STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006001	A. BUILDING: _____ B. WING _____	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VI	737 HEYLMAN STREET FORT SCOTT, KS 66701

(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 abbreviated survey for complaints #'s 191372, 191325, 190778, and 181062, of the above named facility conducted on 10/22/24.	S 000		
S 195 SS=D	26-39-102 (f) Discharge Notice (f) The administrator or operator, or the designee, shall provide a notice of transfer or discharge in writing to the resident or resident ' s legal representative at least 30 days before the resident is transferred or discharged involuntarily, unless one of the following conditions is met: (1) The safety of other individuals in the adult care home would be endangered. (2) The resident's urgent medical needs require an immediate transfer to another health care facility. This REQUIREMENT is not met as evidenced by: K.A.R 26-39-102(f) The facility reported a census of 31 residents. The sample included 1 "Resident" (R)1. Based on interview and record review the operator failed to provide a notice in writing to R1 of involuntary discharge. Findings included: - Record review for R1 revealed an admission date of 02/19/2019 with diagnoses of diabetes, hypertensive chronic kidney disease and Alzheimer's disease.	S 195		

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
	N006001	A. BUILDING: _____ B. WING _____	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VI	737 HEYLMAN STREET FORT SCOTT, KS 66701

(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 195	Continued From page 1 Review of R1's "Functional Capacity Screen" (FCS) dated 11/23/23 revealed R1 required supervision with bathing, dressing, and toileting. She was independent with transferring, walking/mobility, and eating. R2 required physical assistance with managing her medications and medical treatments. She was incontinent, and had impaired short-term memory, memory recall, and decision making. She was able to make herself understood and she understood others. R1 was marked as a risk for falls and impaired decision making. She used a walker mobility device. Review of R1's "Negotiated Service Agreement" (NSA) dated 11/23/23 identified the facility would provide R1 the following health services; supervision with bathing, dressing, and toileting. Fall interventions included nonskid footwear, no throw rugs and the room was to be free of clutter. Under the section titled "Cognition" the following were marked; "Alert", "Oriented" and "Poor Decision Making". The "Cognition" section of the NSA lacked identification of health services for "Poor Decision Making". Review of R1's "Nurse Notes" dated 09/26/24 to 10/21/24 revealed the following entry: On 09/27/24 (no time entered) was written that R1 claimed her insulin was out of date, and not working correctly. The expiration date on the pen was 2026. After R1 self-injected her insulin, she dialed the pen to "a few units and shot in air to make sure needles aren't faulty." "Toilet clogged", R1 frequently stuffs paper products down toilet when unhappy with staff.	S 195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006001	A. BUILDING: _____ B. WING _____	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VI	737 HEYLMAN STREET FORT SCOTT, KS 66701

(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 195	Continued From page 2 Review of R1's "Doctors Progress Notes" dated 07/09/24 to 10/08/24 revealed the following entry: On 10/08/24 at 01:15PM Provider D wrote that R1 had been non complaint with her self-administration of her insulin as noted by facility staff. R1 had been administering more insulin then needed. "Patient became angry with staff when confronted on this and flushed 2 briefs down the toilet clogging the system." She has been given a notice of eviction. Review of R1's signed admission agreement dated 02/19/19 revealed the following statement; "Routine maintenance and repairs of resident apartments or individual living units and common areas inside and outside the facility shall be provided. The client will be responsible for damage to the facility property above normal wear and usage. Interview on 10/22/24 at approximately 05:00 PM with Operator B and Licensed Nurse C confirmed that R1 had been given a "verbal" 30-day notice on 10/2/24. Operator B stated she could not find an official 30-day notice form. She continued to state when R1 gets upset with facility staff she will flush non flushable items down the toilet. She continued to state the last time the plumber was at the facility for this issue he told the operator he would not come back for this issue. Operator B stated that the plumber stated he had been called to the facility approximately 6 or 7 times for this issue. Operator B stated that when the clog happened the last time that all the toilets on that hallway had sewage that ran out of all the toilets and on to the floors in all the rooms. Operator B stated she gave the verbal notice for the health	S 195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006001	A. BUILDING: _____ B. WING _____	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VI	737 HEYLMAN STREET FORT SCOTT, KS 66701

(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 195	Continued From page 3 concern of all residents who have had the toilets back up sewage into their rooms because R1 chose to flush non flushable items down her toilet when she became angry with staff. She further confirmed that the other incidents of this happening were prior to her employment as the" Operator" and she lacked the documentation of the incidents. Interview by phone on 10/22/24 at approximately 05:30 PM with Plumber E confirmed that he had been to the facility more than five times due to the occupant of the room flushing non flushable items down the toilet. He continued that the clog is always at the same location. He stated the building is plumbed with two bathrooms together in a "T" and not a "Y". He continued to state that when the items are flushed, the items swell at the location they are flushed and that it clogs the whole system on that hall. He continued to state that when this happens all the rooms in front of the clog overflow sewage into the location of the toilets wherever they are located at. Plumber E stated the last time he was in the facility it took him longer then eight hours to push the items thru the pipes to the laundry room so the debris/sewage could leave the facility plumbing. The operator failed to provide a notice in writing to R1 of involuntary discharge	S 195		