STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067010	A. BUILDING: _____ B. WING _____	11/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF CHANUTE	701 OSA MARTIN BLVD 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 citation represents the finding of a resurvey of the above assisted living facility on 11/2/15 and 11/3/15.	S 000		
S3160 SS=D	26-41-204 (c) HEALTH CARE SERVICES (c) The health care services provided by or coordinated by a licensed nurse may include the following: (1) Personal care provided by direct care staff or by certified or licensed nursing staff employed by a home health agency or a hospice; (2) personal care provided gratuitously by friends or family members; and (3) supervised nursing care provided by, or under the guidance of, a licensed nurse. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(c)(1)(2)(3) The facility reported a census of 16 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 (#130) of 3 residents sampled, the operator failed to ensure health care services were provided or coordinated by a licensed nurse that included personal care provided by the facility's direct care staff or by certified or licensed nursing staff employed by a home health agency or a hospice; personal care provided gratuitously by friends or family members; or supervised nursing care provided by, or under the guidance of, a licensed nurse.	S3160		

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

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S3160	Continued From page 1 Findings included: - Record review for resident #130 revealed an admission date of 9/1/15 and diagnoses of type II diabetes mellitus, congestive heart failure, atrial fibrillation, and dementia. The functional capacity screen dated 9/1/15 indicated the resident was independent with eating; required supervision with toileting, transferring, and walking with walker; required physical assistance with bathing and dressing; was unable to perform management of medications and treatments; was usually continent of urine; experienced impaired short-term memory and memory recall; was at risk for falls; exhibited wandering and socially inappropriate behaviors; and impaired hearing. The negotiated service agreement/health care service plan dated 9/1/15 documented resident had 24 hour nursing care providers, paid by the durable power of attorney, to assist with bathing and dressing; assistance as needed with toileting, transferring, set up medications and remind resident to take medications; monitor skin condition and perform treatments as ordered by medical care provider. The negotiated service agreement/health care service plan documented facility care staff would assist or relieve the private caregivers if needed; provide meal service, housekeeping, and laundry. At 12:00 p.m. on 11/2/15, licensed nurse #A stated resident had private care staff to do everything for the resident with facility staff available for resident care if needed. Licensed nurse #A stated he/she did not know if caregivers were employed by a home health agency and	S3160		

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S3160	Continued From page 2 supervised by a licensed nurse. At 1:05 p.m. on 11/2/15, the resident's durable power of attorney stated he/she and a caregiver organized caregivers to be with resident and to provide care at all times. Durable power of attorney stated he/she filled a medication planner and the caregivers administered medications to the resident. During an interview at 2:00 p.m. on 11/2/15, the operator confirmed the resident's family paid private caregiver's for the resident. For resident #130, the operator failed to ensure health care services were provided or coordinated by a licensed nurse that included personal care provided by the facility's direct care staff or by certified or licensed nursing staff employed by a home health agency or a hospice; personal care provided gratuitously by friends or family members; or supervised nursing care provided by, or under the guidance of, a licensed nurse.	S3160		