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 _____	05/08/2024

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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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure survey for the above named Residential Health Care Facility conducted on 05/07/24 and 05/08/24.	S 000		
S3081 SS=D	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 six residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure staff completed a "Functional Capacity Screen" for one (R3) of three sampled residents at least every 365 days. Findings Included: - R3's medical record revealed he moved into the facility on 11/02/19 with diagnoses of type II diabetes mellitus and schizophrenia. R3's current "Functional Capacity Screen"(FCS) in his record is dated 10/21/22, more than 150	S3081		

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

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S3081	Continued From page 1 days past due. On 05/08/24 at 10:48 AM Administrative Licensed Nurse B acknowledged she was late in getting R3's FCS completed and knew it needed to be done every 365 days or with a significant change in condition. The executive director failed to ensure designated staff completed R3's FCS at least every 365 days.	S3081		
S3085 SS=E	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)(2)	S3085		

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S3085	Continued From page 2 The facility reported a census of six residents (R). The sample included three residents. Based on record review and interview for two (R4, R5) of three sampled residents the executive director failed to ensure a licensed nurse completed the "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and included the provider of each service, including those that required specialized education or training. Findings included: - Review of R4's electronic medical record revealed R4 moved into the facility on 09/10/10 with diagnoses of type II diabetes mellitus and paranoid schizophrenia. R4's "Functional Capacity Screen" dated 06/13/23 revealed R4 was unable to participate in management of medications and medical treatments, needed physical assistance with bathing, and supervision with toileting and dressing. On 05/07/24 at 02:17 PM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and "Health Care Service Plan" (NSA/HCSP) were one document. R4's NSA/HCSP dated 06/13/23 had medication assistance marked with an "X" and identified the facility was responsible for provision of the service. However, it failed to identify who provided medication assistance which requires someone who has completed specialized education and training to provide. It also had marked with an "X" bathing, incontinence assistance, and AM and PM dressing/grooming/oral care. The NSA/HCSP	S3085		

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S3085	Continued From page 3	S3085		

identified the facility was responsible for the provision of the services but failed to identify the trained staff who provided the service.

On 05/08/24 at 10:43 AM Administrative Licensed Nurse B acknowledged the NSA/HCSP did not specify qualified staff would provide services to R4 that required specialized education or training to complete the task.

The executive director failed to ensure designated staff completed R5's NSA/HCSP to identify who provided services that required specialized educations or training.

- Review of R5's electronic medical record revealed he moved into the facility on 06/15/17 with diagnosis of paranoid schizophrenia.

R5's "Functional Capacity Screen" (FCS) dated 10/20/23 revealed R5 required physical assistance with bathing, dressing, and was unable to participate in management of his medications and medical treatments.

On 05/07/24 at 02:17 PM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and "Health Care Service Plan" (NSA/HCSP) were one document.

R5's most current NSA/HCSP dated 10/20/23 had bathing, dressing, toileting, incontinence assistance, and medication assistance marked with an "X". It identified the facility was responsible for provision of services needed for the "X" areas. However, it failed to identify who provided the required services which required someone with specialized education and training to complete the tasks.

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S3085	Continued From page 4 On 05/08/24 at 10:43 AM Administrative Licensed Nurse B acknowledged the NSA/HCSP did not specify qualified staff would provide services to R4 that required specialized education or training to complete. The executive director failed to ensure designated staff completed R5's NSA/HCSP to identify who provided services that required specialized educations or training.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement 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, 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 reported a census of six residents (R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure designated staff	S3092		

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S3092	Continued From page 5 reviewed and revised the "Negotiated Service Agreement" for one (R3) of three sampled residents at least once every 365 days. Findings included: - R3's medical record revealed he moved into the facility on 11/02/19 with diagnoses of type II diabetes mellitus and schizophrenia. R3's current "Functional Capacity Screen"(FCS) dated 10/21/22 revealed he was independent with activities of daily living except needed supervision with bathing and eating. He also could not participate in management of his medications or medical treatments and was not identified at a risk for falls. R3s current "Negotiated Service Agreement" (NSA) is dated 10/21/22, 200 days past due. On 05/08/24 at 10:48 AM Administrative Licensed Nurse B acknowledged she was late in getting R3's FCS completed and knew it needed to be done every 365 days or with a significant change in condition. The executive director failed to ensure designated staff completed R3's NSA at least every 365 days.	S3092		
S3211 SS=E	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	S3211		

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S3211	Continued From page 6 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 six residents. Based on observation and interview, the executive director failed to ensure all over-the-counter medications were labeled with the resident's full name. This includes the need for the resident's full name to be on the original manufacturer's medication package and the medication container/tube. Findings included: - During initial tour of the facility the following concerns related to over-the-counter medications was identified: On 05/07/24 at 01:18 PM Certified Medication Aide unlocked the medication cart for inspection which revealed the following medications without a residents full name on the bottle: aspirin 81 milligrams, one daily multivitamin that included a residents last name, melatonin, vitamin D, aspirin 81 had another resident's last name, and a bottle of daily multivitamin and fiber laxative with only a resident's last name, and a box of antidiarrheal with no name on it.	S3211		

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S3211	Continued From page 7 On 05/07/24 at 01:32 PM Administrative Licensed Nurse B confirmed all over the counter medications were supposed to have the residents full name on the bottle/package. The executive director failed to ensure all over-the-counter medications included the full name of the resident they belonged to and included their name on the original manufacturer's medication package and the medication container.	S3211		
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)	S3280		

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S3280	Continued From page 8 The facility reported a census of six residents. Based on record review and interview for all residents, the executive director failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with facility staff. Findings included: - During an interview on 05/08/24 at 08:23 AM Administrative Licensed Nurse B reported the emergency training that is done on line is a generic training and is not set up according to the facility's emergency management plan. She also reported it is only reviewed once a year instead of quarterly. The executive director failed to ensure the facility's emergency management plan was reviewed quarterly with facility staff.	S3280		