STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N002001	A. BUILDING: _____ B. WING _____	06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VII	806 W 4TH STREET GARNETT, KS 66032

(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 represent the findings of a resurvey for the above named Residential Health Care facility conducted on 06/01/23.	S 000		
S3081 SS=E	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-201(c)(1) The facility reported a census of 13 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for residents (R)102 and R103 at least once every 365 days. Findings included: - R102's medical record revealed the resident moved into the facility on 04/01/21. The most current FCS available in R102's	S3081		

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

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S3081	Continued From page 1 medical records was dated 04/06/22 with no documentation to show a FCS was completed since this date. On 05/31/23 at 12:28 PM Administrative Staff A stated R102's FCS was due for a review but had not been completed. The 07/05 "Guest Home Estates, FCS, NSA, Care Plan Manual" documented a functional capacity screen should be performed at least annually. The operator failed to ensure designated staff completed a FCS for R102 at least once every 365 days. - R103's medical record revealed the resident moved into the facility on 08/02/21. The most current FCS available in R103's medical records was dated 11/11/22. The previous FCS was dated 08/02/11 and was approximately three months overdue. On 05/31/23 at 02:12 PM Administrative Staff A acknowledged there was a three-month delay in getting R103's FCS reviewed and revised. The 07/05 "Guest Home Estates, FCS, NSA, Care Plan Manual" documented a functional capacity screen should be performed at least annually. The operator failed to ensure designated staff completed a FCS for R103 at least once every 365 days.	S3081		

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S3092	Continued From page 2	S3092		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202(d)(1) The facility reported a census of 13 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure designated staff completed a "Negotiated Service Agreement" (FCS) for residents (R)102 and R103 at least once every 365 days. Findings included: - R102's medical record revealed the resident moved into the facility on 04/01/21.	S3092		

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S3092	Continued From page 3 The most current NSA available in R102's medical records was dated 04/06/22 with no documentation to show a NSA was completed since this date. On 05/31/23 at 12:28 PM Administrative Staff A stated R102's NSA was due for a review but had not been completed. The operator failed to ensure designated staff completed a NSA for R102 at least once every 365 days. - R103's medical record revealed the resident moved into the facility on 08/02/21. The most current NSA available in R103's medical records was dated 11/11/22. The previous NSA was dated 08/02/11 and was approximately three months overdue. On 05/31/23 at 02:12 PM Administrative Staff A acknowledged there was a three-month delay in getting R103's NSA reviewed and revised. The operator failed to ensure designated staff completed a NSA for R103 at least once every 365 days.	S3092		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards	S3200		

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S3200	Continued From page 4 of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 13 residents. Based on interview and record review, the operator failed to ensure all medications managed by the facility were administered in accordance with a physician's written order by not holding medications when blood pressures were outside of parameters as specified on the physician's order for resident (R)101 and R103. Findings included: - R101's medical record revealed she moved into the facility on 05/19/19 with a diagnosis of hypertension. The 06/07/22 "Functional Capacity Screen" (FCS) documented R101 was unable to manage her own medications. The 06/07/22 "Negotiated Service Agreement"	S3200		

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S3200	Continued From page 5 (NSA) documented staff administered medications for R101. Review of the March 2023 Medication Administration Record (MAR) revealed orders for: Amlodipine 10 milligrams (mg.) by mouth, daily. (Hold if systolic blood pressure (SBP) was less than 120 millimeters/mercury (mg/Hg)). Certified Medication Aide's failed to follow ordered parameters and instead administered medications on the following dates with blood pressures outside of ordered parameters: 03/15/23- 81/66 03/16/23- 106/74 03/18/23- 106/88 Carvedilol 6.25 mg., 1 tab, by mouth, twice daily (Hold if SBP is less than 110 or heart rate (HR) is less than 60 beats per minute (bpm)). Certified Medication Aide's failed to follow ordered parameters and instead administered medications on the following dates with blood pressures outside of ordered parameters: 03/15/23- 81/66 03/16/23- 106/74 03/18/23- 106/88 Review of the April 2023 MAR revealed orders for: Amlodipine 10 mg. by mouth, daily. (Hold if SBP was less than 120 mg/Hg.) Certified Medication Aide's failed to follow ordered parameters and instead administered medications on the following dates with blood pressures outside of ordered parameters: 04/04/23- 102/63 04/21/23- 116/87	S3200		

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S3200	Continued From page 6 04/25/23- 118/60 Carvedilol 6.25 mg., 1 tab, by mouth, twice daily (Hold if SBP is less than 110 or HR is less than 60 bpm.) Certified Medication Aide's failed to follow ordered parameters and instead administered medications on the following dates with blood pressures outside of ordered parameters: 04/04/23- 102/63 On 05/31/23 at 11:15 AM Licensed Nurse B stated she expected the CMA staff to hold blood pressure medications if the resident's blood pressures were below specified parameters or they should at least call the nurse for guidance. A policy concerning following medication parameters was requested on 05/31/23 but the facility did not provide one. The operator failed to ensure CMA staff held medications when blood pressures were outside of parameters as specified on the physician's order for R101. - R103's medical record revealed she moved into the facility on 08/02/21 with a diagnosis of hypertension. The 11/11/22 FCS documented R103 was unable to manage her own medications. The 11/11/22 NSA documented staff administered medications for R103. Review of the March 2023 Medication Administration Record (MAR) revealed an order	S3200		

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S3200	Continued From page 7 for: Amlodipine Besylate 5 mg., 1 tablet, by mouth, once daily for hypertension. Hold if SBP is less than 90 mm/Hg and diastolic blood pressure (DBP) is less than 60 mm/Hg. Certified Medication Aide's failed to follow ordered parameters and instead administered medications on the following dates with blood pressures outside of ordered parameters: 03/04/23- 124/57 03/11/23- 135/57 03/15/23- 122/55 Review of the April 2023 Medication Administration Record (MAR) revealed an order for: Amlodipine Besylate 5 mg., 1 tablet, by mouth, once daily for hypertension. Hold if SBP is less than 90 mm/Hg and DBP is less than 60 mm/Hg. Certified Medication Aide's failed to follow ordered parameters and instead administered medications on the following dates with blood pressures outside of ordered parameters: 04/07/23- 134/57 04/10/23- 125/58 04/16/23- 128/58 04/26/23- 126/53 04/30/23- 136/55 On 05/31/23 at 11:15 AM Licensed Nurse B stated she expected the CMA staff to hold blood pressure medications if the resident's blood pressures were below specified parameters or they should at least call the nurse for guidance. A policy concerning following medication parameters was requested on 05/31/23 but the facility did not provide one.	S3200		

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S3200	Continued From page 8 The operator failed to ensure CMA staff held medications when blood pressures were outside of parameters as specified on the physician's order for R103.	S3200		
S3211 SS=F	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: KAR 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 pharmacist or licensed nurse placed the full name of the resident on the original package of over the counter (OTC) medications. Findings included:	S3211		

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S3211	Continued From page 9 - Observation on 05/31/23 at 08:26 AM revealed the facility's medication cart contained the following OTC medications which were not labeled with a resident's full name: Resident (R)104: One bottle of Nature Made D3 One bottle of Centrum Silver One bottle of Equate Aspirin 81 milligrams (mg.) One bottle of Tylenol 8 hr. Arthritis Pain R105: One bottle of Women's Daily Multivitamin One container of Corona Multi-purpose ointment R106: One bottle of Vita fusion Men's Multi Daily vitamin One bottle of Rugby Calcium 600 mg. One bottle of Leader Stool Softener The 02/18 "Policy on Over the Counter Medications" documented, "When a resident, family member or friend bring in over the counter medications ...The nurse will ...mark the medication with their full name ..." The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation:	S3248		

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S3248	Continued From page 10 (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, 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 13 residents. Based on interview and record review, the operator failed to ensure two of five newly hired employees records included evidence of timely verification with the nurse aide registry, and criminal background check. Findings included:	S3248		

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S3248	Continued From page 11 - Review of employee files conducted on 05/31/23 revealed the following: Certified Nurse Aide (CNA) C hired on 05/26/22. The "Nurse Aide Registry Confirmation Notice" had a time stamp of 07/08/22. CNA D hired on 08/09/22. The criminal background check confirmation letter had a date of 02/03/23. The operator failed to ensure timely verifications of the nurse aide registry check and criminal background check were completed.	S3248		
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: KAR 26-41-207(c)	S3310		

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S3310	Continued From page 12 The facility reported a census of 13 residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Review of five newly hired staff records revealed the following: Certified Nurse Aide (CNA) C hired 05/26/22, did not have the second step of the Tuberculosis skin test (TST) completed. CNA D hired 08/09/22, had a TB Symptom Screening Questionnaire completed 179 days late on 02/10/23. Licensed Nurse (LN) B hired on 04/05/23, did not have the second step of the TST completed. CNA E hired 05/08/23, did not have a TB symptom screening questionnaire completed upon hire. Dietary Staff F hired on 02/08/23, did not have her TB Symptom Screening Questionnaire completed or the first step of her TST administered until 02/17/23 which was two days late. On 05/31/23 at 09:20 AM Administrative Staff A stated a TB Symptom Screening Questionnaire should be completed upon hire.	S3310		

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S3310	Continued From page 13 On 05/31/23 at 09:42 AM Licensed Nurse B stated if the TST came back negative she did not administer the second step. The undated "Guest Home Estates TB Policy" documented, "TB test will be done upon hire of staff (two step) ...and they have to do the questionnaire." The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of ...employment ...Each new ...employee shall receive a two-step TST ...within 7 days of ...employment ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		