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 _____	R 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 the revisit for correction order 24-SCCC-212 conducted on 10/22/24.	{S 000}		
{S3215} SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	{S3215}		

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

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{S3215}	Continued From page 1 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (h) (4) The facility reported a census of 31 residents. Based on observation and interview the operator failed to ensure the facility's "Licensed Nurses'" (LN)'s and "Certified Medication Aides'" (CMA)'s did not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration. Findings included: - Observation on 10/22/24 at approximately 10:40AM, CMA A unlocked cart one and in the top drawer was an in use Admelog Solo 100 units / milliliter insulin pen with approximately 220 units left in the pen labeled with a resident name. The pen lacked the date it was opened. Interview with CMA A on 10/22/24 at approximately 10:42AM confirmed the Admelog Solo insulin pen had been used and she further confirmed the pen lacked the date it was opened. Review of the manufacturer's recommendations for the Admelog Solo Insulin pen stated to only use the pen for 28 days after the first use. Throw away the Admelog SoloStar Pen after 28 days, even if it still had insulin left in the pen. The operator failed to ensure the facility's LN's and "Certified Medication Aides'" (CMA)'s did not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration.	{S3215}		

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{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: K.A.R. 26-41-104 (d) (3) (4) The facility reported a census of 30 residents. Based on record review and interview the Operator failed to ensure the facility's disaster and emergency preparedness by ensuring quarterly reviews of the facility's emergency management plan with residents, and an emergency drill which included the evacuation of the residents to a secure location was performed at least annually. Findings included:	{S3280}		

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{S3280}	Continued From page 3 - Interview on 10/22/24 at approximately 11:30AM with Operator B confirmed she had presented the emergency management training to staff and had each staff member sign an individual training sheet, she further confirmed she had not provided the emergency preparedness training to residents and she had not performed a full annual resident evacuation to a safe place. The Operator failed to ensure the facility's disaster and emergency preparedness by ensuring quarterly reviews of the facility's emergency management plan with residents, and an emergency drill which included the evacuation of the residents to a secure location was performed at least annually.	{S3280}		
{S3296} SS=F	26-41-206 (c) (1) Dietary Services Weekly Menu (c) (1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-206 (c)(1) The facility reported a census of 30 residents. Based on observation and interview the Operator failed to ensure the facility made the accurate menu plans available to each resident on a weekly basis. Findings included: - Observation on 10/22/24 at approximately	{S3296}		

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{S3296}	Continued From page 4 10:45AM of the dining room revealed on the northeast wall of the dining room were white wipe boards with the daily menus written on them. Interview on 10/22/24 at approximately 10:45AM with Operator B confirmed she had not posted the seven day menu plans yet, she continued to state that she was working on getting this corrected. The Operator failed to ensure the facility made the accurate menu plans available to each resident on a weekly basis.	{S3296}		
{S3298} SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-206 (d)	{S3298}		

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{S3298}	Continued From page 5 The facility reported a census of 30 residents. Based on observation and interview the Operator failed to ensure the food preparation included being served to the facility residents at the proper temperatures. - Observation on 10/22/24 at approximately 08:15AM a facility dietary staff was pushing a metal cart with approximately 8 kitchen plates that contained breakfast food items and were covered with clear plastic covers. Interview on 10/22/24 at approximately 06:00PM with Operator B and Licensed Nurse C confirmed that the plates were not insulated and they further confirmed they could not be sure the food items were at the appropriate holding temperatures when presented to the residents who they were delivered to.	{S3298}		
{S3299} SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-206 (e)(1) The facility reported a census of 31 residents. Based on observation and interview the Operator failed to ensure the facility food was stored in	{S3299}		

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{S3299}	Continued From page 6 safe and sanitary conditions. - Observation on 10/22/24 at approximately 10:45AM, in the facility kitchen on the southeast wall, in the middle double door refrigerator on the bottom shelf a turkey sat directly on the bottom shelf in a large puddle of water. The turkey was not in another container. Interview on 10/22/24 at approximately 06:00PM with Operator B confirmed the turkey was in the thawing process and should have been sat in another container. The Operator failed to ensure the facility food was stored in safe and sanitary conditions.	{S3299}		
{S9999}	Final Observations	{S9999}		