STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK LANE NURSING HOME	210 E PARK LANE SCOTT CITY, KS 67871

(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 an initial survey with a complaint (#189599) at the above named residential health care facility conducted on 08/20/24.	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) (2) (3) The facility reported a census of 10 residents. The sample included 3 residents. Based on record review, observation and interview for 3 sampled residents (R)1, R2 and R4, Administrator/ Licensed Nurse (LN) A failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care	S3085		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

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S3085	Continued From page 1	S3085		

services identified a description of the services the resident received, identified the provider of each service and identified each party responsible for payment if outside resources provided a service.

Findings included:

- Record review for R1 revealed an admission date of 02/09/24 with diagnoses of edema, hypertension, insomnia and benign prostatic hyperplasia.

The "Resident Functional Capacity Screen" (FCS) dated 02/09/24 recorded the resident as independent with transfer, walk/mobility and eating, required physical assistance with bathing, dressing, toileting, and was unable to manage medications and treatments. The FCS further recorded R1 had a foley catheter, had impaired memory/ recall, was at risk for falls/ unsteadiness and had impaired vision and hearing. R1 used a walker and wheelchair for ambulation.

Review of R1's current "Negotiated Service Agreement (NSA)/ Health Care Service Plan (HCSP)" dated 02/09/24 recorded facility staff assisted R1 with bathing, dressing, changing/ emptying foley catheter and colostomy and provided short, simple instructions for tasks. The NSA/HCSP further recorded R1 used a walker for ambulation and a wheelchair for long distances.

The NSA/HCSP failed to identify a description of services and provider of service for perineal care for R1's catheter and medication administration.

Observation on 08/20/24 at 02:40 PM revealed R1's foley catheter bag draining urine.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

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S3085	Continued From page 2	S3085		

Interview on 08/20/24 at 02:40 PM with R1 stated facility staff administered his medications.

Interview on 08/20/24 at 03:30 PM with LN B confirmed R1's NSA/HCSP failed to identify a description of services and provider of services for perineal care for R1's catheter as well as medication administration.

- Record review for R2 revealed an admission date of 01/12/24 with diagnoses of hypertension, diabetes mellitus type II, insomnia, gastritis, hypothyroidism and hypokalemia.

The "Resident Functional Capacity Screen" (FCS) dated 04/11/24 recorded the resident as independent with transfer, walk/mobility and management of medications and treatments, required physical assistance with bathing, toileting and eating and was unable to perform dressing. The FCS further recorded R2 was usually continent and was at risk for falls/ unsteadiness and had impaired vision. R1 used a walker and wheelchair for ambulation.

Review of R2's current "Negotiated Service Agreement (NSA)/ Health Care Service Plan (HCSP)" dated 01/12/24 recorded R2 as independent with walker and injection of insulin and facility staff cut meat up for R2 and assisted with bathing, dressing and administering medications.

The NSA/HCSP failed to identify a description of services and provider of services related to toileting.

Interview on 08/20/24 at 03:44 PM with LN B confirmed R1's NSA/HCSP failed to identify a description of services and provider of services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3085	Continued From page 3	S3085		

related to toileting.

- Record review for R3 revealed an admission date of 08/09/24 with diagnoses of benign prostatic hyperplasia, atherosclerotic heart disease and chronic obstructive pulmonary disease.

The "Resident Functional Capacity Screen" (FCS) dated 07/23/24 recorded the resident as independent with bathing, dressing, toileting, walk/mobility, eating and management of medications and treatments and required supervision with transfers. The FCS further recorded R3 was usually continent, had impaired vision and used a walker and cane for ambulation.

Review of R3's current "Negotiated Service Agreement (NSA)/ Health Care Service Plan (HCSP)" dated 08/09/24 recorded supervision required at times for transfers.

The NSA/HCSP failed to identify a description, provider and party responsible for payment for the use of outside resources.

Signed physician order dated 08/09/24 recorded oxygen at 2 liters per minute per nasal cannula.

Signed physician order dated 08/17/24 recorded oxygen at 2 liters per minute, continuous.

Observation on 08/20/24 at 03:08 PM in R3's revealed oxygen on per nasal cannula at 2 liters per minute.

Interview on 08/20/24 at 03:44 PM with LN B confirmed R3's NSA/HCSP lacked a description, provider and party responsible for payment for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

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S3085	Continued From page 4 the use of outside resources. Administrator/ LN A failed to ensure the NSA completed for residents who required health care services identified a description of the services the resident received, identified the provider of each service and identified each party responsible for payment if outside resources provided a service.	S3085		
S3101 SS=F	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 10 residents. The sample included 3 residents. Based on record review and interview for 3 sampled Resident (R)1, R2 and R3, Administrator/ Licensed Nurse (LN) 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 02/09/24 with diagnoses of edema, hypertension, insomnia and benign prostatic	S3101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3101	Continued From page 5	S3101		

hyperplasia.

The "Resident Functional Capacity Screen" (FCS) dated 02/09/24 recorded the resident as independent with transfer, walk/mobility and eating, required physical assistance with bathing, dressing, toileting, and was unable to manage medications and treatments. The FCS further recorded R1 had a foley catheter, had impaired memory/ recall, was at risk for falls/ unsteadiness and had impaired vision and hearing. R1 used a walker and wheelchair for ambulation.

Review of R1's current "Negotiated Service Agreement (NSA)/ Health Care Service Plan (HCSP)" dated 02/09/24 recorded facility staff assisted R1 with bathing, dressing, changing/ emptying catheter and colostomy and provided short, simple instructions for tasks. The NSA/HCSP further recorded R1 used a walker for ambulation and a wheelchair for long distances.

The NSA/HCSP lacked signatures of the individuals involved at the time of development of the agreement including a licensed nurse, administrator, R1 and any legal representative or family member.

- Record review for R2 revealed an admission date of 01/12/24 with diagnoses of hypertension, diabetes mellitus type II, insomnia, gastritis, hypothyroidism and hypokalemia.

The "Resident Functional Capacity Screen" (FCS) dated 04/11/24 recorded the resident as independent with transfer, walk/mobility and management of medications and treatments, required physical assistance with bathing, toileting and eating and was unable to perform dressing. The FCS further recorded R2 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK LANE NURSING HOME	210 E PARK LANE SCOTT CITY, KS 67871

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S3101	Continued From page 6	S3101		

usually continent and was at risk for falls/ unsteadiness and had impaired vision. R2 used a walker and wheelchair for ambulation.

Review of R2's current "Negotiated Service Agreement (NSA)/ Health Care Service Plan (HCSP)" dated 01/12/24 recorded R2 as independent with walker and injection of insulin and facility staff cut meat up for R2 and assisted with bathing, dressing and administering medications.

The NSA/HCSP lacked signatures of the individuals involved at the time of development of the agreement including a licensed nurse, administrator, R2 and any legal representative or family member.

- Record review for R3 revealed an admission date of 08/09/24 with diagnoses of benign prostatic hyperplasia, atherosclerotic heart disease and chronic obstructive pulmonary disease.

The "Resident Functional Capacity Screen" (FCS) dated 07/23/24 recorded the resident as independent with bathing, dressing, toileting, walk/mobility, eating and management of medications and treatments and required supervision with transfers. The FCS further recorded R3 was usually continent, had impaired vision and used a walker and cane for ambulation.

Review of R3's current "Negotiated Service Agreement (NSA)/ Health Care Service Plan (HCSP)" dated 08/09/24 recorded supervision required at times for transfers.

The NSA/HCSP lacked signatures of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK LANE NURSING HOME	210 E PARK LANE SCOTT CITY, KS 67871

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S3101	Continued From page 7 individuals involved at the time of development of the agreement including a licensed nurse, administrator, R3 and any legal representative or family member. Interview on 08/20/24 with Administrator/ LN A confirmed R1, R2 and R3's Negotiated Service Agreement was not signed by a licensed nurse, administrator, R3 and any legal representative or family member. Administrator/ LN A failed to ensure each individual involved in the development of the NSA signed the agreement.	S3101		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (d) The facility reported a census of 10 residents. The sample included 3 residents. Based on record review and interview for 3 sampled Residents (R)1, R2 and R3, Administrator/ Licensed Nurse (LN) A failed to ensure the negotiated service agreement (NSA) contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan.	S3165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK LANE NURSING HOME	210 E PARK LANE SCOTT CITY, KS 67871

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S3165	Continued From page 8 Findings included: - Record review for R1 revealed an admission date of 02/09/24 with diagnoses of edema, hypertension, insomnia and benign prostatic hyperplasia. The "Resident Functional Capacity Screen" (FCS) dated 02/09/24 recorded the resident as independent with transfer, walk/mobility and eating, required physical assistance with bathing, dressing, toileting, and was unable to manage medications and treatments. The FCS further recorded R1 had a foley catheter, had impaired memory/ recall, was at risk for falls/ unsteadiness and had impaired vision and hearing. R1 used a walker and wheelchair for ambulation. Review of R1's current "NSA/ Health Care Service Plan (HCSP)" dated 02/09/24 recorded facility staff assisted R1 with bathing, dressing, changing/ emptying catheter and colostomy and provided short, simple instructions for tasks. The NSA/HCSP further recorded R1 used a walker for ambulation and a wheelchair for long distances. The NSA lacked the name of the licensed nurse responsible for the implementation of the health care service plan. - Record review for R2 revealed an admission date of 01/12/24 with diagnoses of hypertension, diabetes mellitus type II, insomnia, gastritis, hypothyroidism and hypokalemia. The "Resident Functional Capacity Screen" (FCS) dated 04/11/24 recorded the resident as independent with transfer, walk/mobility and management of medications and treatments, required physical assistance with bathing,	S3165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK LANE NURSING HOME	210 E PARK LANE SCOTT CITY, KS 67871

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S3165	Continued From page 9	S3165		

toileting and eating and was unable to perform dressing. The FCS further recorded R2 was usually continent and was at risk for falls/ unsteadiness and had impaired vision. R2 used a walker and wheelchair for ambulation.

Review of R2's current "NSA/ Health Care Service Plan (HCSP)" dated 01/12/24 recorded R2 as independent with walker and injection of insulin and facility staff cut meat up for R2 and assisted with bathing, dressing and administering medications.

The NSA lacked the name of the current licensed nurse responsible for the implementation of the health care service plan.

- Record review for R3 revealed an admission date of 08/09/24 with diagnoses of benign prostatic hyperplasia, atherosclerotic heart disease and chronic obstructive pulmonary disease.

The "Resident Functional Capacity Screen" (FCS) dated 07/23/24 recorded the resident as independent with bathing, dressing, toileting, walk/mobility, eating and management of medications and treatments and required supervision with transfers. The FCS further recorded R3 was occasionally incontinent, had impaired vision and used a walker and cane for ambulation.

Review of R3's current "NSA/ Health Care Service Plan (HCSP)" dated 08/09/24 recorded supervision required at times for transfers.

The NSA lacked the name of the current licensed nurse responsible for the implementation of the health care service plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK LANE NURSING HOME	210 E PARK LANE SCOTT CITY, KS 67871

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S3165	Continued From page 10 Interview on 08/20/24 with Administrator/ LN A confirmed the NSA documents lacked the current licensed nurse responsible for the implementation of the health care service plan on 3 of 3 sampled residents. Facility's "Nursing Services and the Negotiated Service Agreement" policy (no date) recorded, "The negotiated service agreement/ service plan shall contain ... the name of the licensed nurse responsible for the implementation and supervision of the plan." Administrator/ LN A failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan.	S3165		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41 204 (i) The census equaled 10 residents. The sample included 3 residents. Based on record review, interview and observation, Administrator/ Licensed Nurse (LN) A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance	S3171		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK LANE NURSING HOME	210 E PARK LANE SCOTT CITY, KS 67871

(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
S3171	Continued From page 11	S3171		

with acceptable standards of practice for the use of bed assistive devices, which met the needs of 2 record review Residents (R)1 and R2.

Findings included:

- Record review for R1 revealed an admission date of 02/09/24 with diagnoses of edema, hypertension, insomnia and benign prostatic hyperplasia.

The "Resident Functional Capacity Screen" (FCS) dated 02/09/24 recorded the resident as independent with transfer, walk/mobility and eating, required physical assistance with bathing, dressing, toileting, and was unable to manage medications and treatments. The FCS further recorded R1 had a foley catheter, had impaired memory/ recall, was at risk for falls/ unsteadiness and had impaired vision and hearing. R1 used a walker and wheelchair for ambulation.

Review of R1's current "Negotiated Service Agreement (NSA)/ Health Care Service Plan (HCSP)" dated 02/09/24 recorded facility staff assisted R1 with bathing, dressing, changing/ emptying foley catheter and colostomy and provided short, simple instructions for tasks. The NSA/HCSP further recorded R1 used a walker for ambulation and a wheelchair for long distances.

The NSA/HCSP failed to identify the use of a bed assistive device used for transfers and/or repositioning.

Record review lacked an assessment of the bed assistive device to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK LANE NURSING HOME	210 E PARK LANE SCOTT CITY, KS 67871

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S3171	Continued From page 12	S3171		

device and an annual safety check assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment.

Observation on 08/20/24 at 02:40 PM in R1's room revealed a bed assist device to the left side of his bed.

- Record review for R2 revealed an admission date of 01/12/24 with diagnoses of hypertension, diabetes mellitus type II, insomnia, gastritis, hypothyroidism and hypokalemia.

The "Resident Functional Capacity Screen" (FCS) dated 04/11/24 recorded the resident as independent with transfer, walk/mobility and management of medications and treatments, required physical assistance with bathing, toileting and eating and was unable to perform dressing. The FCS further recorded R2 was usually continent and was at risk for falls/ unsteadiness and had impaired vision. R1 used a walker and wheelchair for ambulation.

Review of R2's current "Negotiated Service Agreement (NSA)/ Health Care Service Plan (HCSP)" dated 01/12/24 recorded R2 as independent with walker and injection of insulin and facility staff cut meat up for R2 and assisted with bathing, dressing and administering medications.

The NSA/HCSP failed to identify the use of a bed assistive device used for transfers and/or repositioning.

Record review lacked an assessment of the bed assistive device to confirm the device was not a restraint, an annual assessment of the resident to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK LANE NURSING HOME	210 E PARK LANE SCOTT CITY, KS 67871

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S3171	Continued From page 13 determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device and an annual safety check assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 08/20/24 at 03:35 PM in R2's room with LN B revealed a bed assist device to the left side of her bed. The bed device was not secured to the bed. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Interview on 08/20/24 at 03:35 PM with LN B confirmed a bed assistive device assessment was not completed for R1 and R2. Facility failed to provide a policy regarding bed assistive devices. Administrator/ LN A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of	S3171		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

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(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
S3171	Continued From page 14 2 record review Residents (R)1 and R2.	S3171		
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 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 census totaled 10 residents. The sample included 3 residents. Based on observation and interview for 1 sampled Resident (R)3 and 2 non-sampled Residents R4 and R5, Administrator/ Licensed Nurse (LN) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation on 08/20/24 at 11:09 AM with Certified Medication Aide (CMA) C and LN B revealed a locked medication room in the facility.	S3211		

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	N086001	A. BUILDING: _____ B. WING _____	08/20/2024

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S3211	Continued From page 15 The following over the counter medications were noted without first and last names: For R3, the cart contained one bottle of Bayer low dose ASA (pain reliever/ fever reducer), one bottle of Glucosamine Chondroitin (dietary supplement), one bottle of Centrum Silver Men 50 + (supplement), one bottle of Mucinex DM (expectorant), and one bottle of Docusate Sodium (stool softener), For R4, the cart contained one bottle of Multivitamins and one bottle of MacuHealth (dietary supplement), For R5, the cart contained one bottle of Lactoferrin (dietary supplement), one bottle of Calcium Complex Bone Health Support and one bottle of Prevagen (dietary supplement). Interview on 08/20/24 with CMA C confirmed the above listed medications were without full first and last names for R3, R4 and R5. Facility's "Medication Administration in Apartments" policy dated 08/24 recorded, "4. All over the counter medication must be labeled with either a pharmacy provided label or the facility resident label and must be affixed to the medication bottle by a licensed nurse or pharmacist." Administrator/ LN A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
S3213 SS=D	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a	S3213		

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S3213	Continued From page 16 dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (2) The facility reported a census of 10 residents. Based on observation, interview and record review, Administrator/ Licensed Nurse (LN) A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for 1 sampled Resident (R)2. Findings included: - Observation on 08/20/24 at 11:12 AM with Certified Medication Aide (CMA) C and LN B of the medication room revealed one insulin injector pen, which was not labeled with a resident's name. CMA C identified the insulin injector pen as belonging to R2. The injector pen had a manufacture label of Toujeo Max SoloStar. The injector pen had no other identification or pharmacist labeling. Review of R2's August 2024 "Medication Administration Record" (MAR) revealed the following, "Insulin Glargine subcutaneous solution, 100 units/ milliliters, inject as per sliding scale." Signed physician orders dated 03/21/24 for R2	S3213		

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S3213	Continued From page 17 recorded, "Lantus at the same dosage that was discussed bid (twice a day)." Interview on 08/20/24 at 11:12 AM with CMA C confirmed the insulin injector pen was not labeled. Facility's "Medication Administration in Apartments" policy dated 08/24 recorded, "All prescription medications are labeled by a dispensing pharmacy. Prescription medications that come in bulk (e.g. insulin pens) will have a pharmacy label on the main box only. A licensed nurse or pharmacist must affix a pharmacy provided resident label or the facility printed resident label to each individual item." Administrator/ LN A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for 1 sampled Resident (R)2.	S3213		
S3280 SS=D	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	S3280		

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S3280	Continued From page 18 (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) The census equaled 10 residents. The sample included 3 residents. Based on record review and interview, Administrator/ Licensed Nurse (LN) A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly reviews of the facility's entire "Emergency Management Plan" with staff. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, and missing residents. Facility failed to provide documentation of quarterly reviews of the emergency management plan with staff for the first and second quarter of 2024. Interview on 08/20/24 at 03:24 PM with Administrator/ LN A confirmed the facility's records lacked documentation of the emergency management plan was reviewed with staff for the first and second quarter of 2024.	S3280		

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S3280	Continued From page 19 Facility's "Disaster Preparedness" policy (no date) recorded, "3. Employees are educated during orientation and at least annual on the Disaster Plan." Administrator/ LN A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire "Emergency Management Plan" with staff.	S3280		