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 _____	04/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GUEST HOME	1115 227TH ST 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 represent the findings of a resurvey at the above named home plus facility conducted on 4-4-16 and 4-5-16.	S 000		
S5126 SS=F	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) The facility reported a census of 10 residents. The sample included 3 residents. For all residents, the operator failed to ensure each individual involved in the development of the negotiated service agreement shall sign the agreement as evidenced by record review and interview for 3 (#100, #200, #300) of 3 sampled residents. Findings included: - Record review for resident #100 revealed admission on 9-8-14 with diagnoses Congestive Heart Failure and Type 2 Diabetes Mellitus. The functional capacity screen dated 3-13-16 recorded resident required health care services. The negotiated service agreement/health care service plan (NSA/HCSP) dated 3-13-16 recorded services for assistance with bathing and	S5126		

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

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S5126	Continued From page 1	S5126		

medication management. The NSA/HCSP lacked signatures of resident and/or responsible party and a licensed nurse.

- Record review for resident #200 revealed admission on 11-5-14 with diagnoses Kidney Failure, Insulin Dependent Diabetes Mellitus and Neuropathy.

The functional capacity screen dated 12-31-15 recorded resident required health care services.

The negotiated service agreement/health care service plan (NSA/HCSP) dated 12-31-15 recorded services for assistance with bathing, and medication management. The NSA/HCSP lacked signatures of resident and/or resident's responsible party and a licensed nurse.

- Record review for resident #300 revealed admission on 10-31-15 with diagnoses of Hypertension, Glaucoma and Legally Blind.

The functional capacity screen dated 10-31-15 recorded resident required health care services.

The negotiated service agreement/health care service plan (NSA/HCSP) dated 10-31-15 recorded services for medication management (staff to administer, resident to mail order). The NSA/HCSP lacked signatures of resident and/or resident's responsible party and a licensed nurse.

Interview on 4-4-16 at 3:50 pm with operator confirmed the NSAs for all residents lacked signatures of resident and/or the resident's responsible party and a licensed nurse.

For all residents, the operator failed to ensure each individual involved in the development of the

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S5126	Continued From page 2 negotiated service agreements signed the agreements.	S5126		
S5258 SS=E	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; (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 10 residents. Based on personnel record review and interview for 2 (certified staff C, E) of 4 sampled certified staff , the operator failed to ensure the record	S5258		

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S5258	Continued From page 3 contained evidence of certification for each employee performing a function that required specialized education and training and 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 care home; and for 3 (certified staff C, D, E) of 4 sampled certified staff, the operator failed to ensure the record contained supporting documentation for criminal background checks before providing care to residents. Findings included: - Personnel record reviews revealed the following: Certified staff #C hired 8-21-14: record lacked documentation of certification from the Kansas Nurse Aide Registry and criminal background check. Certified staff #D hired 1-6-16: lacked documentation of criminal background check. Certified staff #E hired 1-6-16: record lacked documentation of certification from the Kansas Nurse Aide Registry and criminal background check. Interview on 4-5-16 at 10:40 am with licensed staff A confirmed the above records lacked documentation of certification from Kansas Nurse Aide Registry and supporting documentation for criminal background checks before providing care to residents. For certified staff C, D, and E, the operator failed to ensure the employee records contained	S5258		

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S5258	Continued From page 4 evidence of certification, documentation for criminal background checks and documentation from the Kansas nurse aide registry of no findings of having abused, neglected or exploited a resident in an adult care home before providing care to residents.	S5258		