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	175525	A. BUILDING _____ B. WING _____	12/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK LANE NURSING HOME	210 E PARK LANE SCOTT CITY, KS 67871

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation #146790. The 2567 was electronically sent to the facility on 12/24/19.	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without	F 550		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/24/2019

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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interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 56 residents. The sample included 14 residents. Based on observation, interview, and record review, the facility failed to assist five dependent residents with meals in a dignified manner in two of three dining rooms, Resident (R) 26, 29, 30, 35, 41.

Findings included:

- On 12/16/19 at 12:25 PM, observation revealed CNA M assisted dependent residents, R35 and R41, with their meals, switching back and forth between the two residents. Continued observation at 12:41 PM revealed CNA M left the two residents, picked up finished meal trays from the other table, returned to the first table, and continued to assist the two residents to eat without washing her hands.

On 12/19/19 at 08:35 AM, observation in the facility's main dining room revealed CNA O moved back and forth between R26, R29, and R30 and assisted them to eat.

On 12/19/19 at 08:40 AM, observation revealed CNA P stood and assisted R26 and R30 to eat their meal. Continued observation at 08:42 AM revealed CNA O sat beside R29, assisted him to

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F 550	Continued From page 2 eat one bite, stood and fed R30 a bite and a drink, then sat by R29 again. Continued observation revealed CNA O left the table to do another task, came back, and continued to assist R29. Observation revealed while CNA O assisted R29 she jumped up, stood, and occasionally assisted R30. On 12/19/19 at 08:58 AM, CNA O verified staff were to sit with residents to assist them with meals. On 12/19/19 at 09:01 AM, Administrative Nurse D verified staff were to sit with residents to assist them with meals as the residents ate better and it was more relaxing for them. The facility's "Assistance with Meals" policy, dated October 2009, documented residents shall receive assistance with meals in a manner that meets the individual needs of each resident. Residents who cannot feed themselves will be fed with attention to safety, comfort, and dignity, for example not standing over residents while assisting them with meals. Nursing staff will feed those residents needing full assistance within minutes of the delivery of the food trays. All employees who provide resident assistance with meals will be trained and shall demonstrate competency in the prevention of foodborne illness, including personal hygiene practices and safe food handling. The facility failed to assist five dependent residents with their meals in a dignified manner, placing the residents at risk for an undignified dining experience.	F 550		
F 582	Medicaid/Medicare Coverage/Liability Notice	F 582		

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F 582 SS=D	Continued From page 3 CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident	F 582		

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F 582	Continued From page 4	F 582		

representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.
(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.
(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 56 residents with three reviewed for Centers for Medicare and Medicaid Services (CMS) Beneficiary Liability notices. Based on record review and interview, the facility failed to provide the Advanced Beneficiary Notice (ABN), CMS form 10055, for skilled services and the Skilled Nursing Facility (SNF) Protection Notification Review, CMS form 10123, to the resident or their representative for three of three residents reviewed, Resident (R) 14, R 56, and R 29.

Findings included:

- The Medicare ABN informed the beneficiary that Medicare may not pay for future skilled services, and provided a cost estimate for continued services. The form included an option for the beneficiary to (1) receive specified services listed, and bill Medicare for an official decision on payment. I understand if Medicare does not pay, I will be responsible for payment, but can appeal to Medicare. (2) receive therapy

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listed, but do not bill Medicare. I am responsible for payment of services. (3) I do not want the listed therapy services.

The facility lacked documentation staff provided R14 (or their representative) the ABN form 10055 when the resident's skilled services ended 09/09/19. The facility provided a facility generated form.

The facility lacked documentation staff provided R29 (or their representative) the ABN form 10055 when the resident's skilled services ended 10/21/19. The facility provided a facility generated form.

The facility lacked documentation staff provided R56 (or their representative) the ABN form 10055 when the resident's skilled services ended 12/05/19. The facility provided a facility generated form.

The Medicare SNF informed the beneficiary that Medicare skilled nursing and or rehabilitation services would end on a certain date.

The facility lacked documentation staff provided R14 (or their representative) the SNF form 10123 notifying them that the resident's Medicare skilled nursing and or rehabilitation services would end 09/09/19. The facility provided a facility generated form instead.

The facility lacked documentation staff provided R29 (or their representative) the SNF form 10123 notifying them that the resident's Medicare skilled nursing and or rehabilitation services would end 10/21/19. The facility provided a facility generated form instead.

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F 582	Continued From page 6 The facility lacked documentation staff provided R56 (or their representative) the SNF form 10123 notifying them that the resident's Medicare skilled nursing and or rehabilitation services would end 12/05/19. The facility provided a facility generated form instead. On 12/17/19 at 04:32 PM, Administrative Nurse D verified the facility had not provided the residents or their representatives CMS forms 10055 and 10123 and was unaware she was to use these forms. The facility's "Medicare Beneficiary Notice" policy, dated July 2017, documented residents receiving Medicare benefits will be notified of discontinuation of benefits via CMS policy within the timeframe outline by CMS policy. Resident or resident representative will be provided a copy of CMS discontinuation of benefits notification. The facility failed to provide R14, R56, and R29 (or their representative) CMS forms 10055 and 10123 when discharged from skilled services, placing the resident (or their representative) at risk to make uninformed decisions for their skilled services.	F 582		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly	F 812		

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from local producers, subject to applicable State and local laws or regulations.
(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.
(iii) This provision does not preclude residents from consuming foods not procured by the facility.

§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 56 residents. Based on observation, interview, and record review, the facility failed to store, prepare, and serve food under sanitary conditions for the 56 residents who received food from one of one facility kitchen and one of three dining rooms.

Findings included:

- On 12/18/19 at 08:11 AM, observation revealed Dietary Staff (DS) BB brought a metal food cart to the west kitchenette, set up and placed food on resident plates. Continued observation revealed during this process DS BB wore the same gloves and touched the diet cards, uncovered the warming plate lids, and placed her hands on the counter top. Continued observation revealed DS BB, wearing the same soiled gloves, removed a clear zip lock bag of coffee stored in a cabinet and retrieved bacon, biscuits and toast from the steam table to place on resident plates.

On 12/18/19 at 08:27 AM, observation revealed Licensed Nurse (LN) H and DS BB served plated food and prepared drinks to the residents.

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Observation revealed LN H touched the eating surface of plates with her thumb, removed the diet cards, and poured drinks from the juice cart touching the lip surface of cups. Continued observation revealed LN H retrieved a plastic spoon by the bowl and touched resident clothing without gloves or washing her hands between tasks.

On 12/18/19 at 12:55 PM, observation reveal DS CC prepared pureed food items. DS CC washed and gloved her hands, removed items from the oven with hot pads, and reviewed pages in the recipe book. Continued observation revealed DS CC, wearing the same gloves, obtained base bullion and opened utensil drawers. Continued observation revealed DS CC, wearing the same gloves, touched the inside surface of resident's bowl to be filled with pureed food items.

On 12/18/19 at 03:22 PM, DS AA verified dietary staff and nursing staff should not touch eating surfaces of silverware, plates, cups, or food items with ungloved hands or soiled gloves.

The facility's undated "Dietary Policy and Procedure" policy documented food items will never be touched directly without clean gloves in place and never touch any part of a serving device is such a way to avoid touching surfaces that food or drink will come in contact with.

The facility failed to store, prepare, and serve food under sanitary conditions for the 56 residents who received meals prepared in the facility kitchen.

- On 12/16/19 at 12:07 PM, observation in the

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Modoc dining room revealed Certified Nurse Aide (CNA) M moved Resident (R) 8's wheelchair foot rests to the side, used the resident's silverware to cut up her food without first washing her hands, then moved the resident's glasses of juice and water by handling them on the lip surface. Continued observation revealed CNA M left the dining table, picked up and served R14's meal tray, and cut up his food without washing her hands. Continued observation revealed CNA M left the dining table, picked up and served R7's meal tray, handled the bread with her bare hands, cut up the resident's food, and moved R7 closer to the table. Continued observation revealed CNA M, without washing her hands, served R34 her meal tray and cut up her food. Continued observation revealed while CNA M served R38's meal, CNA M spilled potato pieces on the table, used the spoon to place them back on the plate, then picked up the bread with her bare hands.

On 12/16/19 at 12:41 PM, observation revealed CNA M picked up soiled meal trays from the other table, and without cleansing her hands, assisted two residents to eat.

On 12/16/19 at 12:46 PM, observation revealed CNA M brought R38 her walker, assisted her out of the chair, then continued to assist two residents to eat without washing her hands.

On 12/18/19 at 07:59 AM, observation revealed CNA Q served beverages to two residents, handling the beverages by the lip rim.

On 12/18/19 at 03:22 PM DS AA verified dietary staff and nursing staff should not touch eating surfaces of silverware, plates, cups or food items with ungloved hands or soiled gloves.

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F 812	Continued From page 10 The facility's undated "General Food Preparation and Handling" policy documented staff would handle utensils, cups, glasses, and dishes in a manner to avoid touching the surfaces that food or drink will come into contact with, and never touch food directly with bare hands. Staff would wash hands if they touch any soiled surfaces. The facility failed to serve meals in a sanitary manner for five unsampled residents on Modoc hall, placing the residents at risk for food borne illness.	F 812		