Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006001	A. BUILDING: _____ B. WING _____	C 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VI	737 HEYLMAN 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 citation represents the findings of a resurvey with complaint investigation 107556 at the above named residential health care facility conducted on 3-8-17 and 3-9-17.	S 000		
S3290 SS=F	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by:	S3290		

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

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S3290	Continued From page 1 KAR 26-41-206(a)(b)(1) The facility reported a census of 29 residents. The sample included 3 residents. Based on record review and interview for all residents receiving dietary services, the administrator failed to ensure compliance with regulations by ensuring a dietetic service supervisor or licensed dietitian provided scheduled on-site supervision in the facility with 11 or more residents. Findings included: - Interviews on 3-8-17 at 9:20 am during entrance tour and 3-9-17 at 8:25 am with administrator stated the facility currently lacked a dietitian. Provided a resident roster for 29 residents and confirmed no current residents received a mechanically altered or therapeutic diet. Stated the menus have not been changed for a year now and the last visit from a dietitian was in January 2016. Interview on 3-8-17 at 10:35 am with dietary supervisor stated the facility does not have anyone currently on a mechanically altered diet or therapeutic diet. Stated they grind meat for a few residents because of poor dentition and preference but not due to difficulty with swallowing. For all residents receiving dietary services, the administrator failed to ensure compliance with regulations by ensuring a dietetic service supervisor or licensed dietitian provided scheduled on-site supervision in the facility with 11 or more residents.	S3290		