STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N027008	A. BUILDING: _____ B. WING _____	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - ELLSWORTH	300 BICKERDYKE BLVD ELLSWORTH, KS 67439

(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 a resurvey at the above named facility conducted on 01/28/25.	S 000		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d) (1) The census equaled 3 residents. The sample included 3 residents. Based on record review and interview for 2 sampled residents (R)1 and R3, Administrator A failed to ensure the review, and if necessary, revision of the Negotiated Service Agreement (NSA) at least once every 365 days. Findings included:	S3092		

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

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S3092	Continued From page 1	S3092		

- R1's "Medical Record" revealed she admitted to the facility on 01/11/24 with a diagnosis of hypothyroidism, irritable bowel syndrome and left carotid bruit.

The current "Resident Functional Capacity Screen" (FCS) dated 01/13/25 recorded the resident as independent with bathing, dressing, toileting, transfer, walk/ mobility and eating and was unable to manage her medications and treatments. The FCS recorded R1 was continent, had no cognitive impairment, was understandable/ understood communication and used a cane for ambulation.

The resident's current "Negotiated Service Agreement" (NSA) dated 01/11/24 recorded facility staff provided 3 meals a day and 1 snack to R1, assisted with showering/ bathing twice a week as scheduled and administered medications.

The current "Service Plan" dated 01/11/24 recorded R1 was independent with dressing, toileting, transfer, walk/ mobility and eating and facility staff provided set up and assistance with bathing/ showering as needed, hands on assistance with shampooing hair in the shower/bath and medication trained staff administered medication per physician order.

Record lacked completion of an annual Negotiated Service Agreement since 01/11/24.

Interview on 01/28/25 at 11:50 AM with R1 stated she was independent with bathing, dressing, toileting, walking and eating and facility staff

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S3092	Continued From page 2	S3092		

administered her medications.

Interview on 01/28/25 at 12:40 PM with Licensed Nurse (LN) B confirmed R1's Negotiated Service Agreement was not completed annually.

- R3's "Medical Record" revealed he admitted to the facility on 01/11/24 with diagnoses of hypothyroidism, pure hypercholesterolemia, dementia, coronary artery disease, diabetes mellitus and hypertension.

The current "Resident Functional Capacity Screen" (FCS) dated 01/13/25 recorded the resident as independent with bathing, dressing, toileting, transfer, walk/ mobility and eating and was unable to manage his medications and treatments. The FCS recorded R3 was continent, had short-term memory impairment, memory/ recall impairment, was understandable/ understood communication and used a cane for ambulation.

The resident's current "Negotiated Service Agreement" (NSA) dated 01/11/24 recorded facility staff provided 3 meals a day and 1 snack to R3, assisted with showering/ bathing twice a week as scheduled and administered medication.

The current "Service Plan" dated 01/11/24 recorded R1 was independent with dressing, toileting, transfer, walk/ mobility and eating and facility staff provided set up and assistance with bathing/ showering as needed and medication trained staff administered medication per physician order.

Record lacked completion of an annual

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S3092	Continued From page 3 Negotiated Service Agreement since 01/11/24. Interview on 01/28/25 at 11:50 AM with R3 stated he was independent with bathing, dressing, toileting, walking and eating and facility staff administered his medications. Interview on 01/28/25 at 12:48 PM with LN B confirmed R3's Negotiated Service Agreement was not completed annually. Facility failed to provide a policy on negotiated service agreements. Administrator A failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days.	S3092		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route.	S3200		

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S3200	Continued From page 4	S3200		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205 (d)

The census equaled 3 residents. The sample included 3 residents. Based on record review and interview for 1 sampled Resident (R)1, Administer A failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order.

Findings included:

- Record review for R1 revealed she admitted to the facility on 01/11/24 with diagnoses of hypothyroidism, irritable bowel syndrome and left carotid bruit.

R1's "Functional Capacity Screen" (FCS) dated 01/13/25 recorded the resident was unable to perform management of medications and treatments.

The resident's current "Negotiated Service Agreement" (NSA) dated 01/11/24 recorded facility staff would provide management of medications.

R1's current "Service Plan" dated 01/11/24 recorded medication trained staff administered medication per physician order.

Review of R1's January 2025 medication administration record (MAR) revealed the following:

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S3200	Continued From page 5 "Aspirin [nonsteroidal anti-inflammatory drug] 81 mg [milligrams] 1 tablet by mouth in the morning; Colace [stool softener] 100 mg by mouth in the morning; Levothyroxine [hormone] 50 mcg [microgram] 1 tablet by mouth one time a day; Metamucil Oral Powder [supplement] 3.4 grams by mouth one time a day; Multivitamin 1 tablet by mouth in the morning; Vitamin C 500 mg tablet by mouth in the morning; Eye Vitamin 1 tablet by mouth two times a day." Medications signed off as administered daily from 01/01/25 through 01/27/25. Record lacked current signed physician orders for the above listed medications. Electronic interview on 01/29/25 at 11:20 AM with Licensed Nurse (LN) B confirmed unable to locate any signed physician orders for R1. Facility failed to provide a policy on medication orders. Administrator A failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order.	S3200		
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	S3280		

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S3280	Continued From page 6 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: KAR 26-41-104 (d) (3) (4) The census equaled 3 residents. The sample included 3 residents. Based on record review and interview, Administrator A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents and staff and an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location. 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. Review on 01/28/25 of the facility's quarterly	S3280		

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S3280	Continued From page 7	S3280		

reviews of the emergency management plan with residents and staff revealed the following review:

On 10/01/24, the facility reviewed fire, floor and severe weather.

The facility failed to review the procedures to manage potential emergencies including tornado, loss of electrical and water services, explosion, natural gas leak and missing resident for the fourth quarter of 2024 with residents and staff.

The facility failed to provide documentation regarding emergency management plan reviews completed with residents and staff for the first, second and third quarters of 2024.

Facility failed to provide documentation of performance of an annual emergency drill conducted with all residents and the minimum number of staff on duty at one time that included an evacuation of all residents to a secure location.

Interview on 01/28/25 at 10:57 AM with Maintenance Staff D confirmed one quarterly review was completed with residents and staff in 2024.

Interview on 01/28/25 at 12:35 PM with Licensed Nurse B confirmed unable to locate documentation of an annual emergency drill conducted with all residents and the minimum number of staff on duty at one time.

Administrator A failed to ensure disaster and emergency preparedness by the failure to ensure

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S3280	Continued From page 8 the performance of quarterly reviews of the facility's entire "Emergency Management Plan" with residents and staff and an annual emergency drill conducted with staff and memory care residents to include an evacuation of the residents to a secure location.	S3280		
S3310 SS=E	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 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 census totaled 3 residents. The sample included 3 residents and review of 1 newly hired employees. Based on record review and interview for 2 of 3 sampled Residents (R)1 and R3, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines.	S3310		

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S3310	Continued From page 9 Findings included: - R1's "Health Record" revealed she admitted to the facility on 01/11/24 and the record lacked completion of a TB questionnaire completed upon admission. R1's TB questionnaire was completed on 07/26/24, over 6 months after being admitted to the facility. - R3's "Health Record" revealed he admitted to the facility on 01/11/24 and the record lacked completion of a TB questionnaire completed upon admission. R3's TB questionnaire was completed on 07/26/24, over 6 months after being admitted to the facility. Interview on 01/28/25 at 12:40 PM with Licensed Nurse (LN) B confirmed a TB questionnaire was not completed upon admission for R1. Interview on 01/28/25 at 12:48 PM with LN B confirmed a TB questionnaire was not completed upon admission for R3. The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		