	A. BUILDING: _____ B. WING _____	05/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE HOMES	200 WILLOW RD HILLSBORO, KS 67063

(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 represent the findings of a resurvey for the above named Assisted Living facility conducted on 05/16/22, 05/17/22 and 05/23/22.	S 000		
S3081 SS=E	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(1) The facility reported a census of 19 residents. The sample included three residents. Based on record review and interview the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) at least every 365 days for Resident (R) 517 and R518. Findings included: - R517's medical record revealed she moved into the facility on 04/05/19 with a diagnosis of diabetes mellitus. R517's medical record documented staff completed the prior FCS on 10/08/20 with the most recent FCS completed on 05/19/22, more	S3081		

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

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S3081	Continued From page 1 than 365 days prior to the current FCS. On 05/17/22 at 04:20 PM Adminstrative Staff A stated she expected a FCS should be completed at least on an annual basis. The undated "Kansas Administrative Regulations-Admission, Transfer and Discharge" policy documented, "A functional capacity screen shall be conducted at least annually, or following a significant change ..." The operator failed to ensure designated staff completed the resident's FCS at least every 365 days. - R518's medical record revealed she moved into the facility on 03/03/19 with diagnoses of vertigo and chronic pain. R518's medical record documented staff completed the prior FCS on 03/03/21 with the most recent FCS completed on 05/19/22, more than 365 days prior to the current FCS. On 05/17/22 at 03:57 PM Adminstrative Staff A stated she expected a FCS should be completed at least on an annual basis. The undated "Kansas Administrative Regulations-Admission, Transfer and Discharge" policy documented, "A functional capacity screen shall be conducted at least annually, or following a significant change ..." The operator failed to ensure designated staff completed the resident's FCS at least every 365 days.	S3081		

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S3085	Continued From page 2	S3085		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1)(2)(3) The facility reported a census of 19 residents and the sample included three residents. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was updated to identify the physical therapy/occupational therapy (PT/OT) provider used by Resident (R) 517 and failed to identify the hospice provider used by R518. Findings included: - R517's medical record revealed she moved into	S3085		

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S3085	Continued From page 3	S3085		

the facility on 04/05/19 with a diagnosis of diabetes mellitus.

The 10/08/20 "Functional Capacity Screen" (FCS) identified R517 at risk for falls and unsteady.

The NSA was not reviewed and updated to include an intervention of PT/OT for a fall that occurred on 12/25/21. The NSA also did not identify who would provide the PT/OT services and who was responsible for payment of these services.

On 05/17/22 at 04:20 PM Adminstratrative Staff A stated she expected the NSA to have been updated to identify PT/OT services provided, who was going to provide these services, and who would be responsible for payment of these services.

The administrator failed to ensure designated staff updated the NSA with fall intervention of PT/OT, who was to provide this service and who was to pay for this service after R517 experienced a fall.

- R518's medical record revealed she moved into the facility on 03/03/18 with diagnoses of vertigo and chronic pain.

The 02/08/22 "Health Status Note" documented R518 and her family decided to start on hospice. The NSA was not amended to include this service, who was to provide it and who was to pay for these services.

The 05/04/22 "Order Note" documented an order for R518 to start physical therapy services to help maintain comfort and improvement of quality of life. The NSA was not amended to include this

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S3085	Continued From page 4 service, who was to provide it and who was to pay for these services. On 05/17/22 at 03:57 PM Adminstrative Staff A stated the NSA should have been updated to include services provided by hospice, and PT, who would be providing these services and who would pay for these services. The administrator failed to ensure designated staff updated the NSA to include services provided by hospice and physical therapy, who would provide these services and who would pay for these services.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (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; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (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. This REQUIREMENT is not met as evidenced by: 3092 KAR 26-41-202(d)(1)(2)	S3092		

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S3092	Continued From page 5 The facility reported a census of 19 residents. The sample included three residents. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was reviewed and revised at least once every 365 days or with a significant change for one of three residents reviewed. (Resident (R)518.) Findings included: - R518's medical record revealed she moved into the facility on 03/03/18 with diagnoses of vertigo and chronic pain. R518's medical record revealed in has been more than 365 days since the NSA was last reviewed and updated on 10/01/20. 02/08/22 "Health Status Note" documented the resident and family decided to start hospice services. On 05/17/22 at 02:00 PM R518 stated she has received physical therapy services and was currently on hospice. On 05/17/22 at 03:57 PM Adminstrative Staff A stated she expected the NSA to be completed at least on an annual basis or after a significant change. The undated "Kansas Administrative Regulations-Admission, Transfer and Discharge" policy documented, "A functional capacity screen shall be conducted at least annually, or following a significant change ...which would require a change in the negotiated service agreement."	S3092		

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S3092	Continued From page 6 The operator failed to ensure designated staff completed the resident's NSA at least every 365 days or after a significant change.	S3092		
S3165 SS=E	26-41-204 (d) Health Care Services (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 19 residents. The sample included three residents. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the name of the licensed nurse responsible for the implementation and supervision of the plan for three of three residents reviewed. (Resident (R)517, R518, and R519.) Findings included: - R517's medical record revealed she moved into the facility on 04/05/19 with a diagnosis of diabetes mellitus. R517's medical record revealed the NSA was not updated or amended to document the current nurse responsible for the implementation and supervision of the NSA for R517.	S3165		

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S3165	Continued From page 7 On 05/04/22 at 04:20 PM Administrative Staff A stated the NSA should have been amended to document the new nurse responsible for care of residents. The operator failed to identify the name of the licensed nurse responsible for the implementation and supervision of the NSA. - R518's medical record revealed she moved into the facility on 03/03/18 with diagnoses of vertigo and chronic pain. R518's medical record revealed the NSA was not updated or amended to document the current nurse responsible for the implementation and supervision of the NSA for R518. On 05/04/22 at 03:57 PM Administrative Staff A stated the NSA should have been amended to document the new nurse responsible for care of residents. The operator failed to identify the name of the licensed nurse responsible for the implementation and supervision of the NSA. - R519's medical record revealed he moved into the facility on 11/14/21 with a diagnosis of benign prostatic hyperplasia. R519's medical record revealed the NSA was not updated or amended to document the current nurse responsible for the implementation and supervision of the NSA for R519. On 05/04/22 at 04:06 PM Administrative Staff A stated the NSA should have been amended to document the new nurse responsible for care of residents.	S3165		

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S3165	Continued From page 8 The operator failed to identify the name of the licensed nurse responsible for the implementation and supervision of the NSA.	S3165		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The facility reported a census of 19 residents. The sample included three residents. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)517 identified the responsible person for administration and management of selected medications administered. Findings included: - R517's medical record revealed she moved into the facility on 04/05/19 with a diagnosis of	S3186		

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S3186	Continued From page 9	S3186		

diabetes mellitus.

The 10/08/20 "Functional Capacity Screen" (FCS) documented Licensed/Certified staff to provide and administer all medications and simple treatments.

The 11/01/21 "Negotiated Service Agreement" (NSA) documented the facility administered all R517's medications and did not identify R517 self-administered nose spray and eyedrops.

Review of the physician orders revealed the following:

Order dated 02/15/22 for Fluticasone spray 50 micrograms (mcg), two sprays in each nostril daily for allergic rhinitis.

Order dated 12/22/21 for Timolol Mal Sol 0.5%, ophthalmic, instill one drop in the left eye two times daily. Keeps in bedroom and self-administers.

Order dated 09/03/21 for Latanoprost Sol. 0.005%, place one drop in both eyes at bedtime. Keeps in bedroom and self-administers.

On 05/17/22 at 02:43 PM R517 sat in her lift recliner. She had a basket next to her in her recliner that contained eye drops, and nose spray.

On 05/17/22 at 02:43 PM R517 stated she takes her nose spray and prescription eyedrops on her own.

On 05/17/22 at 04:20 PM Administrative Staff A stated she expected the NSA should have identified medications R517 self-administered.

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S3186	Continued From page 10 The Operator failed to ensure designated staff included select medications in the NSA R517 self-administered.	S3186		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1)	S3248		

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S3248	Continued From page 11 The facility reported a census of 19 residents. Based on interview and record review of five newly hired employees, the operator failed to have evidence of registry check with current certification to ensure successful completion of a training course for Certified Medication Aide (CMA) of four newly hired employees and Licensed Practical Nurse (LPN) for one newly hired employee. This failure had the potential to affect all residents these staff provided care for. Findings included: - Employee records lacked evidence of the facility checking the "Kansas Nurse Aide Registry" and "Kansas Board of Nursing" for certification and if certifications were currently active for the five newly hired employees records were requested for review. Interview on 05/17/22 at 03:54 PM Administrative Staff A stated background checks for newly hired employees should be completed at orientation. The 06/2006 "License and Registration of Personnel" policy documented the following, "Employees who require a license to perform their duties must present verification of such license upon hiring." The operator failed to ensure four of five newly hired employees had evidence of registry checks in their employee records.	S3248		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure	S3280		

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S3280	Continued From page 12 disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (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 secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 19 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents and annual evacuation drills were completed. Findings included: - The 04/26/22 resident council minutes documented emergency plans for fire, evacuations, severe weather, tornados were reviewed with residents. The facilty failed to provide documentation of any other quarterly reviews with residents and employees were	S3280		

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S3280	Continued From page 13 completed. Review of records revealed on 08/29/19 an evacuation drill for a gas leak, and on 03/08/22 an evacuation for fire were completed. The facilty failed to provide documentation that annual evacuation drills were completed for 2020 or 2021. On 05/17/22 at 03:50 PM Administrative Staff A stated it was her expectation that reviews of the emergency disaster plan be reviewed with staff and residents on a quarterly basis and an evacuation drill be completed annually. The 05/19/2020 "Emergency Preparedness Training and Evacuation Exercise Policy" documented, "A full-scale evacuation drill will be conducted at least annually." The facility failed to ensure disaster and emergency preparedness by failing to perform quarterly reviews of the emergency management plan with employees and residents and performing annual evacuation drills.	S3280		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a 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; (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 (c) Each administrator or operator shall ensure	S3310		

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S3310	Continued From page 14 the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: 3310 KAR 26-41-207(c) The facility reported a census of 19 residents. The sample included three resident record reviews. Based on interview and record review for three residents and five new employee records, the opertator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility. Findings included: - Resident (R) 517 moved into the facility on 04/05/19 with a diagnosis of diabetes mellitus. R517's medical record lacked documentation a "Tuberculosis Symptom Screen Questionnaire" was completed on an annual basis. On 05/17/22 at 04:20 PM Administrative Staff A stated she expected an annual Tuberculosis (TB) screening questionnaire or TB skin test should be completed. The 01/20/2020 "Tuberculosis Screening Policy/Procedure" documented, "Each new resident and new employee shall have an initial	S3310		

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(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 15 TB symptom screen that includes components of the Tuberculosis Symptom Screen Questionnaire within seven (7) days of residency or employment ...Each new resident and employee shall receive a two-step ...within seven (7) days of residency or employment ..." The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105. - Resident (R) 518 moved into the facility on 03/03/18 with a diagnoses of vertigo, and chronic pain. R518's medical record lacked documentation a "Tuberculosis Symptom Screen Questionnaire" was completed on an annual basis. On 05/17/22 at 03:57 PM Administrative Staff A stated she expected an annual Tuberculosis (TB) screening questionnaire or TB skin test should be completed. The 01/20/2020 "Tuberculosis Screening Policy/Procedure" documented, "Each new resident and new employee shall have an initial TB symptom screen that includes components of the Tuberculosis Symptom Screen Questionnaire within seven (7) days of residency or employment ...Each new resident and employee shall receive a two-step ...within seven (7) days of residency or employment ..." The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105 - Resident (R) 519 moved into the facility on 11/14/21 with a diagnosis of benign prostatic	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N057004	A. BUILDING: _____ B. WING _____	05/23/2022

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S3310	Continued From page 16	S3310		

hypersplasia.

R519's medical record lacked documentation a "Tuberculosis Symptom Screen Questionnaire" was completed upon admission.

On 05/17/22 at 03:57 PM Administrative Staff A stated she expected an annual Tuberculosis (TB) screening questionnaire or TB skin test should be completed.

The 01/20/2020 "Tuberculosis Screening Policy/Procedure" documented, "Each new resident and new employee shall have an initial TB symptom screen that includes components of the Tuberculosis Symptom Screen Questionnaire within seven (7) days of residency or employment ...Each new resident and employee shall receive a two-step ...within seven (7) days of residency or employment ..."

The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105.

- Review of five newly hired staff records revealed the following:
Certified Medication Aide (CMA) hired on 06/02/21 lacked a "Tuberculosis Symptom Screen Questionnaire" completed within seven days of employment and lacked a two-step Tuberculosis (TB) skin test being completed.

CMA D hired on 01/29/21 lacked a "Tuberculosis Symptom Screen Questionnaire" completed within seven days of employment and lacked a two-step TB skin test being completed.

CMA E hired on 07/19/21 lacked a "Tuberculosis Symptom Screen Questionnaire" completed

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	N057004	A. BUILDING: _____ B. WING _____	05/23/2022

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S3310	Continued From page 17	S3310		

within seven days of employment and lacked a two-step TB skin test being completed.

CMA F hired on 04/13/21 lacked a "Tuberculosis Symptom Screen Questionnaire" completed within seven days of employment and lacked a two-step TB skin test being completed.

Licensed Nurse (LN) B hired on 03/07/22 lacked a two-step TB skin test being completed.

On 05/17/22 at 08:55 AM Administrative Staff G stated when she started working at the facility in December 2021 she discovered there was a problem with TB questionnaires and TB skin tests not being completed.

On 05/17/22 at 03:54 PM Administrative Staff A stated TB screening questionnaires and TB skin tests should be completed or started at orientation.

The 01/20/2020 "Tuberculosis Screening Policy/Procedure" documented, "Each new resident and new employee shall have an initial TB symptom screen that includes components of the Tuberculosis Symptom Screen Questionnaire within seven (7) days of residency or employment ...Each new resident and employee shall receive a two-step ...within seven (7) days of residency or employment ..."

The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105.