STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B006004	A. BUILDING: _____ B. WING _____	C 02/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORTON HOUSE	1126 S HORTON 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
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with complaint # 159614 for the above named facility conducted on 2/9/2021, 2/11/2021, 2/15/2021, and 2/16/2021.	S 000		
S5116 SS=F	26-42-202 (d) NSA 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, 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: KAR 26-42-202 (d) (1) (2) The facility reported a census of 10 residents the sample included 3 residents (#101, #201, #301). Based on record review and interview, the operator failed to review or revise the negotiated service agreement for 3 residents (#101, #201 and #301) when a significant change occurred, and failed to review or revise the negotiated service agreement for 1 resident (#101) every 365 days. Findings included:	S5116		

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

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S5116	Continued From page 1 - Record review for resident # 101 revealed an admission date of 6/20/2018, with diagnoses of dementia, insomnia and hypertension The unsigned significant change functional capacity screening (FCS) dated 10/12/2020 revealed the resident unable to perform all activities of daily living, had impaired decision making, falls and impaired vision. Resident required a wheelchair for mobility. Under the comments it stated the resident initial certification was same 10/12/2020. The unidentified negotiated service agreement dated 3/28/2020 lacked the revision to include the hospice service and payor source. Interview with operator F on 2/11/2021 at 2:05 PM confirmed the most current negotiated service agreement in the resident record is dated 3/28/2020. The resident record lacked the reviewed/ revised updated negotiated service agreement. - Record review for resident #201 revealed an admission date of 8/16/2019, with diagnoses of blindness, type I diabetes, and angina. The unsigned annual functional capacity screening dated 9/30/2020 revealed the resident required physical assistance all activities of daily living, impaired decision making, falls, impaired vision, hearing, and used a walker / wheelchair for mobility. The comments section stated resident is not on hospice services.	S5116		

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S5116	Continued From page 2 The updated/unsigned negotiated service agreement dated 2/10/2020 revealed resident required 1 person assist for all transfers, bathing, dressing, and transfers. The negotiated service agreement lacked the update for hospice services. Review of resident physician order dated 9/19/2020 revealed the resident placed on a pureed diet, thickened liquids and to crush medications. The negotiated service agreement lacked the update for a mechanically altered diet. Interview with operator F on 2/11/2021 at 2:05 PM Confirmed the most current negotiated service agreement in the resident chart had the date of 12/10/2020. The resident record lacked the reviewed/ revised updated negotiated service agreement. - Record review for resident #301 revealed an admission date of 10/28/2019, with diagnoses of dementia from Parkinson's disease and sleep apnea. The unsigned significant change functional capacity screening (FCS) dated 12/1/2020 revealed the resident required physical assistance with bathing, dressing, toileting, transferring, and walking. She had impaired short-term memory and impaired decision making. Falls are marked and she used a wheelchair for mobility. The admission negotiated service agreement dated 10/28/2019 revealed the resident required 1 person assist for transfers and toileting with a gait belt assist.	S5116		

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S5116	Continued From page 3 The resident plan of care dated 10/28/2019 revealed the resident used a walker or wheelchair. Review of resident physician order dated 9/19/2020 revealed the resident placed on a pureed diet, thickened liquids and to crush medications. The negotiated service agreement lacked the update for a mechanically altered diet Interview with operator F on 2/11/2021 at 2:05 PM Confirmed the most current negotiated service agreement in the resident chart had the date of 10/28/2019, and had not been updated in 365 days, or when the significant change functional capacity screen updated. The resident record lacked the reviewed/ revised updated negotiated service agreement. The operator failed to review or revise the negotiated service agreement for 3 residents (#101, #201 and #301) when a significant change occurred, and failed to review or revise the negotiated service agreement for 1 resident (#101) every 365 days.	S5116		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		

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S5155	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (a) The facility reported a census of 10 residents. The sample included 3 residents. Based on observation, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for 1 of 3 sampled residents (# 101) in accordance with the functional capacity screening and the negotiated service agreement related to bedrail assessment of the resident, the bed assistive device and/or any possible risk for entrapment. Findings included: - Record review for resident #101 revealed an admission date of 6/20/2018, with diagnoses of dementia, insomnia and hypertension. The unsigned significant change functional capacity screen (FCS) dated 3/28/2020 identified the resident with cognitive impairment with decision making. She required physical assistance in bathing, dressing, and medication management. She had impaired vision, hearing, falls, and required a wheelchair for mobility. The unidentified negotiated service agreement (NSA) dated 3/28/2020 revealed staff to provide resident a bath 3 times a week, she required a 2 person assist for transfers and toileting, used a wheelchair for mobility and required bedrails for safety.	S5155		

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S5155	Continued From page 5 Observation on 2/9/2020 at 2:30 PM revealed the resident lying in bed. The bed positioned with the headboard against the wall with either side and end of bed open, with square shaped bed assistive devices on both side of the upper portion of the bed. Interview with operator F at 2:30 PM confirmed the resident chart lacked the bedrail assessment of the resident, the bed assistive device and/or any possible risk for entrapment. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for 1 of 3 sampled residents (# 101) in accordance with the functional capacity screening and the negotiated service agreement related to bedrail assessment of the resident, the bed assistive device and/or any possible risk for entrapment.	S5155		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (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	S5258		

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S5258	Continued From page 6 nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; 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 work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-(d) (2) (3) The facility reported a census of 10 residents. Based on interview and record review the operator failed to have evidence of verification of background checks performed for 5 of 5 employees (operator F, licensed nurse B, cook C, certified medication aide D, and certified nurse aide A), pursuant to K.S.A. 39-970, to ensure the individual did not have a finding of abuse/neglect/exploitation. 4 of the 5 staff had the potential to provide care to all the residents. Findings included: - Personnel record review on 2/9/2021 at 1:00 PM revealed for operator F, she began employment on 7/28/2020. The file lacked the evidence the background check had been performed; the file lacked the background check documentation. Personnel record review on 2/9/2021 at 1:00 PM revealed for licensed nurse B, she began employment on 9/10/2020. The file lacked the evidence the background check had been	S5258		

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S5258	Continued From page 7 performed; the file lacked the background check documentation. Personnel record review on 2/9/2021 at 1:00 PM revealed for certified medication aide (CMA) D, he began employment on 4/19/2016. The file lacked the evidence the background check had been performed; the file lacked the background check documentation. Personnel record review on 2/9/2021 at 1:00 PM revealed for certified nurse aide (CNA) B, she began employment on 1/5/2021. The file lacked the evidence the background check had been performed; the file lacked the background check documentation. Personnel record review on 2/9/2021 at 1:00 PM revealed for facility cook C he began employment on 7/24/2021. The file lacked the evidence the background check had been performed; the file lacked the background check documentation. Interview on 2/9/2021 at 1:30 PM with operator F confirmed the employee files lacked the background documentation. She confirmed she did not perform the background checks when the facility changed ownership.	S5258		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can	S5313		

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S5313	Continued From page 8	S5313		

be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-205 (g) (3)

The facility reported a census of 10 residents. Based on observation, interview and record review the operator failed to ensure a licensed nurse or pharmacist labeled the over the counter medications with the resident first and last name.

Findings included:

- On 2/9/2021 the facility provided the resident roster identifying the facility managed the medications for 10 out of 10 residents.

Observation 2/9/2021 at 2:00 PM with certified medication aide (CMA) D revealed the following; he unlocked the medication cart, in the second drawer lay a tube of Mitroni dazoel 0.75%. The tube lacked a resident name, CMA D confirmed at the time of observation he did not remember whom the tube belonged to and he was unable to provide the box the tube came in. CMA D unlocked the medication closet and on the shelf to the left inside the closet sat two bottles 1 bottle of pain reliever 500mg and 1 bottle of Clear lax both labeled "stock". Interview with CMA D at the time revealed the bottles were for all residents.

Interview with licensed nurse B at 3:30 PM revealed the following; licensed nurse B

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S5313	Continued From page 9 confirmed she purchased the bottles of clear lax and pain reliver 500mg and labeled them as stock medications. The operator failed to ensure a licensed nurse or pharmacist labeled the over the counter medications with the resident first and last name.	S5313		