STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N001006	A. BUILDING: _____ B. WING _____	01/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSTONE RESIDENTIAL CARE	2620 N KENTUCKY STREET IOLA, KS 66749

(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 with attached complaint number 169769 for the above named facility conducted on 01/03/23 & 01/04/23.	S 000		
S3155 SS=D	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 sixteen residents. The sample included three "Residents'" (R). Based on observation, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R3 in accordance with the "Functional Capacity Screen" (FCS) and the "Negotiated Service Agreement" (NSA) regarding the use of a bed assist device. Findings included:	S3155		

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

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S3155	Continued From page 1 - Record review for R3 on 01/04/23 revealed an admission date of 11/30/22 with diagnoses of depression, coronary artery disease, chronic obstructive pulmonary disease, edema, Parkinson's disease, hypertension, diabetes mellites, and anxiety. Record review on 01/04/23 of R3 FCS identified the resident required physical assistance with bathing, walking, eating, and management of her medications. She required supervision with dressing and toileting. She was occasionally incontinent, her cognition was intact, and she was able to make herself understandable and she understood others. She was marked with falls and used a walker and wheelchair mobility device. Record review on 01/04/23 of R3 combined NSA/" Health Care Service Plan" (HSP) identified the following health care services to be provided and instructed staff how the health care services would be provided; staff to assist with bathing and staff to wash the resident's hair. R3 is independent with mobility bar to assist with transferring in bed. Staff to stand by assist R3 when she used a walker for mobility and a wheelchair for long distances. The record lacked an assessment of the bed assist device to ensure the device was not a restraint, to determine the purpose of the device, to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment and further lacked a description of the device its purpose and any special instructions on use and monitoring.	S3155		

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S3155	Continued From page 2 Observation on 01/04/22 at 01:00 PM revealed R3 bed sat with the head of the bed at the wall with each side of the bed open. On the left side of the bed is a wide U shaped rail that attached to a frame that slid under the mattress and was secured to the right side of the bed frame. Interview on 01/04/23 with "Licensed Nurse A", she confirmed the R3 record lacked an assessment ensuring the bed assist device to ensure the device was not a restraint, to determine the purpose of the device, to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment and further lacked a description of the device its purpose and any special instructions on use and monitoring. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R3 in accordance with the "Functional Capacity Screen" (FCS) and the "Negotiated Service Agreement" (NSA) regarding the use of a bed assist device.	S3155		
S3165 SS=F	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:	S3165		

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S3165	Continued From page 3 K.A.R. 26-41-204 (d) The facility reported a census of sixteen residents. The sample included three "Residents'" (R's 1, 2, and 3). Based on record review and interview, the operator failed to ensure the "Negotiated Service Agreement" (NSA) included the name of the "Licensed Nurse" (LN) responsible for the implementation and supervision of the "Health Care Service Plan" for R1, R2 and R3. Findings included: - Record review for R1 on 01/04/23 revealed an admission date of 10/15/20 with diagnoses of hypertension, coronary artery disease, pain, degenerative joint disease of the knee, depression and mitral valve prolapse. Record review on 01/04/23 of R1 "Functional Capacity Screen" (FCS) identified the resident required physical assistance with bathing and dressing, transferring, she was independent with toileting, and required supervision with walking and eating. She lacked the ability to manager her own medications, and she was occasionally incontinent. She had intact cognition and was able to make herself understood and she understood others. She was marked with falls and impaired vision and used a wheelchair mobility device. Record review on 01/04/23 of R1 "Negotiated Service Agreement" (NSA) / "Health Care Service Plan" (HSP) identified the following health care services to be provided and instructed staff how the health care services	S3165		

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S3165	Continued From page 4	S3165		

would be provided; Staff would provide stand by assistance with showers, assist resident getting into and out of the shower, staff to assist with resident getting dressed, and staff to assist with transferring. Resident could self-propel wheelchair.

R1 NSA/HSP record lacked the name of the nurse responsible for the implementation and supervision of the HSP.

Interview on 01/04/23 with "Licensed Nurse A", she confirmed R1 NSA/HSP lacked the name of the nurse responsible for the implementation and supervision of the HSP

- Record review for R2 on 01/04/23 revealed an admission date of 03/18/22 with diagnoses of coronary artery disease, anemia, vertigo, and irritable bowel syndrome.

Record review on 01/04/23 of R2 FCS identified the resident required physical assistance with bathing and dressing. She was independent with toileting and transferring, and she required supervision with walking and eating. She administered her own medications, she was usually continent, and her cognition was intact. She was able to make herself understood and she understood others. She required a walker and wheelchair mobility devices.

Record review on 01/04/23 of R2 NSA/HSP identified the following health care services to be provided and instructed staff how the health care services would be provided; staff would assist R2 with showers and putting R2 socks on as needed.

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S3165	Continued From page 5 R2 NSA/HSP record lacked the name of the nurse responsible for the implementation and supervision of the HSP. Interview on 01/04/23 with "Licensed Nurse A", she confirmed R2 NSA/HSP lacked the name of the nurse responsible for the implementation and supervision of the HSP - Record review for R3 on 01/04/23 revealed an admission date of 11/30/22 with diagnoses of depression, coronary artery disease, chronic obstructive pulmonary disease, edema, Parkinson's disease, hypertension, diabetes mellites, and anxiety. Record review on 01/04/23 of R3 FCS identified the resident required physical assistance with bathing, walking, eating, and management of her medications. She required supervision with dressing and toileting. She was occasionally incontinent, her cognition was intact, and she was able to make herself understandable and she understood others. She was marked with falls and used a walker and wheelchair mobility device. Record review on 01/04/23 of R3 combined NSA/HSP identified the following health care services to be provided and instructed staff how the health care services would be provided; staff to assist with bathing and staff to wash the resident's hair. R3 is independent with mobility bar to assist with transferring in bed. Staff to stand by assist R3 when she used a walker for mobility and a wheelchair for long distances.	S3165		

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S3165	Continued From page 6 R3 NSA/HSP record lacked the name of the nurse responsible for the implementation and supervision of the HSP. Interview on 01/04/23 with "Licensed Nurse A", she confirmed R3 NSA/HSP lacked the name of the nurse responsible for the implementation and supervision of the HSP. The operator failed to ensure the "Negotiated Service Agreement" (NSA) included the name of the "Licensed Nurse" (LN) responsible for the implementation and supervision of the "Health Care Service Plan" for R1, R2 and R3.	S3165		