| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B006003 | A. BUILDING: _____ B. WING _____ | C 06/14/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HILLSIDE GUEST HOME | 1115 227TH STREET FORT SCOTT, KS 66701 |

| (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 |
|---|---|---|---|---|
| S5171 SS=D | 26-42-204 (i) Health Care Services Standards of Practice<br><br>(i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-204(i)<br><br>The facility reported a census of 9 residents. The sample included 3 residents and 1 focus review. Based on record review and interview for 1 (#211) of 1 focus reviewed resident, operator failed to ensure health care services were provided to the resident by qualified staff in accordance with acceptable standards of practice when the resident was transported to the hospital without portable oxygen.<br><br>Findings included:<br><br>- Record review on 06/09/2021 for resident #211 revealed an admission date of 07/12/2016 with diagnoses of diabetes without complications, hypertension and seizure disorder.<br><br>Functional capacity screen dated 03/21/2021 indicated resident unable to perform bathing, dressing, toileting and transfers and required assistance with mobility, medication management and management of medical treatments.<br><br>Negotiated service agreement/health care service plan dated 3/21/2021 documented facility staff provided physical assistance with activities of daily living, management of medications, and listed licensed nurse B as the nurse responsible for the implementation and supervision of the health care service plan. | S5171 | | |

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

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| S5171 | Continued From page 1<br><br>Nurse's notes contained an entry by licensed nurse B dated 02/10/2021 that resident lung sounds diminished, resident was sleepy and oxygen saturation was 79% on room air. Resident was transported to Fort Scott, KS emergency room (ER) via ambulace. Medical care provider ordered chest x-ray and gave diagnosis (Dx) of Bronchitis. Medical care provider ordered Oxygen per nasal cannula to keep saturation above 90% - 24 hours daily, Combivent Inhalation spray 2 puffs four times daily and Dexamethasone 6 milligrams 1 tablet daily for 7 days.<br>Per nurse's documentation, Home Health nurse was informed of changes.<br><br>Nurse's notes contained an entry by licensed nurse B dated 2/12/2021 that on 2-11-21 Operator A notified nurse B that resident noted to be sleeping with trouble waking up and has grayish color. Operator transported resident to ER in Pittsburg, KS per resident request. Medical care provider documented oxygen saturation at 78% upon arrival to ER. Medical care provider gave Dx COPD (Chronic Obstructive Pulmonary Disease) exacerbation. Medical care provider gave order for Azithromycin 250 milligram tablet PO (by mouth) 2 tablets day 1 and then take 1 tablet daily for four more days and oxygen by nasal cannula daily PRN (as needed) to keep oxygen saturation above 90% and gave written order for 2 portable oxygen tanks.<br><br>Home health nurse visit note dated 02/12/2021 at 4:39pm documented oxygen saturation level at 96% on room air.<br><br>During interviews at 12:40pm on 06/09/2021, Operator A and Nurse B confirmed that resident #211 did not have portable oxygen tanks prior to | S5171 | | |

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|---|---|---|---|---|
| S5171 | Continued From page 2<br>02/11/2021. Resident had oxygen concentrator and the facility has portable generators to use in case of power outage. Operator A confirmed that resident was transported to hospital on 02/10/2021 without portable oxygen. Nurse B stated was not able to obtain portable oxygen tanks on 02/10/2021 as did not have written order for them. During ER visit on 02/11/2021 the medical care provider wrote an order for 2 portable oxygen tanks and they were delivered to facility after resident returned from ER visit.<br><br>Operator failed to ensure health care services were provided to resident #211 in accordance with acceptable standards of practice. | S5171 | | |