STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067009	A. BUILDING: _____ B. WING _____	C 01/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES II	1202 S PLUMMER STREET CHANUTE, KS 66720

(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 a resurvey with complaint investigations 115887, 115406, and 125313 at the above named residential healthcare facility conducted on 1-22-18 and 1-23-18.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c) (2) The facility reported a census of 19 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the operator/Licensed nurse failed to ensure staff revised 1 (#123) of 3 resident's Functional Capacity Screen (FCS) following a significant change in condition. Findings Included: - Review of the FCS dated 11/28/17 revealed a "3" for dressing indicating the resident could not perform. It also revealed a "2" for eating indicating the resident needed physical	S3081		

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

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S3081	Continued From page 1 assistance with eating. During an interview on 1/22/18 at 3:25 PM the resident reported when he/she first came here he/she had a sling that he/she wore and could not get herself dressed. He/she stated that she doesn't have the sling anymore and she is able to get herself dressed without any staff help and she does not need them to cut up his/her meat anymore either. During an interview on 1/23/17 at 6:55 AM certified staff C reported the resident will call if he/she needs help with putting on her bra or any other clothing. During an interview on 1/22/17 at 3:50 PM operator/Licensed nursing staff A reported when the resident admitted to the facility he/ had a fractured shoulder and required full assistance from staff with dressing and staff also needed to cut up all his/her meats because he/she wore a sling. Staff A stated on 1/16/18 the resident no longer wore the sling and staff A started to revise the FCS but failed to revise the eating ability and dressing ability to reflect the significant change in the resident's status. The operator/licensed nurse failed to ensure staff revised the FCS when the resident had a significant change in status.	S3081		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement 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	S3092		

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S3092	Continued From page 2 365 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, facility 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 26-41-202 (d) (2) The facility reported a census of 19 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the operator/licensed nurse failed to ensure staff revised 1 (#123) of 3 residents Negotiated Service Agreement (NSA) after the resident had a significant change in condition. Findings Included: - Review of the NSA dated 11/28/17 revealed Staff needed to fully assist the resident with dressing every morning and evening related to a fracture of his/her right shoulder. It also directed staff to keep the residents right upper extremity in a sling most of the time to keep it immobile for healing. The NSA also directed staff to provide physical assistance with eating by cutting up all meats and any other large portion foods into bite-sized pieces. During an interview on 1/22/18 at 3:25 PM the resident reported when he/she first came here	S3092		

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S3092	Continued From page 3 he/she had a sling that he/she wore and could not get herself dressed. He/she stated that he/she doesn't have the sling anymore and he/she is able to get herself dressed without any staff help and he/she does not need them to cut up his/her meat anymore either. During an interview on 1/23/17 at 6:55 AM certified staff C reported the resident will call if he/she needs help with putting on her bra or any other clothing. During an interview on 1/22/17 at 3:50 PM operator/Licensed nursing staff A reported when the resident admitted to the facility he/ had a fractured shoulder and required full assistance from staff with dressing and staff also needed to cut up all his/her meats because he/she wore a sling. Staff A stated on 1/16/18 the resident no longer wore the sling and staff A started to revise the NSA but failed to revise the eating and dressing ability to reflect the residents' significant improvement in status. The operator/licensed nurse failed to ensure staff revised the NSA when the resident had a significant change in status.	S3092		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects,	S3298		

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S3298	Continued From page 4	S3298		

including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used.
(3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-206(d)

The facility reported a census of 19 residents. The sample included 3 residents and one focus review resident. The operator/licensed nurse failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature as evidenced by observation and interview and affecting all residents.

Findings included:

- Observation during entrance tour on 1-22-18 at 12:13 pm of facility kitchen revealed a homestyle kitchen with a gas stove, 3 ovens and an island in the middle. Requested food temperature logs.

- Review of the logs for November 2017, December 2017 and January 2018 revealed the following dates/meals lacked documentation of food temperatures:
November 2017: 11-3 (supper); 11-7 (supper); 11-8 (lunch, supper); 11-10 supper); 11-13 (lunch, supper); 11-16 (supper);11-17 (supper); 11-18 (supper); 11-19 (breakfast, lunch, supper); 11-20

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S3298	Continued From page 5 (supper); 11-27 (supper); 11-29 (supper); 11-30 (breakfast, lunch, supper). December 2017: 12-1 (breakfast, lunch, supper; 12-2 (supper); 12-3 (supper); 12-7 (breakfast); 12-8 (breakfast, lunch supper); 12-10 (supper); 12-12 (lunch, supper); 12-14 (breakfast, lunch, supper); 12-15 (supper); 12-16 and 12-17 (breakfast, lunch, supper); 12-19 (supper); 12-20 and 12-21 (breakfast, lunch, supper); 12-23 (supper); 12-24 and 12-15 (breakfast, lunch, supper); 12-28 (supper); 12-29 (supper); 12-30 and 12-31 (breakfast, lunch, supper). January 2018: 1-2 and 1-4 (breakfast, lunch, supper); 1-5 and 1-6 (supper); 1-8 and 1-9 (supper); 1-11, 1-12, 1-13, 1-14 and 1-18 (breakfast, lunch, supper). Interview on 1-22-18 at 12:30 pm with Dietary Staff D reviewed the food temperature logs and confirmed the logs were incomplete. Interview with Operator/RN (Registered Nurse) on 1-23-18 at 10:21 am stated facility lacked a specific policy for serving of food. Provided written guidelines which he/she stated are kept in a binder in the kitchen for all kitchen staff to see. Hot food temperature range was 145 degrees F (Fahrenheit to 165 degrees F. Cold foods to be served at temperatures less than 41 degrees F. For all residents, the operator/licensed nurse failed to ensure food shall be served at the proper temperature.	S3298		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health	S3320		

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S3320	Continued From page 6 and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 19 residents. The sample included 3 residents and one focus review resident. Based on observation and interview for all residents, the operator/licensed nurse failed to maintain the facility to protect the health and safety of these residents and the public. Findings included: - Observations on 1-22-18 at 12:39 pm during tour of facility accompanied by Operator/Licensed Nurse revealed the following: Unlocked beauty salon with an unlocked cabinet	S3320		

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S3320	Continued From page 7 which contained at least 6 bottles of hair color rinse and a box of comb and brush cleaner. Interview on 1-22-18 during tour at 12:39 pm with Operator/Licensed Nurse confirmed the above unsecured items. For all residents, the operator/licensed nurse failed to maintain the facility to protect the health and safety of these residents and the public.	S3320		