STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B006003	A. BUILDING: _____ B. WING _____	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GUEST HOME	1115 227TH 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 licensure resurvey for the above named facility conducted on 06/03/25.	S 000		
S5301 SS=E	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (d) (3) (D) The facility reported a census of 6 residents. The sample included 3 "Residents" (R). Based on record review and interview the Operator failed to ensure the documentation of the actual clock times medications were administered when the "Medication Administration Record" (MAR)	S5301		

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

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S5301	Continued From page 1	S5301		

identified only time intervals for the medication administration for R1 and R2.

Findings included:

- Record review for R1 revealed an admission date of 04/29/25 with diagnoses of Alcoholism, Diverticulosis, Gout, Hypertension, Pancreatitis, and Peptic ulcer disease.

Review of R1's "Functional Capacity Screen" (FCS) dated 04/28/25 revealed R1 required physical assistance with bathing, dressing, transferring and walking/mobility. R1 lacked the ability to manage his own medications and was identified as cognitively intact. R1 was able to make himself understood and he understood others. R1 was identified at risk for falls and used a walker and wheelchair mobility device.

Review of R1's "Negotiated Service Agreement" (NSA) dated 04/29/25 identified Nursing staff would administer R1's medications.

Review of R1's "Health Service Plan" (HSP) dated 04/29/25 instructed facility staff to administer R1's medications.

Review of the facility provided "Medication Administration Record" (MAR) dated 06/25 revealed the following medication orders and staff initialed administered times:

Allopurinol 200 "milligram" (mg); Take one tablet by mouth daily; administration time was documented as "AM".

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S5301	Continued From page 2 Amlodipine 5 mg tablet; Take 10mg by mouth every day; administration time was "AM" Esomeprazole 40mg capsule; Take 1 capsule by mouth every morning before breakfast; administration time was documented as "AM". Levothyroxine 25 "m" tablet; Take 1 tablet by mouth every day; administration time was documented as "AM". Metoprolol Tartrate 25 mg; Take 1 tablet by mouth every day; administration time was documented as "AM". Polyethylene Glycol 17 grams; Take 17 grams by mouth once daily; administration time was documented as "AM". Potassium Chloride 20 milliequivalents; Take 20 milliequivalents by mouth one the morning at one at "hour of sleep" (hs); administration times were documented as "AM" and "HS". Sueralfate1 gram caplet; Take 1 caplet by mouth twice daily; administration times were documented as "AM" and "HS". Pregabalin 100 mg capsule; Take 1 capsule by mouth twice daily; administration times were documented as "AM" and "HS". Simvastatin 40 mg tablet; Take 1 tablet by mouth every day; administration time was documented as "HS". Tizanidine 4 mg tablet; Take 1 tablet by mouth every 8 hours while awake; administration times were documented as "AM", "Noon", and "HS".	S5301		

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S5301	Continued From page 3	S5301		

- Record review for R2 revealed an admission date of 01/30/24 with diagnoses of hypokalemia, lower left leg edema, hypertension, and Type Two Diabetes Mellitus with hyperglycemia.

Review of R2's FCS dated 01/30/25 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, and walking/mobility. R2 lacked the ability to manage her own medications/medical treatments. R2 was cognitively intact and was able to make herself understood and R2 understood others. R2 was identified at risk for falls and used a walker mobility device.

Review of R2's NSA dated 01/30/25 and addended on 05/13/25 identified the family would administer Lactulose Solution 15 milliliters (ml) every 4 hours, and the facility nursing staff would administer all other ordered medications.

Review of R2's HSP dated 01/30/25 instructed facility staff to administer medications.

Review of the facility provided "Medication Administration Record" (MAR) dated 06/25 revealed the following medication orders and staff initialed administered times:

Acidophilus Probiotic; Take 1 capsule one time a day by mouth; administration time was documented as "AM".

Lisinopril 5 mg tab; Take 1 tab by mouth daily; the record lacked documentation of the medication being administered.

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S5301	Continued From page 4 Pantoprazole 40 mg tablet; Take 1 tablet by mouth twice daily; the record lacked documentation of the medication being administered. Furosemide 40 mg tablet; Take 1 tablet by mouth daily; the record lacked documentation of the medication being administered. Glipizide 5 mg tablet; Take 1 tablet by mouth twice daily; the record lacked documentation of the medication being administered. Potassium Chloride 20 mg tablet; Take 1 tablet by mouth daily; the record lacked documentation of the medication being administered. Levothyroxine (the record lacked documentation of the dosage); Take 1 tablet by mouth daily; the record lacked documentation of the medication being administered. Interview on 06/03/25 at approximately 05:30 PM with Operator A and Registered Nurse B confirmed the MARs for R1 and R2 lacked the documentation of the actual clock times their medications were administered. The Operator failed to ensure the documentation of the actual clock times medications were administered when the MAR identified only time intervals for the medication administration for R1 and R2.	S5301		
S5315 SS=D	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and	S5315		

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S5315	Continued From page 5 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 home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home 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 home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (h) The facility reported a census of 6 residents. The	S5315		

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S5315	Continued From page 6	S5315		

sample included 3 "Residents" (R). Based on observation, record review and interview the Operator failed to ensure all medications were securely and properly stored in accordance with federal and state laws and regulations.

Findings included:

- Record review for R1 revealed an admission date of 04/29/25 with diagnoses of Alcoholism, Diverticulosis, Gout, Hypertension, Pancreatitis, and Peptic ulcer disease.

Review of R1's "Functional Capacity Screen" (FCS) dated 04/28/25 revealed R1 required physical assistance with bathing, dressing, transferring and walking/mobility. R1 lacked the ability to manage his own medications and was identified as cognitively intact. R1 was able to make himself understood and he understood others. R1 was identified at risk for falls and used a walker and wheelchair mobility device.

Review of R1's "Negotiated Service Agreement" (NSA) dated 04/29/25 identified Nursing staff would administer R1's medications.

Review of R1's "Health Service Plan" (HSP) dated 04/29/25 instructed facility staff to administer R1's medications.

Observation on 06/03/25 at approximately 03:00 PM of R1's bathroom, in the cabinet above the sink was a bottle of Miralax.

Interview on 06/03/25 at approximately 05:30 PM Operator A and Registered Nurse B confirmed

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S5315	Continued From page 7 the facility was to administer all of R1's medications. The Operator failed to ensure all medications were securely and properly stored in accordance with federal and state laws and regulations.	S5315		