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 _____	05/31/2018

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
S 000	INITIAL COMMENTS The following citations represents the findings of a resurvey at the above named home plus facility in Fort Scott conducted on 5-29-18, 5-30-18 and 5-31-18.	S 000		
S5130 SS=D	26-42-202 (j) NSA Outside Resources (j) If a resident's negotiated service agreement includes the use of outside resources, the designated staff shall perform the following: (1) Provide the resident, the resident's legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (j)(3) The facility reported a census of 7 residents. The sample included 3 residents. Based on observation, record review, interview for 1 (#100) of 3 sampled residents, the Operator/CMA (certified medication aide) failed to monitor the services provided by outside resources and act as an advocate for the resident if services did not meet professional standards of practice. Findings included: - Record review for Resident #100 revealed admission on 4-29-18 with diagnoses Kidney	S5130		

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

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S5130	Continued From page 1 Failure, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Hyperlipidemia and Hypertension. The Functional Capacity Screen (FCS) dated 4-29-18 indicated the resident required health care services. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 4-29-18 recorded services for assistance with bathing and dressing. Staff responsible for medication management. The NSA documented resident to receive home health services for physical therapy from a home health agency starting on 5-10-18. The record contained documentation of a nursing visit on 5-9-18 from the home health agency and a physical therapy evaluation performed on 5-10-18 with treatment plan of 2 visits every week for 4 weeks. The record lacked documentation of physical therapy visits. Nurse's Notes revealed the following: On 5-10-18 at 4:00 p.m.: "Home Health here for evaluation. Physical therapist also did evaluation..." Signed by Licensed Staff B. The record lacked documentation from the home health provider and documentation by facility staff to show monitoring of outside resources for professional standards of practice. Interview on 5-29-18 at 4:00 p.m. with Operator/CMA and Licensed Staff B stated they did not know if the resident was currently receiving physical therapy. Stated the physical therapist did not return and confirmed they failed to follow up with the home health agency to find out why. After calling and speaking with the nurse at the home health agency on 5-29-18	S5130		

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S5130	Continued From page 2 around 4:30 p.m., Operator/CMA stated the nurse said the resident refused therapy stating he/she "was mobile and goes wherever he/she needs to go". The home health agency faxed documentation from the therapist stating resident discharged from therapy on 5-15-18. Reason: "refused further care". Operator/CMA and Licensed Staff B confirmed the record lacked documentation to show follow up of physical therapy services provided by the home health agency and to ensure agency documentation was placed in the record. For Resident #100, the Operator/CMA failed to monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice.	S5130		
S5155 SS=E	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. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 7 residents. The sample included 3 residents. Based on	S5155		

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S5155	Continued From page 3 observation, record review and interview for 2 (#100, #200) of 2 sampled residents with siderails, the Operator/CMA (certified medication aide) failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of the resident regarding use of side rails on the beds to include a safety assessment prior to use. Findings included: - Observation on 5-29-18 starting at 2:10 p.m. during entrance tour of facility revealed rooms for Residents #100 and #200 with hospital beds. The beds had half rails on both sides attached to the bed frames. - Record review for Resident #100 revealed admission on 4-29-18 with diagnoses Kidney Failure, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Hyperlipidemia and Hypertension. The Functional Capacity Screen (FCS) dated 4-29-18 recorded the resident required physical assistance with bathing and dressing; independent with toileting, transfers, walking/mobility; and unable to perform management of medications/treatments. Cognition: Problems with short term memory and decision-making. Current problems/risks included: falls/unsteadiness and impaired vision. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 4-29-18 recorded services for assistance with bathing and dressing. Staff responsible for medication administration and management. Resident ambulates with walker.	S5155		

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S5155	Continued From page 4 The NSA/HCSP lacked indication and use of a half rail on bed including documentation of a safety assessment prior to use of the rail. The nurse's notes lacked documentation of use of side rail. Interview on 5-30-18 at 1:22 p.m. with Resident #100 (alert and oriented to person, place and time) stated he/she uses the rails for assistance with getting in and out of bed. Stated he/she "needs them." Observed resident ambulate independently with a slow steady gait inside and outside using a roller walker. - Record review for Resident #200 revealed admission on 7-12-16 with diagnoses Diabetes without complications, Gastroesophageal Reflux Disease, Hypertension, and Seizures. The Functional Capacity Screen (FCS) dated 7-12-17 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility and management of medications/treatments; independent with eating. Incontinent of bladder. No problems with cognition or communication. Current problems/risks included falls/unsteadiness. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 7-12-17 recorded services for staff assistance with bathing, dressing, toileting, transfers. Resident uses wheelchair and walker with moderate assist as needed. Staff and resident administer medications. The NSA/HCSP lacked indication and use of a half rail on bed including documentation of a safety assessment prior to use of the rail. The	S5155		

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S5155	Continued From page 5 nurse's notes lacked documentation of use of side rail. Interview on 5-30-18 at 1:30 p.m. with Resident #200 (alert and oriented to person, place and time) explained that he/she has the rail down to get into bed at night. It remains down so he/she can reach the glass of water on the nightstand next to the bed. Stated "if the rail is up, I can't reach it." In the morning, the rail is raised "to help me get out of bed". Observed resident independently propel self in wheelchair inside and outside. Interview on 5-30-18 at 11:06 a.m. with Licensed Staff B confirmed the NSA lacked documentation of indication and use of the half rail including documentation of a safety assessment prior to use of the rail. Further confirmed the facility lacked a policy and procedure for the use of side rails. For Residents #100 and #200, the Operator/CMA failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of the resident regarding use of side rails on bed to include a safety assessment prior to use.	S5155		
S5230 SS=E	26-42-207 (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	S5230		

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S5230	Continued From page 6 annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' 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: K.A.R 26-42-207 (c) The facility reported a census of 7 residents. The sample included 3 residents. Based on record review, and interview, for 3 sampled residents (#100, #200, #300), and 4 staff (D, F, H, I), the Operator/CMA (certified medication aide) failed to ensure compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Record review for resident #100 recorded an admission date of 4-29-18 with diagnoses Kidney Failure, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Hyperlipidemia and Hypertension. The record contained a TB skin test on 5-8-18, read on 5-10-18 as zero millimeters of induration (negative). A second required TB test was not recorded. - Record review for resident #200 recorded an admission date of 7-12-16 with diagnoses Diabetes without complications, Hypertension, Gastroesophageal Reflux Disease, and Seizures.	S5230		

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S5230	Continued From page 7 The record contained a TB test on 7-15-17, read on 7-17-17 as zero millimeters of induration (negative). An annual TB test on 1-19-17, read on 1-21-17 as zero millimeters of induration (negative). The record lacked documentation of a 2-step TB skin test on admission. - Record review for resident #300 recorded an admission date of 4-30-18 with diagnoses Chronic Pain Syndrome, Chronic Kidney Disease, Depression, Eczema, Gastroesophageal Reflux Disease, and Chronic Joint Pain. The record contained a TB skin test on 5-9-18, read on 5-11-18 as zero millimeters of induration (negative). Record lacked evidence of a 2-step TB skin test at admission. Interview on 5-30-18 at 12:40 p.m. with Operator/CMA confirmed records lacked evidence of a 2-step TB skin test on admission. For residents #100, #200, #300 the Operator/CMA failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Personnel record review on 5-30-18 at 12:00 p.m. revealed the following: Certified Staff D with date of hire 5-24-18. TB skin test performed on 4-2-18 lacked documentation of a result. The record lacked further documentation of completed 2-step TB skin testing and a TB symptom screen questionnaire.	S5230		

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S5230	Continued From page 8 Certified Staff F with date of hire 2-1-17. The record contained a TB skin test on 1-23-17, read on 1-25-17 with no result recorded. The record lacked documentation of a second TB skin test and a TB symptom screen questionnaire. Certified Staff H with date of hire 3-5-18. The record contained a TB symptom screen questionnaire dated 2-2-6-18 and a TB skin test on 2-26-17, read on 2-28-18 as zero millimeters of induration. The record lacked documentation of a second TB skin test. Non-Certified Staff I with date of hire July 2017. The record contained a TB skin test on 7-12-17, read on 7-14-17 as negative. The record lacked documentation of a second TB skin test. Interview on 5-30-18 at 12:00 p.m. with Operator/CMA confirmed the above employee records lacked documentation of a 2-step TB skin test performed and completed within 30 days after date of hire. For Staff D, F, H, and I, the Operator/CMA failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
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;	S5258		

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S5258	Continued From page 9 (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 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 26-42-102(d)(1)(2) The facility reported a census of 7 residents. The sample included 3 residents. The Operator/CMA (certified medication aide) failed to ensure employee records contained evidence of certification for each employee performing a function that required specialized education or training and supporting documentation for criminal background checks of facility staff pursuant to K.S.A. 39-970 and amendments thereto as evidenced by record review and interview for 6 (Certified Staff D, E, F, G, H and Non-Certified Staff I) of 6 employee records reviewed. Findings included: - Review of employee records on 5-30-18 at 12:00 p.m. with Operator/CMA revealed the	S5258		

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S5258	Continued From page 10	S5258		

employee records lacked evidence of certification for each employee performing a function that required specialized education or training and/or contained background checks through Kansas Bureau of Investigation as follows:

Certified Staff D with date of hire 5-24-18. The record lacked evidence of certification and supporting documentation of a criminal background check obtained through the department as required by K.S.A. 39-970.

Certified Staff E with date of hire 5-26-18. The record lacked evidence of certification and supporting documentation of criminal background check obtained through the department as required by K.S.A. 39-970.

Certified Staff F with date of hire 2-1-17. Employee record lacked evidence of criminal background check obtained through the department as required by K.S.A. 39-970.

Certified Staff G with date of hire 7-1-16. Employee record lacked evidence of criminal background check obtained through the department as required by K.S.A. 39-970.

Certified Staff H with date of hire 3-5-18. Employee record lacked evidence of criminal background check obtained through the department as required by K.S.A. 39-970. The Kansas Nurse Aide Registry checked on 4-12-18.

Non-Certified Staff I with date of hire July 2017: Employee record lacked evidence of criminal background check obtained through the department as required by K.S.A. 39-970.

Interview on 5-30-18 at 12:00 p.m. with

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S5258	Continued From page 11 Operator/CMA confirmed all the criminal background checks were performed through Kansas Bureau of Investigation and the records lacked documentation of criminal background checks through the department as required by K.S.A. 39-970. Further confirmed the records for Staff D, E lacked evidence of certification through the Kansas Nurse Aide Registry and Staff H was checked 38 days after date of hire. The Operator/CMA failed to ensure the employee records contained evidence of certification for each employee performing a function that required specialized education or training and criminal background check obtained through the department as required by K.S.A. 39-970.	S5258		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route.	S5300		

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S5300	Continued From page 12 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 7 residents. The sample included 3 residents. Based on record review and interview for 1 (#100) of 3 sampled residents whose medications are managed by the facility, the Operator/CMA (certified medication aide) failed to ensure all medications and biologicals are administered in accordance with a medical care provider's written order and professional standards of practice. Findings included: - Record review for Resident #100 revealed admission on 4-29-18 with diagnoses Kidney Failure, Type 2 diabetes Mellitus with Diabetic Neuropathy, Hyperlipidemia, and Hypertension. The Functional Capacity Screen (FCS) dated 4-29-18 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 4-29-18 recorded services for facility staff to manage and administer medications. Record lacked documentation of orders for medications signed by a physician on or before date of admission. Review of Medication Administration Record (MAR) for May 2018 revealed: Benazapril (for hypertension) 20 mg (milligrams) tab (tablet), take 2 tabs (40 mg) by mouth every day. The record lacked documentation of an order for this medication.	S5300		

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S5300	Continued From page 13 Interview on 5-29-18 at 3:50 p.m. with Licensed Staff B confirmed the above discrepancy between the MAR and the physician orders and confirmed the record lacked medication orders signed by a physician on or before date of admission. At 4:14 p.m., Licensed Staff B provided a copy of medication orders signed by a physician upon returning from the resident's physician's office. For Resident #100, the Operator/CMA failed to ensure that all medications and biologicals were administered in accordance with a medical care provider's written order and professional standards of practice.	S5300		