STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N019012	A. BUILDING: _____ B. WING _____	04/17/2023

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GUEST HOME ESTATES IV	1910 E CENTENNIAL STREET PITTSBURG, KS 66762

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint 177629, 176614, 171826 and 168896 at the above named Residential Health Care Facility conducted on 04/12/23, 04/13/23, and 04/17/23.	S 000		
S3085 SS=F	26-41-202 (a) Negotiated Service Agreement (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) The facility reported a census of 22 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service	S3085		

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

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S3085	Continued From page 1	S3085		

Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R) 101, R102, and R103.

Findings included:

- R101's medical record revealed the resident moved into the facility on 01/16/19.

The 01/14/23 FCS identified R101 triggered for falls/unsteadiness and impaired decision making.

The 01/14/23 NSA did not address falls/unsteadiness and impaired decision making.

On 04/17/23 at 04:05 PM Licensed Nurse (LN) B stated if the FCS triggered for something then this should be addressed on the NSA.

The operator failed to ensure R101's NSA was fully developed to address all items that triggered on the FCS.

- R102's medical record revealed the resident moved into the facility on 04/25/22.

The 04/25/22 FCS identified R102 triggered for bladder incontinence, cognition, impaired hearing, and impaired decision making.

The 04/25/22 NSA did not address bladder incontinence, cognition, impaired hearing, and impaired decision making.

On 04/17/23 at 03:53 PM LN B stated if the FCS triggered for something then this should be addressed on the NSA.

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S3085	Continued From page 2 The operator failed to ensure R102's NSA was fully developed to address all items that triggered on the FCS. - R103's medical record revealed the resident moved into the facility on 01/16/19. The 01/26/23 FCS identified R103 as having triggered for walk/mobility, management of treatments, bladder incontinence, and impaired hearing. The 01/26/23 NSA did not address walk/mobility, management of treatments, bladder incontinence, and impaired hearing. On 04/17/23 at 04:19 PM LN B stated if anything triggered on the FCS it should be addressed on the NSA. The operator failed to ensure R103's NSA was fully developed to address all items that triggered on the FCS.	S3085		
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	S3211		

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S3211	Continued From page 3 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 22 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over the counter (OTC) medications for seven residents. Findings included: - Observation on 04/12/23 at 03:08 PM the facility's medication cart contained the following OTC medications which were not labeled with a resident's full name: Resident (R)101: One bottle of Nature Made Iron 65 milligrams (mg) R106: One bottle of CVS Health C1000 mg. R107: One bottle of Spring Valley Melatonin 3 mg. R108: One bottle of Spring Valley Vitamin C 1000 mg. R109:	S3211		

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S3211	Continued From page 4 One bottle of GeriCare Aspirin 325 mg. One bottle of Nature Made Calcium 600 mg. R110: One bottle of Tylenol Regular Strength The overflow medication cart contained the following OTC medications which were not labeled with a resident's full name: R105: One bottle of Equate Aspirin 81 mg. One bottle of Spring Valley B12 The 02/18 "Policy on Over The Counter Medication" documented, "The nurse will be the only person that will mark the medication with their full name ..." The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3225 SS=F	26-41-205 (l) Medication Regimen Review Frequency (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.	S3225		

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S3225	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l) The facility had a census of 22 residents. Three residents were included in the sample. Based on record review and interview the operator failed to ensure a quarterly medication regimen review was completed by a licensed pharmacist reviewed at least quarterly for three residents reviewed. Findings included: - Resident (R)101 was admitted to the facility on 01/16/19. The 01/14/23 "Functional Capacity Screen" (FCS) revealed staff managed R101's medications. The 01/14/23 "Negotiated Service Agreement" (NSA) documented staff managed R101's medications. Review of R101's medical records failed to locate pharmacy reviews of medications prior to 08/2022. On 04/17/23 at 04:05 PM Licensed Nurse (LN) B stated she was not able to locate documentation that pharmacy reviews were completed prior to 08/2022.	S3225		

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S3225	Continued From page 6 The 07/09 "Drug Review Policy" documented, "A drug regimen review will be conducted for each resident at least quarterly ...Findings will be documented and placed in the residents clinical record." The operator failed to ensure quarterly medication regimen reviews were offered to R101 on a quarterly basis. - R102 was admitted to the facility on 04/25/22. The 04/25/22 FCS revealed staff managed R102's medications. The 04/25/22 NSA documented staff managed R102's medications. Review of R102's medical records failed to locate pharmacy reviews of medications prior to 08/2022. On 04/17/23 at 03:53 PM LN B stated she was not able to locate documentation that pharmacy reviews were completed prior to 08/2022. The 07/09 "Drug Review Policy" documented, "A drug regimen review will be conducted for each resident at least quarterly ...Findings will be documented and placed in the residents clinical record." The operator failed to ensure quarterly medication regimen reviews were offered to R102 on a quarterly basis. - R103 was admitted to the facility on 01/16/19.	S3225		

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S3225	Continued From page 7 The 01/26/23 FCS revealed staff managed R103's medications. The 01/26/23 NSA documented staff managed R103's medications. Review of R103's medical records failed to locate pharmacy reviews of medications prior to 08/2022. On 04/17/23 at 04:19 PM LN B stated she was not able to locate documentation that pharmacy reviews were completed prior to 08/2022. The 07/09 "Drug Review Policy" documented, "A drug regimen review will be conducted for each resident at least quarterly ...Findings will be documented and placed in the residents clinical record." The operator failed to ensure quarterly medication regimen reviews were offered to R103 on a quarterly basis.	S3225		
S3227 SS=D	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s	S3227		

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S3227	Continued From page 8	S3227		

medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(l)(2)

The facility reported a census of 22 residents with three included in the sample. Based on interview, and record review the operator failed to ensure staff followed up on pharmacist review recommendations for resident (R)101.

Findings included:

- Resident (R)101 was admitted to the facility on 01/16/19.

The 01/14/23 "Functional Capacity Screen" (FCS) identified R101 required physical assistance with management of her medications.

The 01/14/23 "Negotiated Service Agreement" (NSA) documented staff managed R101's medications.

Review of physician orders revealed:
An order dated 07/31/20 for Oxycodone 10-325 milligrams, one tablet, by mouth, four times daily as needed for pain.

The 03/31/23 pharmacy review documented consider changing Percocet [sic] from PRN to a scheduled frequency for pain management.

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S3227	Continued From page 9 On 04/17/23 at 04:05 PM Licensed Nurse B stated she could not find the physician response for the pharmacy request to schedule Percocet for pain management instead of having it on an as needed basis. Staff stated the pharmacy request for Percocet should have been for Oxycodone. The operator failed to ensure pharmacy recommendations were followed-up and responded to by R101's provider.	S3227		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (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 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	S3248		

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S3248	Continued From page 10 have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1) The facility reported a census of 22 residents. Based on interview and record review, the operator failed to ensure two of five newly hired employees records included evidence of timely verification with the nurse aide registry was completed. Findings included: - Review of employee files conducted on 04/13/23 revealed the following: Certified Medication Aide (CMA) C hired on 02/23/22 and first day of work of 02/28/22. The "Nurse Aide Registry Confirmation Notice" documented a date of confirmation on 03/01/22 three days after CMA C started work at the facility. CMA D hired on 12/09/21. The "Nurse Aide Registry Confirmation Notice" documented a date of confirmation on 12/15/21 six days after CMA D was hired. The operator failed to ensure timely verifications of the nurse aide registry checks were completed.	S3248		

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S3280	Continued From page 11	S3280		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)(4) The facility reported a census of 22 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents and failed to ensure an annual evacuation drill was conducted. Findings included:	S3280		

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S3280	Continued From page 12 - On 04/13/23 Administrative Staff A provided documentation of quarterly reviews of the emergency management plan. Documentation lacked a review with staff during the second quarter of 2022 and with residents during the fourth quarter of 2021. Staff was not able to locate an annual evacuation drill completed for 2021. On 04/13/23 Administrative Staff A staff stated the documentation of the reviews and evacuation provided were all she had. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff and annual evacuation drills were completed.	S3280		
S3310 SS=F	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 13 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 22 residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Review of five newly hired staff records revealed the following: "Certified Medication Aide" (CMA) C hired 02/23/22 and started work on 02/28/22 had her first step of the two-step TB Skin Test (TST) read as negative on 03/02/22. The second step of the two-step TST was not administered until 05/02/22 which was 30 days past due. CMA D hired on 12/09/21 and had her first step of the two-step TST read as negative on 12/15/21. The second step of the two-step TST was not administered until 02/28/22 which was 24 days past due. "Certified Nurse Aide" (CNA) E hired 11/08/22 and had her first step of the two-step TST read negative on 10/28/22. The second step of the two-step TST was administered on 11/01/22 which was three days early. The June 2013 "Tuberculosis (TB) Guidelines for	S3310		

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S3310	Continued From page 14 Adult Care Homes" documented, " ...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 compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		