STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067008	A. BUILDING: _____ B. WING _____	10/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES III	7440 220TH RD CHANUTE, KS 66720

(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 of the above residential health care facility on 10/20/14 and 10/21/14.	S 000		
S3256 SS=F	26-41-105 (c) Resident Records Safeguards (c) Each administrator or operator shall ensure the safeguarding of resident records against the following:(1) Loss; (2) destruction; (3) fire; (4) theft; and (5) unauthorized use. This REQUIREMENT is not met as evidenced by: KAR 26-41-105(c)(2) The facility reported a census of 15 residents. The sample included 3 residents and 1 closed record reviewed. Based on record review and interview for dismissed resident records not stored in the facility, the operator failed to ensure the safeguarding of the records from destruction. Findings included: - Review of the closed record for resident #123 revealed an admission date of 10/7/11 and a dismissal date of 9/30/14. The record contained nurse's notes entries dated from 2/2/13 through 9/30/14. The closed record lacked nurse's notes from the time of admission on 10/7/11 to the entry on 2/2/13.	S3256		

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

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S3256	Continued From page 1 At 1:20 p.m. on 10/20/14, the operator stated he/she could not find any additional nurse's notes or contents of the resident's closed record. Operator stated that the rest of the resident's record had likely been stored in the building in back of the facility. Operator explained closed records of dismissed residents were stored in a locked closet of the building and all the records were damaged by water when the building's roof leaked. At 10:45 a.m. on 10/21/14, the operator stated the owner of the facility instructed the operator to hire someone to tear down the building where the records were stored and take all contents of the building to the landfill. Operator stated the building was torn down Labor Day weekend 2014. The operator failed to ensure the safeguarding of dismissed resident records from destruction.	S3256		
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:	S3320		

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S3320	Continued From page 2 (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 by: KAR 28-39-254(a) The facility reported a census of 15 residents. The sample included 3 residents and 1 closed record reviewed. Based on observation and interview for all residents, the operator failed to ensure the facility exit doors and exterior doors in 2 resident rooms (residents #121 and #124) were equipped with a locking mechanism that released when turning the doorknob or handle from inside the facility in order to protect the health and safety of residents, personnel, and the public. Findings included: - At 12:50 p.m. on 10/20/14, observed the following exit doors with a locking mechanism that did not release when turning the doorknob or handle from inside the facility: Front entrance door in the general living area. West door in the general living. East hallway door. West hallway door. Exit door located near the kitchen. At 4:00 p.m. on 10/20/14, in resident #121's room observed a door to the outside. Unable to open door and observed a chain lock with the chain in	S3320		

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S3320	Continued From page 3 place to lock the door. At 10:55 a.m. on 10/21/14, accompanied the operator to the room of resident #124 and observed an exterior door locked with a deadbolt lock and a lock in the center of doorknob that did not release when turning the doorknob. Operator then went to resident #121's room and operator opened the exterior door after taking chain from lock. Observed a storm door locked and unable to open storm door from the inside when pressing on lever to open door. Operator confirmed the locking mechanisms did not release when attempting to open the doors. The operator failed to ensure the facility exit doors and exterior doors in 2 resident rooms were equipped with a locking mechanism that released when turning the doorknob or handle from inside the facility in order to protect the health and safety of residents, personnel, and the public.	S3320		