

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N063013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/22/2018
NAME OF PROVIDER OR SUPPLIER GUEST HOME ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 400 S MCGEE STREET CANEY, KS 67333		
(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 with complaints #129109, #129709, #128727, and #117984 at the above named faciilty on 5-7-18, 5-8-18, 5-9-18, 5-21-18, and 5-22-18.	S 000		
S3005 SS=F	26-41-101 (b) Administrator/Operator Criteria (b) Administrator and operator criteria. Each licensee shall appoint an administrator or operator who meets the following criteria: (1) Is at least 21 years of age; (2) possesses a high school diploma or the equivalent; (3) holds a Kansas license as an adult care home administrator or has successfully completed an operator training course and passed the test approved by the secretary of Kansas department of heath and environment pursuant to K.S.A. 39-923 and amendments thereto; and (4) has authority and responsibility for the operation of the facility and compliance with licensing requirements. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(b)(3)(4) The facility identified a census of 26 residents. The sample included 3 residents. Based on record review, interview, and observation for all residents the licensee failed to appoint an operator who held a valid operator registration.	S3005		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3005	Continued From page 1 Findings included: - Interview on 5-8-18 at 9:15 a.m. with certified staff A stated he/she is the operator of the facility. Certified staff A was unable to provide a documentation of current registration as an operator. Certified staff A then stated, He/She failed to submit the required continuing education and register with the Department and his/her registration lapsed in April 2017. Review of the department license verification data based showed Certified staff A ' s operator registration lapsed in April 2017. For all residents, the licensee failed to appoint a registered operator pursuant to K.S.A. 39-923 and amendments thereto who had authority and responsibility for the operator of the facility and compliance with licensing requirements.	S3005		
S3280 SS=E	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 admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents;	S3280		

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S3280	Continued From page 2 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 facility identified a census of 26 residents. The sample included 3 residents. Based on record review, interview, and observations for all residents, the operator failed to ensure a quarterly review of the emergency management plan conducted with employees and residents; and failed to identify number of staff who participated in annual evacuation of residents to a secure location. Findings included: - On 5-7-18 at 2:15 p.m. requested to review annual evacuation and quarterly review of the disaster and emergency plan with licensed nurse B. On 5-7-18 at 3:30 p.m. licensed nurse B provided annual evacuation of residents to a secure location on 5-10-17 and 4-27-18. The recorded evacuations lacked the names of staff who participated in the two evacuations. Licensed nurse B stated unable to locate a quarterly review of the emergency/disaster plan with staff and residents. Interview on 5-8-18 at 3:45 p.m. with certified	S3280		

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S3280	Continued From page 3 staff I stated, "I have not participated in an evacuation of residents to a secure location since hired approximately a year ago." For all residents, the operator failed to ensure a quarterly review of the emergency management plan conducted with employees and residents; and failed to identify number of staff who participated in annual evacuation of residents to a secure location.	S3280		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced	S3320		

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S3320	Continued From page 4 by: KAR 26-41-254(a) The facility identified a census of 26 residents. The sample included 3 residents. Based on observations and interview for all residents, the operator failed to ensure the facility maintained to protect the health and safety of residents, personnel and the public. Findings included: - Tour of facility on 5-7-18 at 2:45 p.m. observed torn, loose carpet in hallway next to TV room. The torn carpet, in shape of "T", across hallway and partially covered with grey duct tape. The duct tape coming loose at end of torn carpet. On north wing observed frayed torn carpet across the hallway with a one-inch gap between seams. At 4:00 p.m. observed holes in wall located at end of bed in resident #345's room. Interview on 5-7-18 at 4:05 p.m. with certified staff E stated the holes and dents in wall have been that way for a while. On 5-8-18 at 9:40 a.m. reviewed resident council meeting notes. On 10-27-17 the notes recorded the following: "Problems in our building: Wearing carpet - safety issue." Operator responded with: Will keep an eye on evident spots and removing frays. This has been sent on to higher ups. We gathered bids for new carpeting/flooring." On 5-8-17 at 3:40 p.m. observed wooden wall facing hanging from wall in front living area. The wooden facing has jagged edges and is located on center of wall. On 5-8-18 at 4:35 p.m. observed glass window	S3320		

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S3320	Continued From page 5 next to front door. The window was shattered on the outside. The inside glass window was not broken. The window on outside front exit had jagged, sharp edges and fall off on the cement next to a chair where resident observed sitting. Operator/certified staff A stated certified staff I shot a bb gun and it bounced off cement and hit window. Certified staff called operator/certified staff A to inform of broken glass. On 5-9-18 at 10:30 a.m. the front door did not close and had to be slammed to close door. When door closed, observed daylight around edges of door. Interview with operator on 5-9-18 stated maintenance was going to come and fix the broken window and front door. The operator failed to ensure the facility maintained to protect the health and safety of residents, personnel and the public.	S3320		