STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067001S	A. BUILDING: _____ B. WING _____	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VIII	114 E MARSHALL STREET ERIE, KS 66733

(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 the licensure resurvey with attached complaint numbers 177444 and 176649, for the above named facility conducted on 06/03/24 and 06/04/24.	S 000		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (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. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (b) The facility reported a census of 15 residents. The sample included 3" Residents" (R)'s 1, 2, and 3, and one focused review. Based on record review and interview the Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R1 identified who was responsible for the administration of selected medications/treatments. Findings included:	S3186		

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

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S3186	Continued From page 1	S3186		

- Record review on 06/03/24 for R1 revealed an admission date of 07/14/23 with diagnoses of acute renal failure, depression, edema, hypertension, general weakness, elevated liver enzymes, chronic atrial fibrillation, arthritis pain, hypokalemia, and asthma.

Review of R1's combined "Functional Capacity Screen" (FCS) / "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) revealed R1 required physical assistance from facility staff for bathing, dressing, toileting, transferring, and walking/mobility. She had no cognitive impairment and was able to make herself understood and she understood others. Under the section 11. titled Health Care Services it was marked that staff were to store, set up, administer, and reorder medication for the resident, and a mark next to the word "No" for self-medication assessment.

Review of R1's paper medical record revealed the following documents:

An NSA/FCS/Care Plan Amendment dated 05/15/24 revealed under the section titled "Explanation of Change" the following written; Resident had a nebulizer machine and Oxygen concentrator. The nebulizer needed cleaned monthly and change the tubing monthly.

A document titled "Resident Qualification for Self-Medication" and dated 08/22/23 revealed under the section titled "Medication Approved" was written Ventolin Inhaler two puffs inhaled every six hours. In the section titled "Comments" was written "Resident requests to keep at bedside."

A document titled "Resident Qualification for

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S3186	Continued From page 2 Self-Medication" and dated 07/20/23 revealed under the section titled "Medications Approved" was written Tylenol 500 milligrams two tables by mouth three times daily, may "dose self" in the mornings. In the section titled "Comments" it was written resident request to take morning dose upon arising. Review of R1's physician signed orders and treatments dated 04/17/24 revealed the following orders: Tylenol 325 milligrams. Take two tablets by mouth three times a day for pain. "OK to leave" morning Tylenol at bedside. Evening staff to set up for 06:00 AM and leave at bedside. Ventolin Inhaler 90 micrograms. Take two puffs every six hours inhalation for shortness of breath, may keep at bedside. Albuterol 2.5 milligram/3milliliters 0.083% inhalation solution, with nebulizer inhaled every six hours as needed when wheezing. Interview on 06/04/24 at approximately 01:50 PM with Operator A and Licensed Nurse B confirmed R1's combined FCS/NSA/HSP lacked the identification of the resident self-administering her Tylenol, Ventolin Inhaler and Albuterol. The Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R1 identified who was responsible for the administration of selected medications/treatments.	S3186		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a	S3310		

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S3310	Continued From page 3	S3310		

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

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-207 (c)

The facility reported a census of 15 residents. Based on record review and interview the Operator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired employee "Certified Nurse Aide" (CNA) C.

Findings included:

- Record review on 06/03/24 revealed newly hired CNA C began her employment on 05/10/24. The record contained a document from the local health department dated 04/26/24 revealing the first step of the required two step TB test was administered on 04/24/24 and read negative on 04/26/24. Newly hired CNA C's record lacked documentation of a two step TB test being

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S3310	Continued From page 4 performed within seven days of employment. Interview on 06/04/24 at approximately 01:50 PM with Operator A and "Licensed Nurse" B confirmed CNA C record lacked documentation of the required second step of the two step TB test being performed within seven days of employment. Review of the Kansas TB Guidelines for Adult Care Homes dated June 2013 revealed the following: 2. If a new employee provided satisfactory documentation of receiving a single "Tuberculin Skin Test" (TST) within six months prior to employment that read not positive, the employee shall only be required to have a single TST within seven days of employment. The Operator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired employee CNA C.	S3310		