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 _____	10/12/2022

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HORTON HOUSE	1126 S HORTON FORT SCOTT, KS 66701

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Home Plus facility conducted on 10/13/22.	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 facility reported a census of six residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for Resident (R)102, and R103. The operator also failed to ensure the NSA included	S5105		

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

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S5105	Continued From page 1 service needs concerning pressure ulcer treatment for R101. Findings included: - R102's medical record revealed the resident moved into the facility on 09/21/16 with a diagnosis of Alzheimer's Dementia. The 08/09/22 FCS identified R102 was frequently incontinent, had difficulty with both short-term and long-term memory, was sometimes understood and understood others sometime, had and triggered for falls/unsteadiness, impaired decision-making, impaired vision and impaired hearing. Review of R102's medical record revealed the NSA was not updated to include the items that triggered in the 08/09/22 FCS. On 10/12/22 at 04:57 PM Licensed Nurse (LN) B stated if something triggered on the FCS it should be addressed on the NSA. The Operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS. - R101's medical record revealed the resident moved into the facility on 09/27/22 with a diagnosis of multiple sclerosis. The 09/27/22 FCS identified R101 had difficulties with memory/recall, decision-making and impaired vision.	S5105		

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S5105	Continued From page 2 The 09/27/22 NSA did not address R101's difficulty with memory/recall, decision-making and impaired vision. The NSA also did not address R101's service needs for pressure ulcer treatment. On 10/12/22 at 05:05 PM LN B stated if something triggered on the FCS it should be addressed on the NSA and acknowledged there was nothing on R101's NSA that dealt with the treatment of her pressure ulcer. The Operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS and included service needs for pressure ulcer treatment.	S5105		
S5116 SS=D	26-42-202 (d) NSA 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 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, 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:	S5116		

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S5116	Continued From page 3 KAR 26-42-202(d)(1) The facility reported a census of six residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)102 was review and revised as needed at least once every 365 days. Findings included: - R102's medical record revealed the resident moved into the facility on 09/21/16 with a diagnosis of Alzheimer's dementia. The 08/09/22 "Functional Capacity Screen" (FCS) documented R102 had difficulty with both short-term and long-term memory. Review of R102's records revealed the most current NSA was dated 02/21/21. On 10/12/22 at 04:57 PM Licensed Nurse (LN) B acknowledged the NSA should be reviewed at least yearly or if there was a significant change. The Operator failed to ensure R102's NSA was reviewed and revised as needed at least once every 365 days.	S5116		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and	S5161		

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S5161	Continued From page 4 supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of six residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for Resident (R)102 and R103. Findings included: - R102's medical record revealed the resident moved into the facility on 09/21/16 with a diagnosis of Alzheimer's dementia. The 08/09/22 "Functional Capacity Screen" (FCS) documented R102 had difficulty with both short-term and long-term memory. Review of R102's records revealed the most current NSA was dated 02/21/21 and failed to document the nurse responsible for the implementation of the health care service plan. On 10/12/22 at 04:57 PM Licensed Nurse (LN) B stated the NSA should identify the nurse responsible for the implementation of the care plan. The operator failed to ensure the NSA was	S5161		

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S5161	Continued From page 5 updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R102. - R103's medical record revealed the resident moved into the facility on 04/15/22 with a diagnosis of dementia. The 04/15/22 FCS documented R103 had difficulty with both short-term and long-term memory. R103's most recent NSA was completed on 04/15/22 and failed to document the nurse responsible for the implementation of the health care service plan. On 10/12/22 at 05:07 PM LN B stated the NSA should identify the nurse responsible for the implementation of the care plan. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R103.	S5161		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least	S5230		

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S5230	Continued From page 6 annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of six residents. Based on interview and record review for three residents and five new employee records, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Review of five newly hired staff records revealed the following: Certified Nurse Aide (CNA) C's employee record revealed a hire date of 05/24/21. The facility failed to ensure the second step of a two-step TB skin test was completed. CNA D's employee record revealed a hire date of 05/24/21. The facility failed to ensure the second step of the two-step TB skin test was completed. CNA E's employee record revealed a hire date of 05/27/21. The facility failed to ensure a TB screening questionnaire was completed within	S5230		

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S5230	Continued From page 7	S5230		

seven days of hire and failed to ensure a two-step TB skin test was completed.

Licensed Nurse (LN) B's employee record revealed a hire date of 11/15/21. The facility failed to ensure a TB screening questionnaire was completed within seven days of hire. LN B's first step of the two-step TB Skin Test (TST) was read on 11/18/21 and failed to ensure the second step of the TB skin test was administered 1-3 weeks after the first step was completed when the second step of the TST was administered on 11/18/21.

On 10/12/22 at approximately 05:30 PM Administrative Staff A stated a TB Screening Questionnaire and two-step TB skin test should be administered within seven days of being hired.

The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident and employee shall have an initial TB symptom screen ...within 7 days of residency or employment ...Each new resident and new employee shall receive a two-step TST ...within 7 days of residency or employment ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks.

The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees.

- Resident (R)101 moved into the facility on 09/27/27 with a diagnosis of multiple sclerosis.

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S5230	Continued From page 8 R101's medical record revealed a tuberculosis (TB) symptom screening questionnaire was not completed upon admission and a two-step tuberculosis skin test was not administered within seven days of admission to the facility. On 10/12/22 at 05:05 PM Licensed Nurse B stated she was informed by family that R101 had dormant TB. LN B stated she contacted the resident's physician for a history concerning this but has not received anything. LN B stated a TB Screening Questionnaire should be completed upon admission. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an initial TB symptom screen...within 7 days of residency ...Each resident's clinical record ...shall contain documentation regarding the symptom screen review ...and chest x-rays ..." The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105. - R103's medical record revealed the resident moved into the facility on 04/15/22 with a diagnosis of dementia. R103's medical record documented a TB Screening Questionnaire was completed 117 days late on 09/16/22. The medical records documented the first step of the two-step TST was read on 04/18/22 but there was no documentation of a second step of the TST	S5230		

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S5230	Continued From page 9 completed. On 10/12/22 at 05:07 PM LN B stated a TB screening questionnaire should have been completed upon admission and acknowledged the second step of the TST was not completed for R103. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an initial TB symptom screen...within 7 days of residency ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105.	S5230		