STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N006008	A. BUILDING: _____ B. WING _____	08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF FORT SCOTT	820 S HORTON 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 08/08/22-08/09/22.	S 000		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 16 residents with three included in the sample. Based on interview and record review the administrator failed to ensure an assessment was completed to determine that one resident could self-administer medications safely and accurately before he	S3175		

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

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S3175	Continued From page 1 began self-administration of medications. Findings included: - Record review for Resident (R)808 revealed an admission date of 02/16/22 with the following diagnoses: heart failure and sick sinus syndrome. The 08/03/22 Annual "Functional Capacity Screen" (FCS) identified R808 was independent with bathing, dressing, toileting, transfers, walking/mobility, and eating and required supervision with management of medications and treatments. The 08/08/22 combined Annual "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HSP) directed facility staff that R808 was independent with management of medications with a friend providing set up assistance and was independent with management of treatments with a friend's assistance. R808's record lacked documentation of an assessment to determine that he could safely and accurately self-administer medications. On 08/09/22 at 10:03 AM during a phone interview, R808's friend stated she set up medications for R808 to self-administer through his percutaneous endoscopic gastrostomy (PEG) tube (a feeding tube through the skin directly to the stomach) during her daily visits. On 08/09/22 at 02:44 PM Administrative Staff B stated R808's girlfriend sets up and reminds him to take his medications daily.	S3175		

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S3175	Continued From page 2 The March 2014 facility's "Clarification of Self-Med Procedures" policy documented "The residence nurse will makes (sic) the determination on whether a resident is capable to self-administer medications. This is done by completing a self-medication administration assessment with the resident. . . Self-administration test will be done at admission, at significant change and annually." The administrator failed to ensure an assessment was completed to determine that R808 could safely and accurately self-administer medications.	S3175		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused,	S3248		

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S3248	Continued From page 3 neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1)(2) The facility reported a census of 16 residents. Based on interview and record review the administrator failed to ensure evidence of certification for one certified staff and licensure for one licensed staff out of five sampled staff; and failed to ensure supporting documentation for criminal background checks for one staff out of five sampled staff was completed upon hire. Findings included: - Record review for three employees revealed the following: Certified Nurse Aide (CNA) E's employee record revealed a hire date of 01/07/22. The employee record lacked a date the registry was contacted to check certification status. Administrative Nurse C's employee record revealed a hire date of 03/21/22 and a registry contact date of 05/03/22 which was 44 days after hire. Certified Medication Aide (CMA) D's employee record revealed a hire date of 07/25/22. The	S3248		

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S3248	Continued From page 4 employee record lacked documentation of a criminal background check. On 08/09/22 at 10:55 AM Administrative Staff B confirmed CNA E and Administrative Nurse C's employee records lacked a registry check date. She stated the facility was always changing printers and sometimes the settings did not get set to print the date. On 08/09/22 at 12:28 PM Administrative Staff B stated the director was usually responsible for completing registry checks and criminal background checks. She confirmed CNA D's employee record lacked a criminal background check. The 2014 facility's "Hiring Staff " policy documented "Employee records shall contain evidence of licensure, registration, or certification of all full-time, part-time, and consultant staff. . . All applicants will be required to undergo a statewide criminal background check as part of the employment process to ascertain if there has been a conviction record." The administrator failed to provide evidence of certification for one certified staff and evidence of licensure for one licensed staff out of five sampled staff; and failed to ensure that supporting documentation for criminal background checks for one staff out of five sampled staff was completed upon hire.	S3248		
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	S3310		

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S3310	Continued From page 5 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: KAR 26-41-207(c) The facility reported a census of 16 residents. Based on interview and record review for two out of three residents sampled, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Record review for Resident (R)808 revealed an admission date of 02/16/22 with the following diagnoses: heart failure and sick sinus syndrome. The 08/03/22 Annual "Functional Capacity Screen" (FCS) identified R808 was independent with bathing, dressing, toileting, transfers,	S3310		

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S3310	Continued From page 6	S3310		

walking/mobility, and eating and required supervision with management of medications and treatments.

The 08/08/22 combined Annual "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HSP) directed facility staff that R808 was independent with management of medications with a friend providing set up assistance and was independent with management of treatments with a friend's assistance.

The 02/16/22 "Tuberculosis Symptom Review Questionnaire" for R808 was negative.

The "Mantoux Test Two Step Procedure" documented R808's Step 1 test was read on 02/21/22 with negative results.

R808's record lacked documentation of step 2 of the TB skin test.

- Record review for R810 revealed an admission date of 08/19/21 with the following diagnoses: amyotrophic lateral sclerosis (ALS), hypertension, and depression.

The 08/03/22 quarterly "FCS" identified R810 required physical assistance with bathing, dressing, toileting, and transfers and was unable to perform walking/mobility, eating and management of medications and treatments.

The 08/08/22 combined NSA/HSP directed hospice staff to provide bathing assistance and directed facility staff to provide assistance with dressing, toileting, transfers, assist with wheelchair for mobility, assist with tube feeding

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S3310	Continued From page 7 for eating, and to manage medications and treatments. The 08/19/21 "Tuberculosis Symptom Review Questionnaire" for R810 was negative for all symptoms except chills. R810's record lacked documentation of a two-step TB skin test. On 08/09/22 at approximately 02:00 PM Administrative Staff A stated she kept a record of all TB tests. The questionnaires for R808 and R810 and R808's first-step skin test were all the TB documentation on record for the three residents. The 2014 facility's "TB Skin Tests" policy documented "Each new resident . . . shall be given the TB symptom screen and begin a two-step tuberculin test or a blood assay for Mycobacterium tuberculosis (BAMT) within seven days of residency . . . " For residents 808 and 810 the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		