STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N050005	A. BUILDING: _____ B. WING _____	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARSONS PRESBYTERIAN MANOR	3501 DIRR AVENUE PARSONS, KS 67357

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 12/11/24.	S 000		
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: K.A.R. 26-41-204 (i) The facility reported a census of 14 residents. The sample included 3 "Residents'", (R)'s 1, 2, and 3. Based on observation, interview, and record review the Administrator failed to provide healthcare services for R3 in accordance with professional standards of practice when the Administrator failed to ensure an assessment was completed to confirm that the bed assist device was not a restraint, complete an assessment of R3 to determine the purpose of the device, R3's ability to safely use the device and document the findings in the R3's resident record. The Administrator further failed to provide healthcare services for R1 in accordance with professional standards of practice when the Administrator failed to complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in R1's resident record.	S3171		

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

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S3171	Continued From page 1 Findings included: - Record review for R1 revealed an admission date of 07/12/24 with diagnoses of dependence on supplemental oxygen, atherosclerotic heart disease of the native coronary artery, presence of coronary angioplasty implant, chronic respiratory failure, type two diabetes, chronic obstructive pulmonary disease, and presence of ileostomy. Review of R1's "Functional Capacity Screen" (FCS) dated 07/12/24 revealed R1 required assistance/supervision with bathing. She was independent with dressing, toileting, transferring, mobility, eating and required supervision with management of her medications/medical treatments. R1 was cognitively intact, was able to make herself understood and she understood others. R1 used a four wheeled walker mobility device. Review of R1's combined "Negotiated Service Agreement" (NSA)/" Health Service Plan" (HSP) dated 07/12/24 revealed the facility staff would provide stand by assistance of one person for bathing and administer some of R1's medications. R1's NSA lacked documentation of a description of the bed assist device, its purpose and special instructions on use and monitoring in the R1's NSA. Review of R1's electronic "Medical Record" under the "EMAR Forms" tab revealed a document titled "Assistive Device for Bed Screening" dated 07/12/24, which included the following typed statement "Device is appropriately in use and inf necessary, the fit of device to patient is correct."	S3171		

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S3171	Continued From page 2 Observation on 12/11/24 at approximately 04:00 PM of R1's bed revealed the head of the full-size bed was up against the west wall of the room. On the left side of the bed slid under the mattress was an inverted "U" shaped tubular device that measured 12 inches in width and from the top of the device to the bottom of the mattress where the device slid under the mattress was 21 inches in height. The device freely slid from under the mattress. R1's resident record lacked documentation of an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and posed no risk for entrapment and document the findings in the resident record. Interview on 12/11/24 at approximately 04:00 PM with Registered Nurse (RN) B confirmed the bed assist device was not securely attached to R1's bed. - Record review for R3 revealed an admission date of 11/04/22 with diagnoses of essential hypertension, insomnia, anxiety disorder, bilateral osteoarthritis, bilateral primary osteoarthritis, calculus of gallbladder, dizziness and giddiness, and localized edema. Review of R3's FCS dated 11/05/24 revealed R3 required assistance/supervision with bathing. R3 was independent with dressing, toileting, transferring, mobility, and eating. He required supervision with managing his medications and medical treatments. He was able to make himself understood and he understood others. R3 used a four wheeled walker mobility device.	S3171		

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S3171	Continued From page 3 Review of R3's combined "Negotiated Service Agreement" (NSA)/" Health Service Plan" (HSP) dated 11/05/24 revealed the facility staff would provide stand by assistance of one person for bathing and administer some of R3's medications. R3's NSA lacked documentation of a description of the bed assist device, its purpose and special instructions on use and monitoring in the R1's NSA. R3's electronic "Medical Record" lacked documentation of an assessment to confirm that the device was not a restraint, complete an assessment of R3 to determine the purpose of the device and R3's ability to safely use the device and document the findings in R3's resident record, and complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and posed no risk for entrapment and document the findings in the resident record. Observation on 12/11/24 at approximately 04:10 PM of R3's bed revealed the head of the bed sat against the north wall of the room. On the left and right side of the bed were inverted "U" shaped devices that measured approximately 13 inches in width, and from the top of the device to the floor they measured approximately 39.5 inches. The devices had an inverted u shape that slid under the mattress, and they were securely attached to the bed frame. Interview on 12/11/24 at approximately 04:30 PM with RN B confirmed R3's resident record lacked documentation of an assessment to confirm that	S3171		

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S3171	Continued From page 4 the device was not a restraint, complete an assessment of R3 to determine the purpose of the device and R3's ability to safely use the device and document the findings in R3's resident record, and complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and posed no risk for entrapment and document the findings in the resident record. The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following: Complete an assessment of the resident to confirm that the device is not a restraint. Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record. Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record. If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the comments section. Include a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA.	S3171		

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S3171	Continued From page 5 Document periodic reassessments of the resident's use of the device and their ability to use it safely and reassessment of the safety of the device in the resident's record. The Administrator failed to provide healthcare services for R3 in accordance with professional standards of practice when the Administrator failed to ensure an assessment was completed to confirm that the bed assist device was not a restraint, complete an assessment of R3 to determine the purpose of the device, R3's ability to safely use the device and document the findings in the R3's resident record. The Administrator further failed to provide healthcare services for R1 in accordance with professional standards of practice when the Administrator failed to complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in R1's resident record.	S3171		
S3310 SS=D	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a 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	S3310		

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S3310	Continued From page 6 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 14 residents. The sample included 3 "Residents'", (R)'s 1, 2, and 3 and 2 newly hired employees. Based on interview and record review the Administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines adopted by reference in K.A.R. 26-39-105 for newly hired Registered Nurse (RN) B. Findings included: - Record review for newly hired RN B revealed she began employment on 01/15/24. RN B's personnel record contained a document titled "Immunization Record for Staff/Resident". Under the section titled "Tuberculin Skin Test" revealed the first step of the required two step TB test was administered on 05/06 and read "Negative" on 05/08. The second step of the required two step TB test was administered on 05/20 and read negative on 05/22. The document lacked the documentation of the year. Interview on 12/11/24 with RN B confirmed the year of the required two step TB test was performed in 2024, and she further confirmed the required first step was not administered until 05/06/24.	S3310		

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S3310	Continued From page 7 Review of the department "Tuberculosis Guidelines for Adult Care Homes" dated 06/2013 under the section titled "I. New Resident and New employee Initial Tuberculosis System Screen and TP infection testing", "B. Each new resident and new employee shall receive a two-step" tuberculin skin test for Mycobacterium tuberculosis within "7" days of residency or employment ... The Administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines adopted by reference in K.A.R. 26-39-105 for newly hired Registered Nurse (RN) B.	S3310		