STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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 abbreviated survey with complaint numbers 127602, 128329, and #128365, at the above named facility on 4-16-18, 4-17-18, 4-18-18, 4-19-18, 4-23-18, 4-24-18, 4-25-18, and 4-26-18.	S 000		
S3026 SS=J	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(1)(b) The facility identified a census of 12 residents. The sample included 5 residents and 1 closed record review. Based on record review, interviews and observation for 1 (#4) of 5 residents sampled, the operator failed to ensure resident not subjected to neglect when the licensed nurse failed to implement interventions to address the resident's risk for elopement when resident left facility without staff knowledge and was found down town approximately a mile away from facility at a liquor store. The licensed nurse failed to implement interventions to address the ongoing elopement risk for resident. These failures placed resident in immediate jeopardy for harm, injury or death.	S3026		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3026	Continued From page 1 Findings included: - Record review for resident #4 revealed an admit date of 11-7-17 with diagnoses of alcohol abuse, alzheimer's disease, anxiety, dementia, depression, hypertension, osteoarthritis, and left sided paralysis due to cerebral vascular accident. The FCS dated 11-7-17 recorded resident required independent with cognition, manages own money, required supervision with eating, bathing, mobility/walking, dressing, transfer, physical assistance with toileting, bladder incontinence, shopping, management of medications/treatments, no falls past 180 days, and identified as having behavioral symptoms. The NSA/Health Care Plan (HCP) dated 11-7-17 recorded resident required assist with incontinence as needed, supervision to ensure safe use of wheelchair, resident self-propels in wheelchair. Resident wears glasses due to poor eye sight, hard of hearing, has moments of unsteadiness and staff to monitor for signs/symptoms of depression and agitation. The NSA/HCS lacked identification of the resident ' s ability to leave the facility without supervision, interventions for agitation and elopement risk. The nurses notes recorded the following:	S3026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3026	Continued From page 2 On 12-16-17 at 3:10 p.m. Staff member notified this manager at 2:40 p.m. that a resident was seen in a wheel chair in town at the corner of main and state streets. This manager went to investigate and noted resident in liquor store buying a fifth of vodka. I asked resident if I could give him/her a ride back to facility and he/she agreed. I educated resident that staff needed to be notified when resident left facility for safety reasons. Resident stated was unaware of that but would remember in future. I also informed would have to notify nurse that resident was drinking alcohol with medications. Nurse notified. Signed licensed nurse E. The resident ' s record lacked interventions to address behavior and elopement risk. On 12-27-17 at 6:00 p.m. "This nurse notified by certified staff D that resident was consuming vodka and was being loud and whooping in hollering. Manager asked CMA B to go look for the bottle as this was not the first time resident had purchased vodka." While this nurse manager present asked if he/she had only the one bottle the resident stated, "yes mama, there is only the one." A few minutes later resident stated he/she did have more and the other bottle was located in closet. Educated resident again the importance of not mixing the vodka with medications. This nurse removed the bottle. Signed licensed nurse E. The resident ' s record lacked documentation of an investigation to determine how the resident obtained the alcohol and lacked interventions to address inappropriate behaviors.	S3026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3026	Continued From page 3 3-5-18 at 9:30 a.m. This writer was notified at 6:04 p.m. on 3-2-18 by certified staff H that resident was very upset and wanted his/her money as soon as possible. Resident stated he/she wanted his/her money card. Resident left facility by self in wheel chair to go to gas station ATM. Staff informed resident of risk of leaving facility at sunset. Resident continued to leave. Certified staff H went and picked up resident in own vehicle and took to ATM. Resident pulled out money and got into staff car. Resident started screaming at staff cursing and asking for alcohol. Staff stopped vehicle and resident got out and went to liquor store. Staff returned to facility and called police for assistance with resident. Police escorted resident back to facility at 8:17 p.m. and resident went to room. Staff checked on resident at 10:17 p.m. and found resident laying on the floor. Staff called facility manager VP of operations (VPO). Staff called EMS and police department. EMS arrived and resident refused transport. Vital Signs 106/51, 96.6, pulse 67. Police and EMS assisted resident into bed. Staff continued to monitor through night. Signed operator I. On 3-5-18 at 10:00 a.m. This writer spoke to resident about Friday evening (3-2-18) and resident did recall all events while out of facility but did not recall drinking vodka and falling out of bed or the police/EMS being in room. The resident was given a choice of attending a drug/alcohol treatment facility or being given a 30-day notice where he/she would need to find a new place to live. Resident requested time to consider choices. Signed operator I.	S3026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3026	Continued From page 4 On 3-5-18 at 10:45 a.m. Resident requested to speak to this writer. Resident is requesting a treatment facility for drugs/alcohol so can work on getting better. Operator contacted treatment facility. Signed operator I. The record lacked documentation of when or if operator contacted treatment facility. The record lacked further documentation about elopement risk. Telephone interview on 4-25-18 at 12:50 p.m. with certified staff H stated, "On 3-2-18 the resident was leaving in wheel chair to go to store to get money out of ATM and he/she pick (resident) up in vehicle and took to ATM and when leaving ATM (resident) stated wanted to go to liquor store where had already passed the store and started cussing and attempting to open door. Certified staff H pulled over at the grain/feed store (approximately 6 blocks from the facility) and let resident out and got wheel chair out. Did not watch where resident went and drove back to facility because he/she was only certified medication aide on duty. Certified staff H waited about thirty minutes because he/she was supposed to keep an eye on him/her due to leaving facility before. Then he/she called the police and about thirty minutes to an hour later the police was following resident back to facility. Resident appeared intoxicated and police followed resident to his/her room. Resident was belligerent. Approximately one hour later went to check on resident and found on floor and stated hit head on edge of bed. EMS called and police came at same time to facility. Both police and EMS assisted resident back into bed with difficulty	S3026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3026	Continued From page 5	S3026		

due to him/her being belligerent and refused to go to hospital to get checked out. Certified staff H stated resident was supposed to let staff know when he/she left facility. No nurse came to facility to assess resident.

Interview on 4-17-18 at 1:00 p.m. with VPO stated the incident where staff took resident to get money and dropped resident off should have been reported to the Department but was not reported and no incident/accident or investigation conducted by a licensed nurse when resident returned and fell out of bed hitting head.

The record lacked documentation of an assessment by the nurse at the time of the incident and lacked follow up assessment of the resident. The record lacked interventions to address behaviors and elopement risk.

On 4-17-18 at 8:30 a.m. arrived at facility. Interview with certified staff G state resident #4 eloped last night and was found approximately 4 blocks away from facility when an unidentified person called the facility to let them know resident was at the grain/feed store in wheel chair. The cook went to get resident and bring back to facility.

On 4-17-18 at 10:00 a.m. received a copy of written statement dated 4-16-17 with certified staff J and cook K's name on it. Paper recorded: Around 5:30 p.m. resident #4 told us that he/she was going outside to smoke a cigarette. Around 6:35 p.m. a pedestrian come in and told cook he/she seen (resident #4) in wheel chair

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3026	Continued From page 6	S3026		

propelling self-down by grain store. (approximately 6 blocks away). Certified staff J called certified staff L and instructed him/her to call VPO and if no answer call licensed nurse E. No answers on phones. Dietary Supervisor M went to get resident. Certified staff L called back and asked if they were back and if was not long after that that certified staff J seen resident wheeling self-down the road to facility. The cook K went and wheeled resident the rest of way back to facility. Resident and cook K had words. Resident stated he/she was tired of being a prisoner and treated like a third-class citizen. Cook K informed resident he/she had the staff worried and concerned about him/her. Resident went around west side of building and was cussing. Certified staff J and cook K watched resident through the window. Certified staff L came in and watched resident while certified staff J took care of residents. Resident #4 came in later and told cook K if certified staff J treated him/her like a third-class citizen again he/she would beat, "the ___ out of him/her." Signed certified staff J and cook K.

Telephone interview on 4-17-18 at 11:00 a.m. with VPO stated he/she received a phone call last night at 5:30 p.m. about the elopement and confirmed no assessment completed by a licensed nurse. Certified staff J called licensed nurse E and left message on voice mail of incident.

Interview on 4-17-18 at 11:15 a.m. with resident #4 stated "(licensed nurse E) would take him/her to ATM to get money out to pay to live here and that is the only time he/she gets to leave the facility. The doctor comes to the facility and has

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3026	Continued From page 7	S3026		

not helped me with my pain management." Resident cursing about not getting to leave the facility by-self. Resident stated things build up in his/her head and just needs to get out of this environment to where it is quiet. Resident stated has wanted to kill self before in the past but would go to a bar, have drinks, and visit with people to calm self-down. Here there is no one to visit with. Resident stated he/she did not recall going to a liquor store to buy vodka or police following him/her back to facility. Resident stated a staff member came after me yesterday when I went away from facility. I was at grain/feed store approximately 6 blocks from facility. I did not tell anyone where I was going. I stopped at feed store because I was tired. Resident continued to curse about staff then decided he/she would go out to back patio to smoke. Resident left to go out to patio to smoke and told licensed staff/operator he/she was going out to smoke.

For resident #4, the operator failed to ensure resident not subjected to neglect when the licensed nurse failed to implement interventions to address resident ' s behavior and risk for elopement. The resident when resident left facility without staff knowledge and was found approximately a mile away from facility at a liquor store. These failures placed resident in immediate jeopardy for harm, injury or death.

The jeopardy was removed on 4-17-18 at 3:10 p.m. when the VPO provided a written plan that recorded:

Action Plan for (Resident #4)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3026	Continued From page 8 1. (Facility) has started one on one sitting with (resident) and will continue until he/she leaves the facility. 2. (Nurse) from Behavior Health Facility evaluated resident and reported resident is depressed, not suicidal at this time, and will have a bed for resident in the unit on Thursday. 3. On Thursday April 19th, 2018, (Facility) will transport resident to the Behavior Health Facility.	S3026		
S3200 SS=J	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility 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 facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)	S3200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3200	Continued From page 9 The facility identified a census of 12 residents. The sample included 5 residents and 1 closed record review. Based on record review, interview, and observations for 2 (#2 and #8) of 5 sampled residents, the operator failed to ensure all medications administered in accordance with medical care provider's written order, professional standards of practice, and manufacturer's recommendations. This failure placed residents #2 in immediate jeopardy for actual harm, injury, or death. Findings included: - Record review for resident #2 revealed an admit date of 8-1-14 with diagnosis of hypertension, congestive heart failure, diabetes mellitus, atrial fibrillation, anxiety, and edema. The functional capacity screen dated 8-11-17 recorded resident independent with cognition and required supervision with management of medications. The negotiated service agreement/health care services dated 8-11-17 recorded resident independent with cognition and required staff to set up, administer, record, and store per Medication Administration Record (MAR). Laboratory provider: (local medical center). Assistance needed: INR monitoring. The medical care provider orders recorded from 7-12-17 to 3-2-18 resident received coumadin 6 Milligrams (MG) daily (blood thinner). Medical care provider orders dated 3-2-18 recorded coumadin 7 MG one day a week and 6 MG all other days. Re-check PT-INR in two	S3200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3200	Continued From page 10	S3200		

weeks.

Lab results for PT-INR on 3-14-18 recorded PT - 16.7 (range 9.1 - 12.0) INR 1.7 (range 0.8 - 1.2)

Medical care provider orders dated 3-15-18 recorded warfin (coumadin) 7 MG two days a week and 6 MG five days a week.

The medication administration record (MAR) dated 3-1-18 thru 3-31-18 recorded coumadin at 5:00 p.m. 7 MG administered three of four Monday's. On 3-12-18 the MAR contained an initial with a line marked through it. The 6 MG dose was administered daily except on Monday's. The MAR lacked documentation of the 3-15-18 order for Coumadin 7 mg two days a week and 6 mg five days a week

Medical care provider orders dated 3-29-18 recorded coumadin 7 MG on Monday's and Thursday's. On Tuesday's, Wednesday's, Friday's, Saturday's, and Sunday's administer 6 MG.

The MAR dated 4-1-18 thru 4-15-18 recorded coumadin 6 MG daily documented as given daily except on Thursday 4-5-18 (initialed as given with an X over the initials and unable to identify initials), and Monday 4-9-18. The MAR also recorded coumadin 7 MG orally every Monday and Thursday written in above Tylenol 500 MG one to two tabs every 6 hours as needed. A square box was outlined on Monday's and Thursday's with initials from 4-2-18 to 4-15-18. The resident received both the 6 MG dose and 7 MG dose on Monday 4-2-18 and Thursday 4-12-18.

Written statement from licensed nurse A at 12:10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3200	Continued From page 11	S3200		

p.m. on 4-17-18 recorded, (resident #2's) MAR reads coumadin 6 MG orally daily and 7 MG orally every Monday and Tuesday. This nurse spoke with medical care provider and nurse at office confirmed that current dose should be 7 MG on Monday and Thursday and 6 MG all other days. This nurse requested that medical care provider office fax over a current medication list so that resident's MAR can be re-done. Due to uncertain dosage of coumadin being given this nurse has also requested that a lab draw be done today to check resident's PT/INR.

On 4-18-18 at 12:00 noon licensed nurse A received an order to hold coumadin today and resume usual dosage on 4-19-18. Will recheck on Friday 4-20-18. Lab work drawn 4-17-18 results for PT/INR was PT - 29.5 (9.1 - 12.0) and INR - 3.0 (0.8 - 1.2).

Review of PT/INR's from medical record identified this was the highest PT/INR.

Interview on 4-16-18 at 4:25 p.m. with resident #2 and family member stated someone came and drew blood work but not sure why. Family member stated (resident) had been given wrong medications on two different occasions and on one of them no one notified him/her. Resident also stated he/she was given (resident #8's) medications on 4-3-18 and got ill from them and had to go to hospital on 4-4-18 where he/she was given intravenous fluids for hydration due to nausea and vomiting.

The nurses notes dated 4-4-18 at 11:45 a.m. recorded received a call from facility stating on 4-3-18 at 7:40 p.m. from certified staff D that this resident had received two medications of another resident. The medications were paxil (for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3200	Continued From page 12	S3200		

depression) and requip 1 MG (for Parkinson's Disease). The medical care provider was notified and gave permission to give routine medications. . . will take vital signs throughout the night and monitor for adverse reactions. Received message that family at facility and resident not feeling well. This nurse arrived at ll:59 a.m.. Resident nauseated, weak, clammy. Finger stick blood sugar 230. This nurse called medical care provider at 12:25 p.m. with family present and it was decided to send resident to hospital by EMS to be checked out. EMS notified and took resident to hospital. Signed licensed nurse E.

On 4-4-18 at 5:00 p.m. resident returned from hospital with family. Blood pressure 180/90, pulse 94, temperature 98.3, oxygen saturation 95%. Resident stayed in room for supper and had soup. On call nurse notified of results and return with new orders. Medical care provider here at this time and made some changes to medications of what to give and what not to give. Signed certified staff D.

The licensed nurse failed to assess resident when returned from hospital, identify or clarify medication changes or discharge information from the hospital.

Interview on 4-16-18 at 4:40 p.m. with Vice President of Operations stated certified staff C administered wrong medications to resident #2 and had a written investigation at the other facility. Confirmed did not have any documentation at this facility.

Medical care provider orders dated 4-2-18 recorded fentanyl (Duragesic) patch 12.5 mcg/hr. (micrograms/hour) two patches every 72 hours apply one patch if pulse less than 50.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3200	Continued From page 13 The MAR dated 4-1-18 thru 4-16-18 recorded, "Fentanyl patch 12 micrograms (MCG/hr.) (should record 12.5mcg/hr.) one patch every 72 hours at 12:00 noon." The Mar identified resident received a patch on 4-1-18, the next applied 96 hours later on 4-5-18, with the next patch not administered until eight days later on 4-13-18. The MAR dated 4-1-18 through 4-16-18 lacked documentation of pulse checked prior to application of fentanyl patch. The MAR dated 4-1-18 thru 4-16-18 recorded a daily pulse for Digoxin daily at 5:00 p.m. The MAR identified one day where pulse was 40 on 4-11-18. The MAR failed to accurately record the medical care provider ' s order for two patches every 72 hours. Nurses and medication aides failed to administer the two patches every 72 hours. On 4-16-18 at 4:15 p.m. went to resident room with certified staff F and observed one fentanyl patch on left shoulder dated 4-13-18. Interview on 4-16-18 at 4:35 p.m. with resident #2 stated he/she had been in a lot of pain and had a difficult time with management of the pain. Interview on 4-16-18 at 4:40 p.m. with licensed nurse A stated and confirmed fentanyl patch not administered as ordered by medical care provider's written orders. On 4-16-18 at 4:10 p.m. received records of an in-service from licensed nurse A that identified all staff at facility in-serviced on the 5 R's: Right resident, right medication-match label to MAR,	S3200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3200	Continued From page 14	S3200		

right dose-match label to Mar, right route-look at MAR it tells you what to do, right time-again the MAR will tell you what time. All the sister facility staff who provide care at this facility were in-serviced on 4-16-18 and will be completed on 4-17-18.

For Resident #2, the facility nurse failed to ensure anticoagulant medication order was accurately recorded on the MAR resulting in the resident receiving duplicate doses of medication. This failure placed the resident in immediate jeopardy for harm, injury or death. The facility further failed to ensure the resident received the appropriate medications as ordered.

The jeopardy was removed on 4-17-18 at 3:10 p.m. when the vice president of operations provided a written plan that recorded the following:

A list of nurses from other (sister facilities) who will come to this facility and do the following tasks:

1. Thin charts

2. Re-do MAR's

3. Request new medication list from all medical care providers for all residents.

4. Audit charts, one at a time and fix errors.

5. Report findings to Manager/QA nurse.

6. Review communication form from CMA/CNA each day.

Calling Tree has been placed in medication room

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3200	Continued From page 15 as of 4-17-18. New Manager was hired on 4-17-18 and will start in three weeks. - Record review for resident #8 revealed an admit date of 5-24-16 with diagnoses of atrial fibrillation, hypertension, psychiatric disorder, and hypothyroidism. The functional capacity screen dated 5-24-17 recorded independent with cognition and required physical assistance with management of medications and treatments. The negotiated service agreement/health care plan dated 5-24-17 recorded resident independent with cognition and staff to set up, administer, and record medications. The physician order dated 9-15-17 recorded coreg 25 Milligrams (MG) two times a day for hypertension. Hold if pulse less than 64. March 2018 Medication Administration Record (MAR) recorded resident received 41 doses out of 60 for the month of coreg 25 MG. The record lacked documentation the licensed nurse notified the medical care provider of 19 doses not administered in March 2018. The MAR dated 4-1-18 thru 4-18-18 record recorded resident received 26 doses out of 36 doses ordered from 4-1-18 thru 4-18-18. The MAR recorded resident's pulse below 64 as reason 10 doses were not administered. Interview on 4-17-18 at 9:12 a.m. with certified staff G stated he/she called licensed nurse E at	S3200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3200	Continued From page 16	S3200		

approximately 7:30 a.m. and left message to return call about resident #8's elevated Blood Pressure (B/P) of 186/86. Certified staff G further stated Licensed nurse E was the only nurse whose number was listed to call and identified the phone number for licensed nurse E on a board above medication cart.

On 4-17-18 at 8:40 observed resident sitting up in chair. Resident stated had a rough few days and could tell B/P was elevated because of headache and dizziness. Resident further stated certified staff D came and checked B/P earlier and inform him/her it was up a little and he/she was going to notify the nurse. Resident stated he/she had been stressed due to spouse not feeling well and lived at another facility.

The nurses notes recorded the following:

On 4-17-18 at 9:30 a.m. This nurse walked into building and was notified by certified staff G that resident not feeling well and complained of headache with elevated B/P. This nurse went to resident room and observed resident sitting in recliner with legs down. Resident stated, "Well yesterday I had a headache and was feeling off. My B/P was high yesterday as I was told by staff." This nurse took B/P in left arm and was 184/82. This nurse asked if resident had any other symptoms and resident stated, "I have a slight headache." This nurse asked resident if he/she wanted anything for headache and resident stated not right now. Resident stated, "I have gotten dizzy a few times as well and have been under stress due to (spouse) not feeling well." This nurse informed resident he/she needed to be seen by medical care provider today. Resident agreed and will have daughter take him/her to medical care provider.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3200	Continued From page 17 4-17-18 at 9:55 a.m. Family called and stated resident had an appointment at 1:15 p.m. but if resident feels worse send to hospital by ambulance. 4-17-18 at 12:30 p.m. Family here to take resident to medical care provider appointment. 4-17-18 at 3:30 p.m. Resident returned to facility. Resident received an injection of Toradol (for pain) and norflex (muscle relaxant) at the medical care provider's office. Staff to check resident's vital signs for forty-eight hours and send to office. Interview on 4-18-18 at 11:15 a.m. with licensed nurse A stated had blood pressure medication administered yesterday after surveyor informed him/her resident did not get coreg when ordered due to pulse being 63. The medication was administered approximately at 11:30 a.m. The medical care provider was not notified of all missed doses when resident went to the appointment. Licensed nurse A confirmed the medical care provider should have been informed of coreg not being administered daily. For resident #8, the operator failed to ensure all medications administered in accordance with medical care provider's written order, professional standards of practice, and manufacturer's recommendations.	S3200		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s	S3215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3215	Continued From page 18 recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(1) The facility identified a census of 12 residents. The sample included 5 residents and 1 closed record review. Based on observations and interviews for all residents who receive management of medications from facility, the	S3215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3215	Continued From page 19 licensed nurse or certified medication aides (CMA)'s failed to ensure all medications and biologicals are securely and properly stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. Findings included: - On 4-16-18 at 1:00 p.m. surveyor arrived at facility. When surveyor entered facility observed medication room door propped open. Inside the medication room the medication cart was unlocked and contained medications in each drawer. The cabinet in the medication room contained resident medications and was not secured. In middle shelf of medication room observed resident charts/records with their names on them. Records are not secured. On 4-16-18 at 1:06 p.m. certified staff F came to medication room and stated had left the medication room door open and confirmed the medication cart not locked. On 4-16-18 at 1:08 p.m. the VPO came and stated it was unusual for certified staff F to leave medication door propped open and the facility had been going through staffing changes at this time. The VPO confirmed medication cart was not locked. For all residents who receive management of medications from facility, the licensed nurse or CMA's failed to ensure all medications and biologicals are securely and properly stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and	S3215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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
S3215	Continued From page 20 regulations.	S3215		