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 _____	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES III	7440 220TH ROAD 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 the licensure resurvey for the above named facility conducted on 06/05/24.	S 000		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (a) The facility reported a census of 13 residents. The sample included 3 "Residents" (R)'s 1, 2, and 3. Based on interview and record review the Operator failed to ensure the "Licensed Nurse" (LN) provided or coordinated the provision of necessary health care services that met the needs of each resident when the LN failed to provide health care services for R's 2 and 3 when they experienced falls. Findings included: - Record review for R2 revealed an admission date of 10/31/23 with diagnoses of atherosclerosis of native arteries, cerebral infarction, hemiplegia, hemiparesis affecting the	S3155		

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

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S3155	Continued From page 1 left side, heart failure and hypertension. Review of R2's combined "Functional Capacity Screen" (FCS)/NSA/" Health Service Plan" (HSP) dated 10/31/23 revealed the following: R2 required supervision with eating, staff were instructed to assist as needed. R2 required physical assistance with bathing, toileting, and dressing. R2 required one staff assist with the transfer pole for transferring. He used a wheelchair mobility device, his cognition was intact, and he was able to make himself understood and he understood others. He was marked with supervision for medication assistance, and facility staff were to store, set up, administer, and reorder his medications. R2 required supervision with his medical treatments. Under the section titled "Special Assessment and Monitoring" Under the falls and unsteadiness the record lacked documentation for health services. Review of R2's "Nursing Notes" dated 11/07/23 to 05/04/24 revealed the following entries: On 03/04/24 at 08:40 AM R2 was found on the floor of his bedroom. R2 reported that he was transferring from the wheelchair to the toilet, and he missed the toilet. On 05/04/24 (the entry lacked a time) R2 was on the floor and rang his call light. He stated he was using the "restroom" when he slid off the side of his bed. The record lacked documentation of health care services provided to monitor R2 for safety related to the events of him being found on the floor.	S3155		

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S3155	Continued From page 2	S3155		

- Record review for R3 revealed an admission date of 02/06/24 with diagnoses of hypertension, hyperlipidemia, depression, and overactive bladder.

Review of R3's Combined FCS/NSA/HSP dated 05/17/24 revealed R3 required physical assistance with opening packages at meals, and supervision with showering. She was independent with toileting, dressing, transferring, and walking, and she was occasionally incontinent. She was cognitively intact and was usually able to make herself understood and she usually understood others.

Under the section titled "Special Assessment and Monitoring" Under the falls and unsteadiness the record lacked documentation for health services.

Review of R3's "Nursing Notes" dated 02/06/24 to 06/04/23 revealed the following entries:

On 02/13/24 at 05:30 PM R3 reported she took a "tumble". R3 stated she fell backwards trying to clean out her cat box.

The record lacked documentation of healthcare services for R3 to safely clean out her litter box for her cat.

On 03/12/24 at 01:30 (AM/PM not identified) R3 reported to staff that she bent down to put something in her refrigerator, stood up and "lost her balance, fell and scrapped" the right side of her back. An abrasion was noted. R3's son was contacted, and the refrigerator would be rearranged to a higher level, so she did not need to bend over.

The record lacked healthcare services for R3

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S3155	Continued From page 3 being able to safely access her refrigerator until it was moved to a higher level. Interview on 06/05/24 at approximately 04:30 PM with Operator A confirmed the R2 and R3's records lacked documentation for healthcare service for fall prevention. The Operator failed to ensure the LN provided or coordinated the provision of necessary health care services that met the needs of each resident when the LN failed to provide health care services for R's 2 and 3 when they experienced falls.	S3155		
S3165 SS=D	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (d) The facility reported a census of 13 residents. The sample included 3 "Residents" (R)'s 1, 2, and 3. Based on interview and record review the Operator failed to ensure the "Licensed Nurse" (LN) responsible for the implementation and supervision of R2's "Health Service Plan" (HSP) was accurately reflected on R2's "Negotiated Service Agreement" (NSA). Findings included:	S3165		

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S3165	Continued From page 4 - Record review for R2 revealed an admission date of 10/31/23 with diagnoses of atherosclerosis of native arteries, cerebral infarction, hemiplegia, hemiparesis affecting the left side, heart failure and hypertension. Review of R2's combined "Functional Capacity Screen" (FCS)/NSA/" Health Service Plan" (HSP) dated 10/31/23 revealed the following: R2 required supervision with eating, staff were instructed to assist as needed. R2 required physical assistance with bathing, toileting, and dressing. R2 required one staff assist with the transfer pole for transferring. He used a wheelchair mobility device, his cognition was intact, and he was able to make himself understood and he understood others. He was marked with supervision for medication assistance, and facility staff were to store, set up, administer, and reorder his medications. R2 required supervision with his medical treatments, and listed LN E and the nurse responsible for the implementation and supervision of the health service plan. Interview on 06/05/24 at approximately 04:30 PM with Operator A confirmed LN E was a nurse at another facility and LN C was the nurse responsible for the implementation and supervision of the health service plan for R2. The Operator failed to ensure the LN responsible for the implementation and supervision of R2's HSP was accurately reflected on R2's NSA.	S3165		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications	S3186		

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S3186	Continued From page 5 (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (b) The facility reported a census of 13 residents. The sample included 3 "Residents" (R)'s 1, 2, and 3. Based on interview and record review the Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R2 reflected who was responsible for the administration and management of the selected topical over the counter medication. Findings included: - Record review for R2 revealed an admission date of 10/31/23 with diagnoses of atherosclerosis of native arteries, cerebral infarction, hemiplegia, hemiparesis affecting the left side, heart failure and hypertension. Review of R2's combined "Functional Capacity Screen" (FCS)/NSA/" Health Service Plan" (HSP) dated 10/31/23 revealed the following: R2 required supervision with eating, staff were	S3186		

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S3186	Continued From page 6	S3186		

instructed to assist as needed. R2 required physical assistance with bathing, toileting, and dressing. R2 required one staff assist with the transfer pole for transferring. He used a wheelchair mobility device, his cognition was intact, and he was able to make himself understood and he understood others. He was marked with supervision for medication assistance, and facility staff were to store, set up, administer, and reorder his medications. R2 required supervision with his medical treatments.

Review of R2's paper medical record revealed a document titled "Resident Qualification for Self-Medication" and was dated 03/19/24 revealed under the section titled "Medications Approved" had written "Roll on Solon Pas Lidocaine may keep at bedside per physician orders."

Review of the physician orders signed on 04/17/24 revealed the following order:

Solon Pas Lidocaine for joint pain as needed, may keep at bedside.

Interview on 06/05/25 at approximately 04:30 PM with Operator A confirmed R2's NSA lacked documentation that reflected who was responsible for the administration and management of the over-the-counter topical medication.

The Operator failed to ensure the NSA for R2 reflected who was responsible for the administration and management of the selected topical over the counter medication.

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S3211	Continued From page 7	S3211		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (g) (3) The facility reported a census of 13 residents. Based on observation and interview the Operator failed to ensure a "Licensed Nurse" (LN) or a Licensed Pharmacist placed the full name of the resident on the "Over the Counter" (OTC) medication bottles. Findings included: - Observation on 06/05/24 at approximately 09:45 AM of the locked medication cart located in the facility's medication room was unlocked by "Certified Medication Aide" (CMA) B, and revealed the following OTC bottles that lacked the full name of the resident:	S3211		

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S3211	Continued From page 8 1 bottle of "Coenzyme Q 10" (CoQ10 a substance that helps convert food into energy) 200 "milligrams" (mg) 1 bottle of Equate Pain reliever 500 mg. 1 bottle of Systane lubricating eye drops 1 bottle of Centrum Woman 50+ multi vitamin 1 bottle of Vitamin B 12 Interview on 06/05/24 at approximately 09:45 AM with LN C and CMA B confirmed the bottles of OTC medications lacked the full name of the resident. The Operator failed to ensure an LN or a Licensed Pharmacist placed the full name of the resident on the OTC medication bottles.	S3211		
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 adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by:	S3310		

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S3310	Continued From page 9 K.A.R. 26-41-207 (c) The facility reported a census of 13 residents. The sample included 3 "Residents" (R)'s 1, 2, 3 and 5 newly hired employees. Based on record review and interview the Operator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired employee Operator A, "Certified Medication Aide" (CMA) B, and "Certified Nurse Aide" (CNA) D. Findings included: - Record review on 06/05/24 for newly hired Operator A revealed she began employment on 05/08/23. The record contained a document titled "Tuberculosis Symptom Screen Questionnaire" and was signed on 05/08/23. The record lacked an annual TB symptom screening questionnaire. Record review for newly hired CMA B revealed she began employment on 07/27/23. The record contained a document titled "Employee Health Form" it revealed the first step of the required two step TB test was administered on 09/30/23 and read negative of 10/01/23. The first step of the required TB test was not administered within seven days of employment. Record review for newly hired CNA D revealed she began employment on 04/22/24. The record contained a document titled "Employee Health Form" it revealed the first step of the required two step TB test was administered on 05/09/24 and	S3310		

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S3310	Continued From page 10 read negative on 05/12/24. The first step of the required TB test was not administered within seven days of employment. Interview on 06/06/24 at approximately 04:30 PM with Operator A confirmed the newly hired employee records lacked documentation of an annual TB symptom questionnaire, and further lacked documentation of the required two step TB test being administered within seven days of employment. The Operator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired employee Operator A, CMA B, and CNA D.	S3310		