STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N084007	A. BUILDING: _____ B. WING _____	06/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF RUSSELL	1070 E WICHITA AVENUE RUSSELL, KS 67665

(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 with complaints (#173774, #171764, #171646, #171598, #171624) at the above named facility conducted on 06/26/23 and 06/28/23.	S 000		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h) The census equaled 28 residents. The sample included 3 residents. Based on record review and interview for 3 sampled Residents (R)1, R2 and R3, Operator/ Certified Medication Aide (CMA) A failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. Findings included: - Record review for R1 revealed an admission date of 09/10/21 with diagnoses of hyperlipidemia, hypertension, diabetes mellitus type II, impulse disorder and insomnia.	S3101		

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

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S3101	Continued From page 1 The "Functional Capacity Screen/Negotiated Service Agreement" dated 01/09/23 recorded the resident was independent with toileting, transfer, walk/mobility and eating, supervision required for dressing and physical assistance required for bathing and management of medications and treatments. R1 had impaired decision making, sometimes understandable/ usually understood communication and had impaired vision. Review of resident's "Service Plan" dated 03/06/23 recorded facility staff assisted R1 with bathing and applying TED hose, R1 self- injected insulin prepared by facility staff and facility staff administered all other medications and obtained blood sugar checks as ordered. R1 received two hour visual checks at night by facility staff. NSA lacked signatures of the individuals involved at the time of development of the agreement including R1 and any legal representatives or family members. - Record review for R2 revealed an admission date of 05/15/23 with diagnoses of hyperlipidemia, diabetes mellitus type II and insomnia. The "Functional Capacity Screen/Negotiated Service Agreement" dated 05/15/23 recorded the resident was independent with bathing, dressing, toileting, transfer, walk/mobility and eating and physical assistance required for management of medications and treatments. R2 was at risk for falls/unsteadiness and had impaired vision. Review of resident's "Service Plan" dated 05/24/23 recorded R2 self-injected insulin	S3101		

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S3101	Continued From page 2	S3101		

prepared by resident and facility staff administered all other medications and obtained blood sugar checks as ordered. R2 received two hour visual checks at night by facility staff.

NSA lacked signatures of the individuals involved at the time of development of the agreement including R2 and any legal representatives or family members.

- Record review for R3 revealed an admission date of 04/11/22 with diagnoses of cerebral palsy, major depressive disorder, vitamin deficiency and anxiety disorder.

Review of resident's "Functional Capacity Screen/ Negotiated Service Agreement" dated 03/07/23 recorded the resident was independent with toileting, required supervision for dressing, transfer, walk/mobility, eating and management of medications and treatments, and required physical assistance for bathing. R3 self-administered IcyHot (pain relief cream) and facility staff administered all medications.

Review of resident's "Service Plan" dated 03/13/23 recorded facility staff assisted R3 with getting in and out of the shower and applied TED hose, used a bed device to get in and out of bed and R3 self-administered IcyHot and facility staff administered all other medications.

NSA lacked signatures of the individuals involved at the time of development of the agreement including R3 and any legal representatives or family members.

Interview on 06//28/23 at 01:13 PM with Licensed

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S3101	Continued From page 3 Nurse B confirmed R1, R2 and R3's current NSA's were not signed by the resident and any legal representatives or family members. Facility's "Negotiated Service Agreement" policy (no date) recorded, "7. Each individual involved in the development of the NSA shall sign the agreement." Operator/CMA A failed to ensure each individual involved in the development of the NSA signed the agreement.	S3101		
S3225 SS=E	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (l) The facility reported a census of 28 residents, with 3 residents included in the sample. Based	S3225		

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S3225	Continued From page 4	S3225		

on record review and interview, the facility failed to ensure a licensed pharmacist conducted a quarterly medication regimen review for 2 Residents, (R)1 and R3, when the facility managed their medications.

Findings included:

- Record review for R1 revealed an admission date of 09/10/21 with diagnoses of hyperlipidemia, hypertension, diabetes mellitus type II, impulse disorder and insomnia.

Review of resident's "Functional Capacity Screen/ Negotiated Service Agreement" dated 01/09/23 recorded the resident required physical assistance with management of medications and treatments, R1 self- injected insulin and facility staff administered all other medications.

Review of resident's "Service Plan" dated 03/06/23 recorded R1 self- injected insulin prepared by facility staff and facility staff administered all other medications.

Review of R1's "Medication Regimen Reviews" lacked evidence any were completed for the third and fourth quarter of 2022.

- Record review for R3 revealed an admission date of 04/11/22 with diagnoses of cerebral palsy, major depressive disorder, vitamin deficiency and anxiety disorder.

Review of resident's "Functional Capacity Screen/ Negotiated Service Agreement" dated 03/07/23 recorded the resident required supervision with management of medications and

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S3225	Continued From page 5 treatments, resident self-administered IcyHot (pain relief cream) and facility staff administered all medications. Review of resident's "Service Plan" dated 03/13/23 recorded R3 self-administered IcyHot and facility staff administered all other medications. Review of R3's "Medication Regimen Reviews" lacked evidence any were completed for the third and fourth quarter of 2022. Interview on 06/28/23 at 01:10 PM with Licensed Nurse (LN) B confirmed no pharmacist reviews were conducted for the third and fourth quarters of 2022 for all residents of the facility. The facility failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for R1 and R3, who had their medication managed by the facility.	S3225		