STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N021006	A. BUILDING: _____ B. WING _____	R 12/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARTEN COUNTRYSIDE HOME INC	2454 HWY 15 NORTH ABILENE, KS 67410

(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 are the result of a Licensure Revisit and Correction Order #19-157 at the above named Residential Health Care Facility on 12/19/19 and 12/23/19.	{S 000}		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced	S3028		

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

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S3028	Continued From page 1 by: KAR 26-41-101(f)(3) The census equalled 11 the sample included three Residents. Based on interview and record review, for one of three sampled (#1070), the Operator failed to ensure each incident of potential abuse, neglect, or exploitation thoroughly investigated within five days of the event and a written record maintained of each incident investigation. Findings: - On 12/19/19 upon entrance to facility at 11:30am, observed #1070 at dining room table waiting for lunch. #1070 observed to have a cast on the right arm. When asked, #1070 stated I slid off my bed and broke my arm... they help me a lot more than I used to need... happened awhile back... Record review revealed #1070 admitted to facility 4/14/18 with diagnoses of hypertension, post polio with left hand and left leg weakness, atrial fibrillation, constipation, and VP shunt in head after brain bleed. The functional capacity screen dated 4/12/19 assessed #1070 in need of physical assistance with bathing, management of medications and treatments, with falls/unsteadiness, and used a motorized wheelchair. The negotiated service agreement (NSA) dated 4/14/19 documented facility staff to physically assist with bathing, and manage medications for #1070, Resident also able to self administer select medications. An addendum to the NSA dated 11/08/19	S3028		

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S3028	Continued From page 2	S3028		

documented staff to dress and undress Resident, assist with walking in room and transfer with wheelchair; staff to assist with toileting and wiping, clothing and briefs.
An addendum to the NSA dated 11/20/19 documented bathing assistance, dressing, ambulation, toileting, and transfer assistance.

Nurse's Notes included the following:
11/19/19 - 12:30pm - Resident has new orders for PT/OT (physical therapy/occupational therapy) and new cast today.

The medical record lacked documentation of an event related to a broken arm. The medical record lacked a date, time, description of a fall or other event that resulted in a broken bone... lacked an assessment of the symptoms and injury, and lacked a description of the actions taken to respond to the injury.

On 12/19/19 at 1:10pm Owner/Operator/RN (registered nurse) #F confirmed the record lacked documentation of this event... stated I thought facility nurse #H "did all that"... initially stated the event must have occurred on 11/25/19... then stated it may have been on 11/08/19 but #1070 did not go to the doctor (ER - emergency room) for a few days after it happened... it was not witnessed and #1070 had a little cut above the right knee also... no investigation completed for this incident

Owner/Operator/RN #F provided an incident report dated 11/25/19 at 8:45am. This report included information Resident discovered sitting on floor next to bed... minor cut on right knee... nurse notified...
The occurrence of this event observed to be dated after the 11/19/19 Nurse's Note of added

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S3028	Continued From page 3 therapies and reference to a cast, and after the modifications to the NSA addendums for increased physical assistance due to a cast on the right arm. The Operator failed to ensure for #1070 each incident of potential abuse, neglect, or exploitation thoroughly investigated within five days of the event and a written record maintained of each incident investigation.	S3028		
{S3085} SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1)(2)(3) The census equalled 11 the sample included	{S3085}		

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{S3085}	Continued From page 4 three Residents. Based on interview and record review, for two of three sampled (#1087 and #1070), the Operator failed to ensure the development of a negotiated service agreement (NSA) based on each Resident's service needs with a description of services the Resident would receive, identification of the provider, and the party responsible for payment when an outside resource provided the service. Findings: - Record review revealed #1070 admitted to facility 4/14/18 with diagnoses of hypertension, post polio with left hand and left leg weakness, atrial fibrillation, constipation, and VP shunt in head after brain bleed. The functional capacity screen dated 4/12/19 assessed #1070 in need of physical assistance with bathing, management of medications and treatments, with falls/unsteadiness, and used a motorized wheelchair. The negotiated service agreement (NSA) dated 4/14/19 documented facility staff to physically assist with bathing, and manage medications for #1070, Resident also able to self administer select medications. Nurse's Notes included the following: 11/19/19 - 12:30pm - Resident has new orders for PT/OT (physical therapy/occupational therapy) and new cast today. The NSA lacked the services of cast care, PT, and OT. The NSA lacked the name of the provider of the therapy services, and lacked the payment source of the therapies.	{S3085}		

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{S3085}	Continued From page 5 An addendum to the NSA dated 11/08/19 documented staff to dress and undress Resident, assist with walking in room and transfer with wheelchair; staff to assist with toileting and wiping, clothing and briefs. An addendum to the NSA dated 11/20/19 documented bathing assistance, dressing, ambulation, toileting, and transfer assistance The addendums each lacked a description of the therapy services added, the name of the provider for the therapy and the payment source. On 12/19/19 at 1:30pm Owner/Operator/RN (registered nurse) #F confirmed therapy services, the name of the provider, and the payment source not on the NSA or the addendums to the NSA... confirmed Resident received these services... stated I do have notes of their home health visits. The Operator failed to ensure for #1070 an NSA developed that included a description of services to address the ordered therapies, the name of the outside provider company, and the payment source for these therapies. - Record review for Resident #1087 recorded admission on 6/18/19 with diagnoses of recent respiratory failure on ventilator, recent erosive esophagitis, aspirates, atrial fibrillation, cerebral vascular accident and diabetes mellitus type 2. Functional capacity screen (FCS) dated 6/17/19 recorded physical assistance (2) needed for bathing, dressing, toileting, transfer, walking/mobility, eating and management of medications and treatments. NSA dated 6/18/19 recorded facility staff to	{S3085}		

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{S3085}	Continued From page 6	{S3085}		

change Foley catheter bag to a leg drainage bag each morning and dress Resident; facility staff to switch leg drainage bag to Foley catheter bag at night and dress Resident in pajamas.
NSA recorded for toileting: staff to check catheter leg bag after breakfast, before lunch, in afternoon (2pm), before supper and change to larger drainage bag for bed.

An addendum to NSA dated 6/18/19 recorded Home Health and Hospice to provide the following services: Bathing, physical therapy and occupational therapy.
An addendum to the NSA included:
6/24/19 a written sentence added by Facility Nurse #D for education and symptom management.
6/26/19 a written sentence added by Facility Nurse #D for Speech therapy to evaluate and treat.
The addendum recorded that Medicare would be the payer source.

The bottom of the addendum signed by Operator/Registered nurse #F with a date of 6/18/19. Addendum included Resident's signature with the same date 6/18/19 although Resident observed signing the addendum with Facility Nurse #A at the dining room table on 11/18/19 at 12:45 PM.

On 12/19/19 2:31pm at Facility Nurse #D stated "I don't know why it's not all filled out." Confirmed no corrections or changes made to the NSA since the prior visit to the facility.

The Operator failed to ensure for #1087 the NSA included a description of services the Resident to receive for oxygen therapy and catheter maintenance, the name of the provider of the

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{S3085}	Continued From page 7 service, and the payment source when service by an outside provider.	{S3085}		
{S3200} SS=D	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 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 11 Residents. The sample included three Residents. The Resident Roster identified all Residents with facility managed medications. Based on interview and review of records, for two of three sampled with facility managed medications (#1072), the Operator failed to ensure medications administered to each resident in accordance with a medical care provider's written order and	{S3200}		

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{S3200}	Continued From page 8 professional standards of practice. Findings: - Record review of Resident #1072 recorded admission date as 11/21/17 with diagnoses of frequent falls, depression, anxiety, arteriosclerotic heart disease, hypertension, osteoporosis, breast cancer history, colon cancer history, and gastroesophageal reflux disease. The Functional Capacity Screen dated 12/09/19 recorded need of physical assistance (2) with medication and treatment management. The Negotiated Service Agreement dated 12/09/19 recorded staff administers medications and treatments. Comparison of the current December 2019 MAR (medication administration record) with current signed physician orders revealed a discrepancy: The December 2019 MAR included an order for Ipratropium/albuterol (nebulizer breathing treatment) 0.5-3mg (milligrams) (3ml milliliters) QID (four times daily) PRN (as needed). Written and signed physician orders dated 11/10/19 documented this order for Ipratropium/albuterol discontinued. The medication administration record (MAR) for December 2019 recorded no doses of this medication administered. On 12/19/19 at 3:18pm Facility nurse #D stated the order was crossed off on the November medication review... was to be discontinued... it did not get taken off the computer so still on the December 2019 MAR...	{S3200}		

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{S3200}	Continued From page 9 The Operator failed to ensure all medications administered to #1072 in accordance with physician's written order and professional standards of practice.	{S3200}		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The census equalled 11 the sample included three Residents. Based on interview and record review, for one of three sampled (#1070), the Operator failed to ensure documentation in the medical record of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. Findings: - On 12/19/19 upon entrance to facility at 11:30am, observed #1070 at dining room table waiting for lunch. #1070 observed to have a cast on the right arm. When asked, #1070 stated I slid off my bed and broke my arm... they help me a lot more than I used to need... happened awhile back...	S3261		

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S3261	Continued From page 10 Record review revealed #1070 admitted to facility 4/14/18 with diagnoses of hypertension, post polio with left hand and left leg weakness, atrial fibrillation, constipation, and VP shunt in head after brain bleed. The functional capacity screen dated 4/12/19 assessed #1070 in need of physical assistance with bathing, management of medications and treatments, with falls/unsteadiness, and used a motorized wheelchair. The negotiated service agreement (NSA) dated 4/14/19 documented facility staff to physically assist with bathing, and manage medications for #1070, Resident also able to self administer select medications. An addendum to the NSA dated 11/08/19 documented staff to dress and undress Resident, assist with walking in room and transfer with wheelchair; staff to assist with toileting and wiping, clothing and briefs. An addendum to the NSA dated 11/20/19 documented bathing assistance, dressing, ambulation, toileting, and transfer assistance. Nurse's Notes included the following: 11/19/19 - 12:30pm - Resident has new orders for PT/OT (physical therapy/occupational therapy) and new cast today. The medical record lacked documentation of an event related to a broken arm. The medical record lacked a date, time, description of a fall or other event that resulted in a broken bone... lacked an assessment of the symptoms and injury, and lacked a description of the actions taken to respond to the injury. On 12/19/19 at 1:10pm Owner/Operator/RN	S3261		

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S3261	Continued From page 11 (registered nurse) #F confirmed the record lacked documentation of this event... stated I thought facility nurse #H "did all that"... initially stated the event must have occurred on 11/25/19... then stated it may have been on 11/08/19 but #1070 did not go to the doctor (ER - emergency room) for a few days after it happened... it was not witnessed and #1070 had a little cut above the right knee also... Owner/Operator/RN #F provided an incident report dated 11/25/19 at 8:45am. This report included information Resident discovered sitting on floor next to bed... minor cut on right knee... nurse notified... The occurrence of this event observed to be dated after the modifications to the NSA addendums for increased physical assistance due to a cast on the right arm. The Operator failed to ensure for #1070 documentation in the medical record of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.	S3261		