STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B006004	A. BUILDING: _____ B. WING _____	04/20/2016

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FRANKLIN HOUSE	1126 S HORTON FORT SCOTT, KS 66701

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S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey at the above named home plus facility on 4/19/16 and 4/20/16 in Fort Scott.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (a) The census equaled 9 the sample included 3 residents. Based on reviews of facility records for 2 of 3 residents (#419 and #421), the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside resources	S5105		

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

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S5105	Continued From page 1 provide a service. Findings included: - Record review for resident #419 recorded admission date of 4/14/16 with diagnoses of: post skin grafting to right knee, bilateral edema of lower extremity, type 2 diabetes. Functional capacity screen (FCS) dated 4/15/16 recorded resident requires supervision with bathing and is unable to perform management of medications and treatments. Negotiated service agreement/ Health Care service plan (NSA/HCSP) dated 4/14/16 recorded resident to receive medications from CMAs (certified medication aides) and RN (registered nurse). NSA lacked entry for wound care to the right knee, identity of provider for wound care service and name of person responsible for payment of wound care service. Observation on 4/19/16 at 10:35am revealed home health nurse providing wound care to resident ' s right knee. Interview on 4/19/16 at 12:25pm with operator/ certified staff #J confirmed NSA lacked entry for wound care to the right knee, identity of provider for wound care service and name of person responsible for payment of wound care service. Record review for resident # 421 recorded admission date of 6/9/15 with diagnoses of: bipolar depression, dementia, malaise, fatigue, history of closed fracture, anemia, hypertension and polyneuropathy. FCS dated 3/18/16 recorded resident is unable to perform transfer, walk/mobility, uses a walker and	S5105		

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S5105	Continued From page 2 wheelchair and has a history of falls/unsteadiness. NSA/HCSP dated 3/18/16 recorded resident to receive staff assistance with transferring and resident uses a walker to ambulate. NSA lacked entry for physical therapy, identity of provider for physical therapy services and name of person responsible for payment of physical therapy services. Nurses note (recorded on the back of resident ' s April 2016 medication record) recorded: Received telephone order 4/1/16 that physical therapy will start Monday 4/4/16, 3 times a week " signed by licensed nurse #K. Interview on 4/19/16 at 1:55pm with operator/ certified staff #J and licensed staff #K confirms resident #421 received physical therapy services from an outside provider, that the NSA/HCSP lacked entry for physical therapy, identity of provider for physical therapy services and name of person responsible for payment of physical therapy services. For residents (#419 and #421), residents who required health care services, the operator failed to ensure the Negotiated Service Agreement (NSA) completed contained a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service.	S5105		
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	S5155		

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S5155	Continued From page 3 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 26-41-204(a) The facility reported a census of 9 residents. The sample included 3 residents. Based on record review and interview and observation for 2 of 3 residents sampled (#420 and #421) the operator failed to 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. Findings included: - Record review for resident #420 recorded admission date of 7/9/15 with diagnoses of: hypertension, hyperlipidemia and post- polio syndrome. Functional capacity screen (FCS) dated 1/5/16 (reason for screen: significant change) recorded resident is unable to perform, bathing, dressing, toileting, transfers, walk/mobility and management of medications and treatments. Resident is incontinent.	S5155		

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S5155	Continued From page 4 Negotiated service agreement/Health care service plan (NSA/HCSP) dated 1/5/16 recorded resident to receive 2 assist with bathing and transfers and 1 assist with dressing, toileting and mobility (in wheelchair). NSA/HCSP lacked entry for positioning schedule and elevation of heels to prevent skin breakdown. Observation on 4/19/16 at 3:00pm revealed certified staff #L and certified staff #M repositioning resident #420 in bed. Interview on 4/19/16 at 1:15pm with licensed staff #K stated resident #420 " does not get up, he/she can ' t sit up. " " We reposition him/ her every 2 hours to prevent skin breakdown and float his/her feet to keep pressure ulcer off the heels. " Licensed staff further confirmed NSA/HCSP lacked entry for positioning schedule and elevation of heels to prevent skin breakdown. Record review for resident # 421 recorded admission date of 6/9/15 with diagnoses of: bipolar depression, dementia, malaise, fatigue, history of closed fracture, anemia, hypertension and polyneuropathy. FCS dated 3/18/16 recorded resident is unable to perform bathing, dressing, toileting, transfer, walk/mobility, uses a walker and wheelchair, is incontinent and has a history of falls/unsteadiness. NSA/HCSP dated 3/18/16 recorded resident to receive staff assistance with bathing (1 assist 2	S5155		

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S5155	Continued From page 5 times weekly), toileting, transferring and resident uses a walker to ambulate. HCSP lacked entry for assistance needed for dressing. Interview on 4/19/16 at 4:40pm with licensed staff #J confirmed resident requires assistance with dressing and HCSP lacked entry for assistance for dressing. For residents #420 and #421, the operator failed to 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.	S5155		
S5205 SS=J	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(a) The facility reported a census of 9 residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#420) of 3 sampled residents, the operator failed to ensure the provision of a sufficient number of staff on night shift to take residents who would require assistance to a secure location when only one staff was on duty to care for all residents	S5205		

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S5205	Continued From page 6	S5205		

including #420 who required the assistance of 2 staff for transfer. This failure placed the resident in immediate jeopardy for harm, injury, or death.

Findings included:

- Review of the resident roster revealed a census of 9 residents. The roster identified 8 residents with impaired cognition and 1 resident (#420) who required 2 staff for transfers.

Record review for resident #420 recorded admission date of 7/9/15 with diagnoses of: hypertension, hyperlipidemia and post- polio syndrome. February 2016 medication record recorded resident weight at 184 pounds.

Functional capacity screen (FCS) dated 1/5/16 (reason for screen: significant change) recorded resident is unable to perform transfers.

Negotiated service agreement/Health care service plan (NSA/HCSP) dated 1/5/16 recorded resident to receive 2 assist with transfers.

Observation on 4/19/16 at 3:00pm revealed certified staff #L and certified staff #M repositioning resident #420 in bed.

Interview on 4/19/16 at 1:15pm with licensed staff #K stated resident #420 " does not get up, he/she can ' t sit up. " " We reposition him/ her every 2 hours to prevent skin breakdown and

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S5205	Continued From page 7 float his/her feet to keep pressure ulcer off the heels. " " He/she gets up for a shower, one person can turn him/her side to side, it takes 2 to get him/her up. " Interview on 4/19/16 at 5:00pm with certified staff #L confirmed he/she would be unable to get resident #420 out of bed and out of the building in case of an emergency by him/herself. Interview on 4/19/16 at 10:55am with operator/certified staff #J revealed facility has a set staffing schedule. Schedule revealed only one certified (or licensed) staff was scheduled to work 7:30 pm to 7:30 am 7 days a week. Interview on 4/19/16 at 5:10pm with operator/certified staff #J confirmed facility has never conducted a drill that included evacuation of residents with the use of 1 staff member on the night shift to determine if an evacuation could be performed safely and in a timely manner with only 1 staff member. He/she further confirmed he/she did not feel 100% sure that 1 staff could get everyone out in case of fire. For resident #420 who required 2 staff to transfer, the operator failed to ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location during the night shift when only 1 staff member was on duty. This failure placed the resident in immediate jeopardy for harm, injury or death.	S5205		

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S5205	Continued From page 8 The jeopardy was removed on 4/19/16 when two staff were scheduled on duty at all times.	S5205		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g) (3) The facility reported a census of 9 residents. The sample included 3 residents. The Resident roster identified all residents as receiving medication management. Based on observations and interviews for all residents, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of Resident on full packages of over-the-counter medications. Findings included: - Observation during facility tour on 4/19/16 at	S5313		

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S5313	Continued From page 9 9:22am in facility medication room revealed a plastic container labeled " stock meds " with bottles and boxes of over the counter (OTC) medications with " stock " written on each container. It contained the following OTC medications: Tums 750 (an antacid) containing 40 tablets (tabs). Tylenol PM (a pain reliever with sleep aid) 100 capsules (caps) ½ full. Tylenol (a pain reliever) extra strength 500 milligrams (mg) 225 caps ½ full. One box Saline enema ready to use (constipation aid) (sealed) Equate stool softener (DSS) docusate sodium 100mg, 280 gelatin caps, approx. 200 caps Bayer Low Dose ASA (aspirin) (a pain reliever/fever reducer) 81mg, 300 tabs, ½ full. Imodium AD (diarrhea aid) 20 caps in punch packets. Tylenol 325mg, 100 tabs, ½ full. Tylenol 500mg, 20 caps. Tussin DM Max (cough medication) 4 ounces (oz), nearly full. Equate arthritis relief (a pain reliever) 650mg, 20 caps. Dulcolax Suppositories (constipation relief) 10mg, 4 suppositories.	S5313		

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S5313	Continued From page 10 Mucinex 12 hour (expectorant to aid in cough production), 10 tabs on punch cards. Stool softener DSS plus (constipation aid) 120 tabs, ¾ full. In the refrigerator in the medication room: One bottle of Philips milk of magnesia (constipation aid) 12 oz unopened. Interview on 4/19/16 at 9:22am with operator/licensed staff #J confirmed the medications are administered to residents. He/she stated " I did not know I could not have stock medications. " The operator failed to ensure all over-the-counter medications were used only for individual residents and were labeled by a licensed nurse or pharmacist with the full name of the resident on the package.	S5313		