STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N057004	A. BUILDING: _____ B. WING _____	05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE HOMES	200 WILLOW RD HILLSBORO, KS 67063

(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 represent the findings of a resurvey for the above named Assisted Living facility conducted on 05/19/25 and 05/20/25.	S 000		
S3085 SS=D	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: 3085 KAR 26-41-202(a)(1) The facility reported a census of 28 residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully	S3085		

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

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S3085	Continued From page 1 developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)101. Findings included: - R101's medical record revealed she moved into the facility on 05/05/24 with a diagnosis of diabetes mellitus. The 01/04/25 FCS identified R101 was independent with transfers and was at risk for falls. The 01/04/25 NSA did not address what services staff provided R101 concerning fall prevention. An observation on 05/20/25 at 10:39 AM revealed R101 was alert and oriented and independently transferred herself and ambulated bare footed while using a four-wheeled walker. On 05/20/25 at 11:07 AM Administrative Nurse A confirmed R101's NSA did not include what services staff provided her concerning fall prevention. The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		
S3092 SS=D	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	S3092		

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S3092	Continued From page 2	S3092		

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:
3092
KAR 26-41-202(d)(4)

The facility reported a census of 28 residents. The sample included three residents. Based on interview, observation, and record review the operator failed to ensure designated staff revised a "Negotiated Service Agreement" (NSA) when Resident (R)102 with an order for an injectable anticoagulant which nursing staff administered.

Findings included:

- R102's medical record revealed she moved into the facility on 01/22/23 with a diagnosis of cerebral infarction.

The 09/24/24 "Functional Capacity Screen" (FCS) revealed R102 was independent with management of medications and treatments.

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S3092	Continued From page 3 The 09/24/24 NSA documented R102 self-administered her own medications and treatments. The NSA was not revised to include that staff administered R102's injectable anticoagulant medication. The 03/07/25 "Health Status Note" documented R102 had an order for anticoagulant medication injection daily for 14 days to be administered by the nurse. On 05/20/25 at 11:08 AM Administrative Nurse A stated when R102 returned from the hospital she had an order for an anticoagulant medication injection which the nurse administered. Administrative Nurse A stated R102's NSA was not revised to include nursing staff injected this medication for R102. The operator failed to revise R102's NSA to show nursing staff administered her injectable anticoagulant medication.	S3092		
S3310 SS=F	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	S3310		

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S3310	Continued From page 4 adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: 3310 KAR 26-41-207(c) The facility reported a census of 28 residents. The sample included three residents. Based on interview and record review for three residents and two new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility. Findings included: - Resident (R)102 moved into the facility on 01/22/23 with a diagnosis of cerebral infarction. Review of R102's medical record lacked evidence R102 had a TB Symptom Screen Questionnaire completed after returning to the facility after being hospitalized for approximately two weeks. On 05/20/25 at 11:08 AM Administrative Nurse A stated a TB Symptom Screen Questionnaire was not completed for R102 upon returning from her hospitalization.	S3310		

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S3310	Continued From page 5 The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident shall have a TB Symptom Screen Questionnaire completed upon return from a hospitalization ..." The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Review of two newly hired employee files revealed the following: Review of facility personnel records revealed Certified Medication Aide (CMA) B was hired on 08/31/24 lacked evidence a TB Symptom Screen Questionnaire was completed. On 05/20/25 at 11:37 AM Administrative Staff C confirmed a TB Symptom Screen Questionnaire was not completed for CMA B upon hire. The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of ...employment." For one of three sampled residents (R102) and two new employee record reviewed, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		