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| GUEST HOME ESTATES VIII | 114 E MARSHALL STREET ERIE, KS 66733 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a resurvey with a complaint #167153I at the above named Residential Health Care Facility conducted on 11/29/22 and 11/30/22. | S 000 | | |
| S3080 SS=E | 26-41-201 (a) (b) Functional Capacity Screen on Admission<br><br>a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department.<br>(b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-201(a)<br><br>The facility reported a census of 13 residents with three residents included in the sample. Based on interview and record review the operator failed to conduct a screening for Residents (R) 130 and R111 to determine their individual functional capacity based on their needs and preferences. | S3080 | | |

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

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| S3080 | Continued From page 1<br>Findings included:<br><br>- Record review for R130 revealed an admission date of 11/08/22 with the following diagnoses: diabetes and chronic obstructive pulmonary obstructive disease (COPD).<br><br>The 11/01/22 combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HCP) directed facility staff that R130 self-managed his medications; facility staff were to provide blood pressure and pulse readings; he used a walker and wheelchair to prevent falls; and wore glasses.<br><br>R130's record lacked evidence of a Functional Capacity Screen (FCS).<br><br>- Record review for R122 revealed an admission date of 11/26/18 with the following diagnoses: muscle weakness, arthritis, and history of transient ischemic attack (TIA).<br><br>The 07/16/22 combined NSA/HCP directed facility staff that they or a hospice aid would provide assistance with bathing, and directed facility staff to provide assistance with dressing; toileting per his request; transfers, walking/mobility with use of a four-wheeled walker; eating by cutting up foods; management of medications and treatments; he wore briefs for bladder incontinence; had a durable power of attorney for cognition; used a walker to prevent falls, and impaired vision was adequate with glasses.<br><br>R122's record lacked evidence of an FCS. | S3080 | | |

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| S3080 | Continued From page 2<br>On 12/01/22 at 11:15 AM during a phone interview Licensed Nurse D stated the NSA/HCP was a combined document. She confirmed R122 and R130's records lacked FCS'.<br><br>The operator failed to conduct a screening for R130 and R111 to determine their individual functional capacity based on their needs and preferences. | S3080 | | |
| S3083 SS=D | 26-41-201 (e) Functional Capacity Screen as Basis for NSA<br><br>(e) Designated facility staff shall use the results of the functional capacity screening as a basis for determining the services to be included in the resident ' s negotiated service agreement.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-201(e)<br><br>The facility reported a census of 13 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure facility staff used the results of the Functional Capacity Screen (FCS) for Resident (R) 130 to determine the services to be included in his NSA.<br><br>Findings included:<br><br>- Record review for R130 revealed an admission date of 11/08/22 with the following diagnoses: diabetes and chronic obstructive pulmonary obstructive disease (COPD).<br><br>The 11/01/22 Negotiated Service | S3083 | | |

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| S3083 | Continued From page 3<br><br>Agreement/Healthcare Service Plan (NSA/HCP) had small squares to the right of each element which were blank for the following elements:<br>Bathing<br>Dressing<br>Toileting<br>Transfers<br>Walk/Mobility<br>Eating<br>Management of Medications<br>Management of Treatments<br>Bladder Incontinence<br><br>The 11/01/22 NSA/HCP directed facility staff that R130 self-managed his medications; facility staff were to provide blood pressure and pulse readings; he used a walker and wheelchair to prevent falls; and wore glasses.<br><br>R130's record lacked evidence of an FCS.<br><br>The combined NSA/HCP had a heading at the top of the page which read "Person Centered Negotiated Service Agreement/Assessment and Care Plan (Functional Capacity Screen*)." To the right of each element was a small square and an asterisk (*) The bottom of each page documented in small print: "*The numerical value in the boxes reflect the codes used in interpreting the Functional Capacity Screen-KDHE/BACC 2/97. All other information from the FCS (*) is incorporated throughout this assessment/screening tool."<br><br>On 12/01/22 Licensed Nurse D confirmed the NSA and HCP were a combined document. The squares on the NSA/HCP form were used to fill in scores from FCS and that many on R130's | S3083 | | |

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| S3083 | Continued From page 4<br>NSA/HCP were left blank.<br><br>The operator failed to ensure facility staff used the results of the FCS for Resident R130 as basis for determining the services to be included in his NSA. | S3083 | | |
| S3186 SS=D | 26-41-205 (b) Administration of Selected Medications<br><br>(b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(b)<br><br>The facility reported a census of 13 residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure Resident (R) 130's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management of select medications.<br><br>Findings included: | S3186 | | |

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| S3186 | Continued From page 5 | S3186 | | |

- Record review for R130 revealed an admission date of 11/01/22 with the following diagnoses: diabetes, chronic obstructive pulmonary disorder, and dialysis.

The 11/01/22 combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HCP) under "Health Care Services" section "Medication Assistance was left blank. An x marked "yes" for "self-medication assessment."

R130's record lacked evidence of an FCS.

R130's NSA failed to identify who was responsible for the administration and management of select medications.

The "Monthly Medication Sheet" for November documented facility staff administered medications to R130 twice daily and as needed.

Observation on 11/30/22 at 11:24 AM revealed medications in R130's room. On a table by his chair was a medication cup with three unidentified white pills inside and a tube of prescription strength lidocaine 2.5%/prilocaine 2.5% cream. On top of his dresser was an albuterol inhaler, a bottle of antacid tablets, and two bottles of Nexium 20 mg capsules.

On 11/30/22 at approximately 11/24 AM R130 stated he administered some of his own medications.

On 11/30/22 at approximately 01:07 PM Licensed Nurse D confirmed the facility managed medications for R130 including storing them in

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| S3186 | Continued From page 6<br>the medication and administering them. He also stored medications in his room which he administered himself.<br><br>The operator failed to ensure R130's NSA identified who was responsible for the administration and management of select medications. | S3186 | | |
| S3225 SS=F | 26-41-205 (l) Medication Regimen Review Frequency<br><br>(l) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(l)<br><br>The facility reported a census of 13 residents with three included in the sample. Based on interview and record review the operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for Residents (R) 121, and 122, and 130. | S3225 | | |

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| S3225 | Continued From page 7<br><br>Findings included:<br><br>- Record review for R121 revealed an admission date of 05/31/18 with the following diagnoses: Parkinson's Disease, depression, and neoplasm of unspecified nature.<br><br>The 10/05/22 Functional Capacity Screen (FCS) identified R121 required physical assistance with medication management.<br><br>The 10/05/22 The combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HCP) directed facility staff to manage R121's medications.<br><br>R121's record lacked evidence of quarterly medication regimen reviews by a licensed pharmacist.<br><br>- Record review for R122 revealed an admission date of 11/26/18 with the following diagnoses: muscle weakness, arthritis, and history of transient ischemic attack (TIA).<br><br>The 07/16/22 combined NSA/HCP directed facility staff to manage R122's medications.<br><br>R122's record lacked evidence of an FCS.<br><br>R122's record lacked evidence of quarterly medication regimen reviews by a licensed pharmacist.<br><br>- Record review for R130 revealed an admission date of 11/08/22 with the following diagnoses: diabetes and chronic obstructive pulmonary | S3225 | | |

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| S3225 | Continued From page 8<br>obstructive disease (COPD).<br><br>The 11/01/22 NSA/HCP portion of the combined FCS/NSA/HCP directed facility staff to manage R130's medications.<br><br>R130's record lacked evidence of an FCS.<br><br>R130's record lacked evidence of quarterly medication regimen reviews by a licensed pharmacist.<br><br>On 11/30/22 at 10:17 AM Licensed Nurse D confirmed R121, R122, and R130's records lacked evidence of quarterly medication regimen reviews by a licensed pharmacist.<br><br>The operator failed to ensure a licensed pharmacist conducted quarterly medication regimen reviews for R121, R122, and R130. | S3225 | | |
| S3248 SS=F | 26-41-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following documentation:<br>(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;<br>(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;<br>(3) supporting documentation from the Kansas | S3248 | | |

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| S3248 | Continued From page 9 | S3248 | | |

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 (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 have worked as a certified nurse aide.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-102(d)(2)

The facility reported a census of 13 residents. Based on interview and record review the operator failed to ensure evidence of criminal background checks for all three of certified sampled staff was completed.
Findings included:

- Record review for three employees revealed the following:

Certified Medication Aide (CMA) F's employee record revealed a hire date of 06/13/22. The employee record lacked evidence a criminal background check was completed.

CMA G's employee record revealed a hire date of 11/08/22. The employee record lacked evidence a criminal background check was completed.

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| S3248 | Continued From page 10<br><br>Certified Nurse Aide (CNA) H's employee record revealed a hire date of 10/03/22. The employee record lacked evidence a criminal background check was completed.<br><br>On 11/30/22 at approximately 01:35 PM Administrative Staff A confirmed CMA's F and G and CNA H's staff records lacked evidence of criminal background checks.<br><br>The operator failed to provide evidence of certification for four out of four certified staff was completed upon hire. | S3248 | | |
| S3310 SS=F | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(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;<br>(6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and<br>(c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-207(c) | S3310 | | |

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| S3310 | Continued From page 11 | S3310 | | |

The facility reported a census of 13 residents. Based on interview and record review the operator 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 for four out of five sampled staff.

Findings included:

- Review of Certified Medication Aide (CMA) G's employee record revealed a hire date of 11/08/22. The record lacked evidence of TB testing.

Review of Licensed Nurse D's employee record revealed a hire date of 08/03/22. The first step of the two-step TB skin test was administered on 06/01/22. The record lacked evidence a second step was completed.

Review of Licensed Nurse E's employee record revealed a hire date of 09/30/22. The first step of the two-step TB skin test was administered on 09/30/22. The record lacked evidence a second step was completed.

Review of Certified Nurse Aide (CNA) H's employee record revealed a hire date of 10/04/22. The first step of the two-step TB skin test was administered on 06/20/22. The record lacked evidence a second step was completed.

On 11/30/22 at approximately 01:35 PM Administrative Staff C confirmed TB testing had not been completed according to the department's guidelines for four of five sampled staff.

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| S3310 | Continued From page 12<br><br>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. | S3310 | | |