STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089008	A. BUILDING: _____ B. WING _____	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE HEALTH CENTER	440 SE WOODLAND AVENUE TOPEKA, KS 66607

(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 for the above named facility conducted on 01/24,25/2023.	S 000		
S3081 SS=E	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c)(1) The facility reported a census of seven residents (R). The sample included three residents. Based on interview and record review the executive director failed to ensure staff completed a "Functional Capacity Screen" for three (R3, R4, and R5) of three sampled residents at least every 365 days. Findings Included: - Review of R3's "Electronic medical record" (EMR) revealed he moved into the facility on 11/01/2005 with diagnoses of hypertension, epilepsy, and sleep apnea.	S3081		

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

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S3081	Continued From page 1 R3's most recent "Functional Capacity Screens" (FCS) were dated 07/22/21 and one dated 10/21/22. There were 457 days between the completion of each FCS. On 01/25/23 at 10:50 AM "Administrative Licensed Nurse" B acknowledged R3's FCS had not been completed within the 365 days. Review of the undated "Functional Capacity Screen" policy provided by "Administrative Licensed Nurse" B directed staff to conduct a screening to determine each resident's functional capacity prior to admission, within 30 days of admission, and annually therafter. The administrator failed to ensure designated staff completed R3's FCS at least every 365 days. - Review of R4's "Electronic Medical Record" revealed he moved into the facility on 09/20/2010 with diagnoses of paranoid schizophrenia, hypertension, chronic obstructive pulmonary disease, and type 2 diabetes mellitus. R4's most recent "Functional Capacity Screens" (FCS) were dated 04/10/20 and one dated 06/16/22. There were 798 days between the completion of each FCS. On 01/25/23 at 10:50 AM "Administrative Licensed Nurse" B acknowledged R4's FCS had not been completed within the 365 days. Review of the undated "Functional Capacity Screen" policy provided by "Administrative	S3081		

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S3081	Continued From page 2 Licensed Nurse" B directed staff to conduct a screening to determine each resident's functional capacity prior to admission, within 30 days of admission, and annually therafter The administrator failed to ensure designated staff completed R4's FCS within 365 days. - Review of R5's "Electronic Medical Record" (EMR) the resident moved into the facility on 03/13/14 with diagnoses of schizophrenia, chronic obstructive pulmonary disease, type 2 diabetes mellitus, traumatic amputation of R and L lower leg., legal blindness, and macular degeneration. R5's EMR included two most recent "Functional Capacity Screen" (FCS) dated 10/12/21 and one dated 10/21/22. There were 375 days between completion of each FCS. On 01/25/23 at 10:50 AM "Administrative Licensed Nurse" B acknowledged R4's FCS had not been completed within the 365 days. Review of the undated "Functional Capacity Screen" policy provided by "Administrative Licensed Nurse" B directed staff to conduct a screening to determine each resident's functional capacity prior to admission, within 30 days of admission, and annually therafter. The administrator failed to ensure designated staff completed R5's FCS at least every 365 days.	S3081		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement	S3085		

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S3085	Continued From page 3 (a) The administrator or operator of each assisted living facility or residential health care facility 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 26-41-202 (a)(1)(2)(3) The facility reported a census of seven residents (R). The sample included three residents. Based on record review and interview, the executive director failed to ensure designated staff completed the Negotiated Service Agreement for three (R3, R4, and R5) of three sampled residents, based on the resident's "Functional Capacity Screen" and service needs, which included a description of the services the resident received and the provider of each service. Findings included:	S3085		

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S3085	Continued From page 4 - Review of R3's "Electronic medical record" (EMR) revealed he moved into the facility on 11/1/2005 with diagnoses of hypertension, epilepsy, and sleep apnea. R3's most recent "Functional Capacity Screen" (FCS) dated 10/21/22 revealed the resident was independent with all activities of Daily Living except needed assistance with management of medications and medical treatments. On 01/24/23 at 02:30 PM "Administrative Licensed Nurse" B reported the "Negotiated Service Agreement", and the "Functional Capacity Screen" (NSA/HCSP) are one document in the medical record. Review of R3's NSA/HCSP dated 10/21/22 in section nine identified "Resident orders own medications and staff medicates". The NSA/HCSP failed to identify which staff administered his medications. On 01/24/23 at 05:11 PM "Administrative Licensed Nurse" B reported the above statement meant he did not order his own medication and that staff administered them. On 01/25/23 at 10:51 AM "Administrative Licensed Nurse" B acknowledged the NSA/HCSP did not identify who was responsible for the administration of R3's medications. Review of the undated "Negotiated Service Agreement" (NSA) policy provided by "Administrative Licensed Nurse" B identified the NSA shall include a description of the services	S3085		

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S3085	Continued From page 5 the resident will receive and identification of the provider of each service. The administrator failed to ensure designated staff included who administered medications for R3. - Review of R4's "Electronic Medical Record" revealed he moved into the facility on 09/20/2010 with diagnoses of paranoid schizophrenia, hypertension, chronic obstructive pulmonary disease, and type 2 diabetes mellitus. R4's most recent "Functional Capacity Screens" (FCS) dated 06/16/22 revealed the resident needed physical assist with bathing, supervision with dressing, toileting, and meals. He also could not manage his own medications or medical treatments and had bladder incontinence and used incontinent supplies. He had impaired cognition; impaired decision making and had wandering behaviors. On 01/24/23 at 02:30 PM "Administrative Licensed Nurse" B reported the "Negotiated Service Agreement", and the "Functional Capacity Screen" (NSA/HCSP) are one document in the medical record. R4's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP dated 06/16/22 failed to identify who assisted the resident with bathing, toileting, and dressing or what type of assistance they provided. It also failed to identify who administered medications. The NSA/HCSP did not address services related to impaired decision making or wandering behaviors.	S3085		

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S3085	Continued From page 6 On 01/25/23 at 10:59 AM "Administrative Licensed Nurse" B reviewed R4's NSA/HCSP and acknowledged it did not include who provided assistance with bathing, toileting and dressing or if they provided physical assistance or just supervision. She acknowledged it was not specific to identify services related to impaired decision making or what staff administered medications. Review of the undated "Negotiated Service Agreement" (NSA) policy provided by "Administrative Licensed Nurse" B identified the NSA shall include a description of the services the resident will receive and identification of the provider of each service. The administrator failed to ensure designated staff included who would provide what services for R4 as indicated in his FCS. - Review of R5's "Electronic Medical Record" (EMR) the resident moved into the facility on 03/13/14 with diagnoses of schizophrenia, chronic obstructive pulmonary disease, type 2 diabetes mellitus, traumatic amputation of R and L lower leg., legal blindness, and macular degeneration. R5's most recent "Functional Capacity Screen" (FCS) dated 10/21/22 identified the resident required physical assistance with bathing, dressing and toileting. He also could not manage his medications or medical treatments and had impaired cognition. He also had impaired decision making and inappropriate behaviors.	S3085		

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S3085	Continued From page 7 On 01/24/23 at 02:30 PM "Administrative Licensed Nurse" B reported the "Negotiated Service Agreement", and the "Functional Capacity Screen" (NSA/HCSP) are one document in the medical record. R5's NSA/HCSP dated 10/21/22 failed to include what "person" provided assistance with dressing, bathing, and transfers and if they provided physical assistance or supervision of total assist. It also failed to identify who administered the resident's medications or address which staff service staff provided related to impaired cognition. The NSA/HCSP also failed to address services related to impaired decision making. On 01/25/23 at 11:13 AM "Administrative Licensed Nurse" B reviewed R5's NSA/HCSP and acknowledged it did not included specifics about who provided assistance with personal care, who administered medications, and services related to impaired cognition and impaired decision making ability. Review of the undated "Negotiated Service Agreement" (NSA) policy provided by "Administrative Licensed Nurse" B identified the NSA shall include a description of the services the resident will receive and identification of the provider of each service. The administrator failed to ensure designated staff included who would provide what services for R4 as indicated in his FCS.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions	S3092		

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S3092	Continued From page 8 (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, facility 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: KAR 26-41-202 (d)(1) The facility census totaled seven residents(R). The sample included 3 residents. Based on record review and interview, the administrator failed to ensure designated staff reviewed and revised, if necessary, three (R3, R4, and R5) of 3 sampled resident's negotiated service agreement at least once every 365 days. Findings included: - On 01/24/23 at 02:30 PM "Administrative Licensed Nurse" B reported the "Negotiated Service Agreement" and the "Functional Capacity Screen" are one document in the medical record. - Review of R3's "Electronic medical record" (EMR) revealed he moved into the facility on	S3092		

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S3092	Continued From page 9 11/01/2005 with diagnoses of hypertension, epilepsy, and sleep apnea. Review of R3's EMR revealed staff completed a "Negotiated Service Agreement / Health Care Service Plan" (NSA/HCSP) negotiated for the resident on 02-04-2020 and then not again until 03-11-2021, 401 days later. On 01/25/23 at 10:50 AM "Administrative Licensed Nurse" B acknowledged R3's NSA/HCSP had not been reviewed or revised as required at least every 365 days. Review of the undated "Negotiated Service Agreement" policy provided by Administrative Licensed Nurse" B revealed the NSA needed to be reviewed and, if necessary revised upon admission, within 30 days, and annually. The administrator failed to ensure designated staff reviewed and revised if necessary R4's NSA/HCSP at least every 365 days. - Review of R4's "Electronic Medical Record" revealed he moved into the facility on 09/20/2010 with diagnoses of paranoid schizophrenia, hypertension, chronic obstructive pulmonary disease, and type 2 diabetes mellitus. Review of R4's EMR revealed staff completed a "Negotiated Service Agreement / Health Care Service Plan" (NSA/HCSP) on 04/10/20 and not again until 06/16/22, 798 days later. On 01/25/23 at 10:50 AM "Administrative Licensed Nurse" B acknowledged R4's NSA/HCSP had not been reviewed or revised as	S3092		

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S3092	Continued From page 10 needed at least every 365 days. Review of the undated "Negotiated Service Agreement" policy provided by Administrative Licensed Nurse" B revealed the NSA needed to be reviewed and, if necessary revised upon admission, within 30 days, and annually The administrator failed to ensure designated staff reviewed and revised if necessary R4's NSA/HCSP at least every 365 days. - Review of R5's "Electronic Medical Record" (EMR) the resident moved into the facility on 03/13/14 with diagnoses of schizophrenia, chronic obstructive pulmonary disease, type 2 diabetes mellitus, traumatic amputation of R and L lower leg., legal blindness, and macular degeneration. Review of R5's EMR revealed staff completed a "Negotiated Service Agreement / Health Care Service Plan" (NSA/HCSP) on 10/12/21 and not again until 10/21/22, 375 days later. On 01/25/23 at 10:50 AM "Administrative Licensed Nurse" B acknowledged R4's NSA/HCSP had not been reviewed or revised as needed at least every 365 days. Review of the undated "Negotiated Service Agreement" policy provided by Administrative Licensed Nurse" B revealed the NSA needed to be reviewed and, if necessary revised upon admission, within 30 days, and annually The administrator failed to ensure designated staff reviewed and revised if necessary R5's	S3092		

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S3092	Continued From page 11 NSA/HCSP at least every 365 days.	S3092		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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 26-41-205 (g)(3) The facility reported a census of seven residents. Based on observation and interviews for all residents, the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on over-the- counter medications. If the package contained a container, bottle, or tube that could be removed from the original package a licensed pharmacist or licensed nurse needed to place the full name of the resident on both the original manufacturer's medication package and the medication container.	S3211		

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S3211	Continued From page 12 Findings included: - On 01/24/23 at 01:54 PM during initial tour "Certified Medication Aide" (CMA) D unlocked the medication cart for inspection for review of the Residential Health Care (RHC) medications. When he opened the door, it revealed multiple bottles of over-the-counter medications without a resident name on them. The medications were a Stool Softener, Polyethylene Glycol, Acetaminophen 325 mg and 500mg and GeriLanta. CMA C reported they were stock medications meaning if any of the residents who lived on the RHC hall that had an order for these medications they used them out of the same bottle for each resident. On 01/24/23 at 02:00 PM "Administrative Licensed Nurse" B reported she did not realize each resident had to have their own bottle The administrator failed to ensure all over-the-counter medications were labeled with the resident's full name.	S3211		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action	S3261		

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S3261	Continued From page 13 This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of seven residents (R). The sample included three residents. Based on interview and record review the administrator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken for three (R3, R4, R5,) of three sampled residents. Findings included: - Review of R3's "Electronic medical record" (EMR) revealed he moved into the facility on 11/01/2005 with diagnoses of hypertension, epilepsy, and sleep apnea. R3's most recent "Functional Capacity Screen" (FCS) dated 10/21/22 revealed the resident was independent with all activities of Daily Living except needed assistance with management of medications and medical treatments. On 01/24/23 at 02:30 PM "Administrative Licensed Nurse" B reported the "Negotiated Service Agreement", and the "Functional Capacity Screen" (NSA/HCSP) are one document in the medical record. Review of R'3s NSA/HCSP dated 10/21/22 revealed the "Resident orders own medications and staff medicates". It also identified he makes all his needs known and wore glasses.	S3261		

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S3261	Continued From page 14	S3261		

Review of R3's progress notes from 08/26/21 to 01/24/23 revealed the following:
12/07/2021: Resident reported that while walking the facility dog he slipped and fell to the floor. He complained of upper back pain and requested to be taken to the VA (veteran's hospital) for evaluation. Facility transportation will take resident to the local hospital. The record lacked follow up as to the resident's return form the hospital, what was done at the hospital and any additional follow up for possible injuries.

04/06/2022: Resident consumed sweet and sour chicken unaware that it had pineapple in the sauce. The resident denied any breathing issues or other adverse reactions. Resident was transported by emergency medical services to local hospital. The record lacked follow up as to the resident's return form the hospital, what was done at the hospital.

On 01/25/23 at 10:56 AM "Administrative Nursing staff reported she would expect the nurse to document in the progress notes for 72 hours after returning from the hospital.

The administrator failed to ensure designated staff documented in the residents record when he returned from the hospital and follow up post hospital return.

- Review of R4's "Electronic Medical Record" revealed he moved into the facility on 09/20/2010 with diagnoses of paranoid schizophrenia, hypertension, chronic obstructive pulmonary disease, and type 2 diabetes mellitus.

R4's most recent "Functional Capacity Screens"

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	N089008	A. BUILDING: _____ B. WING _____	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE HEALTH CENTER	440 SE WOODLAND AVENUE TOPEKA, KS 66607

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(FCS) dated 06/16/22 revealed the resident needed physical assist with bathing, supervision with dressing, toileting, and meals. He also could not manage his own medications or medical treatments and had bladder incontinence and used incontinent supplies. He had impaired cognition; impaired decision making and had wandering behaviors.

On 01/24/23 at 02:30 PM "Administrative Licensed Nurse" B reported the "Negotiated Service Agreement", and the "Functional Capacity Screen" (NSA/HCSP) are one document in the medical record.

R4's NSA/HCSP dated 06/16/22 revealed 1 person assisted the resident with bathing, dressing and toileting, and that staff administered the resident his medications.

Review of R4's progress notes from 12/20/21 to 01/24/23 revealed on 04/19/2022: nursing staff spoke with provider regarding resident's concerns that he felt down and depressed. He denies any suicidal ideation. New order received for adding a noon dose of Lithium (an antimanic) and continue the morning and evening doses. The record lacked any follow up if the additional medication helped with his feeling down and depressed.

On 01/25/23 at 10:56 AM "Administrative Nursing staff reported she would expect the nurse to document in the progress notes after having this type of medication change for effectiveness.

The administrator failed to ensure designated staff documented in the residents record the

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results of adding an additional dose of Lithium for the resident's depressed feelings.

- Review of R5's "Electronic Medical Record" (EMR) the resident moved into the facility on 03/13/14 with diagnoses of schizophrenia, chronic obstructive pulmonary disease, type 2 diabetes mellitus, traumatic amputation of R and L lower leg., legal blindness, and macular degeneration.

R5's most recent "Functional Capacity Screen" (FCS) dated 10/21/22 identified the resident required physical assistance with bathing, dressing and toileting. He also could not manage his medications or medical treatments and had impaired cognition. He also had impaired decision making and inappropriate behaviors.

On 01/24/23 at 02:30 PM "Administrative Licensed Nurse" B reported the "Negotiated Service Agreement", and the "Functional Capacity Screen" (NSA/HCSP) are one document in the medical record.

R5's NSA/HCSP dated 10/21/22 identified 1 person provided the resident assisting with bathing, dressing and transfers and 2 staff provided the resident assistance with toileting. It also identified staff administered the resident his medications.

Review of the resident record from 01/08/22 to 01/24/23 revealed the following:
03/18/22 the resident's provider saw the resident and ordered fiber tablets because the resident complained of loose stools. The record lacked

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S3261	Continued From page 17 follow up if the fiber tablets helped or not. 07/01/22 the resident's provider saw the resident and ordered an increase in the resident's Gabapentin (an anticonvulsant) to four times a day related to the resident having numbness in his hands. The record lacked follow up if the increase in medication helped decrease the numbness. On 01/25/23 at 11:13 AM "Administrative Licensed Nurse" B reported she would expect the nurse to document on the above medication changes for effectiveness or adverse effects. The administrator failed to ensure designated staff documented in the residents record the results of changing the residents' medications related to complaints of loose stools and numbness in his hands.	S3261		
S3310 SS=E	26-41-207 (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 annually on the control of infections in a health care setting; and (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	S3310		

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S3310	Continued From page 18 This REQUIREMENT is not met as evidenced by: KAR 26-41-207 (c) The facility reported a census of seven residents(R). Based on interview and record review for three (R3, R4, and R5) of three sampled residents, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. by the failure to complete the TB symptom screening annually. Findings included: - R3 moved into the facility on11/01/2005, upon review of his "Electronic Medical Record" (EMR) his last TB symptom screen was completed on 01/28/20. On 01/25/23 at 10:49 AM "Administrative Licensed Nurse" B looked in R3's EMR and acknowledged he had not had one done since 2020. On 01/25/23 at 12:05 PM "Administrative Licensed Nurse" B handed surveyor the Kansas TB guidelines stating these were the guidelines they are to follow regarding monitoring of TB. Review of the Tuberculosis (TB) guidelines for adult care homes June 2013 revealed: A. Each resident and employee shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire.	S3310		

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S3310	Continued From page 19 The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. by the failure to complete the TB symptom screening annually. - R4 moved into the facility on 09/10/10 and review of his "Electronic Medical Record" (EMR) lacked evidence of staff completing a TB symptom screen. On 01/25/23 at 10:49 AM "Administrative Licensed Nurse" B looked in R4's EMR and acknowledged he did not have a TB symptom screen in his medical record. On 01/25/23 at 12:05 PM "Administrative Licensed Nurse" B handed surveyor the Kansas TB guidelines stating these were the guidelines they are to follow regarding monitoring of TB. Review of the Tuberculosis (TB) guidelines for adult care homes June 2013 revealed: A. Each resident and employee shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. by the failure to complete the TB symptom screening annually. - R5 moved into the facility on 03/13/14 and review of his Electronic Medical Record" (EMR)	S3310		

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S3310	Continued From page 20 lacked evidence of staff completing a TB symptom screen. On 01/25/23 at 10:49 AM "Administrative Licensed Nurse" B looked in R5's EMR and acknowledged he did not have a TB symptom screen in his medical record. On 01/25/23 at 12:05 PM "Administrative Licensed Nurse" B handed surveyor the Kansas TB guidelines stating these were the guidelines they are to follow regarding monitoring of TB. Review of the Tuberculosis (TB) guidelines for adult care homes June 2013 revealed: A. Each resident and employee shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. by the failure to complete the TB symptom screening annually.	S3310		