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

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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Residential Health Care Facility in Abilene, Kansas on 11/18/19, 11/19/19, 11/20/19, and 11/25/19.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the	S 225		

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

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S 225	Continued From page 1 administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a) The census equalled 12 the sample included three Residents. Based on interview and review of record for one of three sampled Residents (#185), the Operator failed to ensure a written admission agreement executed with the Resident and/or their legal representative on or before admission to the facility. Findings included: - Record review revealed #185 admitted to facility 11/01/19 with diagnoses of dementia, hypertension, macular degeneration, and small vessel cerebrovascular disease. The record contained a functional capacity screen dated 10/29/19 which assessed #185 in need of physical assistance with bathing, dressing, management of medications and treatments.	S 225		

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S 225	Continued From page 2 The record contained a negotiated service agreement dated 11/01/19 which documented services to be provided by facility staff to meet Resident's identified needs. When reviewed on 11/18/19 and 11/19/19 the Resident's medical record lacked a signed admission agreement. Nurse's Notes included the following: 11/01/19 - 10:30am - Resident admitted ambulatory with family members and a friend... family brings in furniture, clothes and other belongings... oriented to room... The Operator failed to ensure for #185 a written admission agreement executed with the Resident and/or their legal representative on or before admission to the facility.	S 225		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (d) The facility reported a census of 12 Residents. The sample included three Residents. Based on interview and record review for two of three sampled (#185 and #189), the Operator failed to ensure designated facility staff completed the Functional Capacity Screen (FCS) to accurately	S3082		

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S3082	Continued From page 3 reflect the Resident's functional capacity at the time of the screening. Findings: - Record review for Resident #189 recorded admission date of 5/10/19 with diagnoses of dementia, high blood pressure, hypothyroidism and bilateral cataracts. The FCS dated 5/10/19 recorded #189 independent (0) for bathing, dressing, toileting, transfers, walking/mobility and eating. Negotiated Service Agreement dated 5/10/19 recorded under section "9. Personal care": "Personal hygiene: Resident is assisted by staff two times weekly, to keep her safe." Resident Care Plan dated 5/10/19 recorded "staff stands by as showers with minimal assist." Interview with facility nurse #D on 11/18/19 at 3:37 PM confirmed that Resident required physical assistance (2) with bathing, washing back and drying off. Facility nurse #D confirmed the FCS code of (0) for independent on the FCS not accurate and did not match #189's functional status... the code should have been (2) for physical assistance needed. The Operator failed to ensure designated facility staff completed the FCS accurately to reflect #189's functional capacity at the time of the screening. - Record review revealed #185 admitted 11/01/19 with diagnoses of dementia, hypertension, macular degeneration, and small vessel	S3082		

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S3082	Continued From page 4 cerebrovascular disease. The FCS dated 10/29/19 assessed #185 in need of physical assistance (2) with bathing, dressing, medication and treatment management. The negotiated service agreement (NSA) dated 11/01/19 recorded staff assist with showers twice weekly and "lay out clothes in AM/PM, help change clothes and remove from room if Resident tries to put them back on." Resident Care Plan dated 11/01/19 recorded assist with bathing twice weekly; lay out clothes in am and pm and assist to change them if necessary. On 11/19/19 at 3:36pm certified staff #I stated in the evening we lay out night gown and in the morning we lay out outfits... Resident then dresses and undresses self... does that independently... we may have to watch so extra layers are not added but physically can put on and take off clothes... At 5:50pm Operator #F confirmed the code of (2) for physical assist to dress not accurate... more accurate at (0) for independent or (1) supervision according to the FCS manual. The Operator failed to ensure designated facility staff completed the FCS accurately to reflect #185's functional capacity at he time of the screening.	S3082		
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	S3085		

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S3085	Continued From page 5	S3085		

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 facility reported a census of 12 residents. The sample included three residents. Based on observation, interview, and record review, for two of three sampled (#187 and #185), 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 #185 admitted to facility 11/01/19 with diagnoses of dementia,

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hypertension, macular degeneration, and small vessel cerebrovascular disease.

The functional capacity screen dated 10/29/19 assessed #185 in need of physical assistance with bathing, dressing, management of medications and treatments.

The negotiated service agreement (NSA) dated 11/01/19 documented facility staff to physically assist with bathing, lay out clothes for Resident to put on, administer and manage medications and treatments, "has the tendency to wander, may need to be redirected.

Nurse's Notes included the following:
11/05/19 - 1:00pm - staff reports Resident has opened emergency doors a few times this weekend at night, was hollering outside room and completely naked... twice yesterday afternoon #185 went out of the building and found quickly...
11/17/19 - no time - Resident went outside on backside of building walking around never left grounds... came back in and sat at table and started crying profusely and mumbling words I can't understand... had Resident set the table... Resident unable to set table completely does not comprehend

On 11/18/19 at 1:30pm observed #185 crying in rocking chair of sun room... when asked if OK Resident stated not sure I live here... not clear on details...

On 11/18/19 at 3:15pm Facility Nurse #D confirmed Resident admitted 11/01/19 with "tendency to wander"... confirmed #185 has been outside of facility unattended on a few different occasions... confirmed the identified potential of wandering on the NSA but interventions to

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address the attempts to exit building and the successful exits of building not on the NSA... no description of services or specific interventions to address this tendency... confirmed Resident cognitively impaired (memory, decision making, memory recall) and often very anxious and tearful...

The Operator failed to ensure for #185 an NSA developed that included a description of services to address the tendency to wander, open exit doors and go outside of building without staff knowledge.

- Record review for Resident #187 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 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

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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 11/19/19 at 3:30 PM observed Resident #187 in room in recliner with feet up and oxygen on per nasal canula. Observed a nebulizer (breathing treatment) machine and cpap (continuous positive air pressure) machine sitting on bedside table. Observed a small portable oxygen bottle in an over the shoulder carrier bag sitting on the shelf. An Oxygen concentrator with tubing connected to the nasal canula had a label with the name of a local pharmacy on the machine. Resident stated "that is the pharmacy here in town."

On 11/19/19 at 3:30 PM Resident #187 revealed I have a catheter... Home Health changes it monthly and the home health nurse comes Monday and Thursday and flushes the catheter.

An order information sheet with fax stamp date 10/9/19, signed by physician, recorded Home Health order to flush Resident's chronic indwelling

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S3085	Continued From page 9 catheter with normal saline twice weekly. The NSA lacked a description of services for Oxygen and for catheter replacement and flushing. The facility treatment record for November 2019 lacked Oxygen as a provided service. On 11/19/19 at 4:30 PM Operator/Registered Nurse #F stated the local pharmacy does provide oxygen for #187... confirmed that service not on the NSA... confirmed Home Health does flush the catheter and that not on the NSA. The Operator failed to ensure for #187 the NSA included a description of services the Resident to receive for oxygen therapy and catheter maintenance, the name of the provider of the service, and the payment source when service by an outside provider.	S3085		
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 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.	S3200		

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S3200	Continued From page 10 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 12 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 (#189 and #185), the Operator failed to ensure medications administered to each resident in accordance with a medical care provider's written order and professional standards of practice. Findings: - Record review of Resident #189 recorded admission date as 5/10/19 with diagnoses of dementia, high blood pressure, hypothyroidism and bilateral cataracts. The Functional Capacity Screen dated 5/8/19 recorded need of physical assistance (2) with medication and treatment management. The Negotiated Service Agreement dated 5/10/19 recorded staff administers medications and treatments. A Progress Note sheet dated 11/14/19, signed by physician, recorded an order for Melatonin 3 milligrams (mg) 1 tablet po (by mouth) every HS (bedtime).	S3200		

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S3200	Continued From page 11 The medication administration record (MAR) for November 2019 recorded Melatonin 3 mg one tablet two times a day (BID). On 11/18/19 at 3:37pm Facility nurse #F verified the order written on the November 2019 MAR failed to match the order as written by physician. For #189 the Operator failed to ensure all medications administered to Resident in accordance with physician's written order and professional standards of practice. - Record review revealed #185 admitted to facility 11/01/19 with diagnoses of dementia, hypertension, macular degeneration, and small vessel cerebrovascular disease. The functional capacity screen dated 10/29/19 assessed #185 in need of physical assistance with management of medications and treatments. The negotiated service agreement (NSA) dated 11/01/19 documented facility management of medications and treatments. Comparison of the medical provider signed orders with the November 2019 MAR (medication administration record) revealed the following: The MAR contained an order for Ativan (anti-anxiety) 0.5mg (milligrams) one tablet po (by mouth) daily prn (as needed). This medication documented as given daily 11/04/19 through 11/08/19. The medical record lacked a written medical care provider's order for this medication. In further review the PRN sheet lacked documentation of the first dose on 11/04/19 to	S3200		

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S3200	Continued From page 12 include the reason given, the dosage, and what results obtained. On 11/18/19 at 5:39pm asked Operator #F if an order available for this medication. On 11/18/19 at 5:43pm Operator #F confirmed no order available in facility for this medication... stated I called the physician to get an order but not sure who took the order when they called back... confirmed the failure to document the PRN dose of Ativan on 11/04/19 failed to meet professional standards of practice. For #185 the Operator failed to ensure all medications administered to Resident in accordance with physician's written order and professional standards of practice.	S3200		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S3280		

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S3280	Continued From page 13 This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 12 Residents. The sample included three Residents. The facility identified eight employees hired since the last resurvey. Based on interview and record review, for all Residents and employees of facility the Operator failed to ensure disaster and emergency preparedness by completing a quarterly review of the facility's emergency management plan with Residents and employees, and failed to complete emergency evacuation drills at least annually. Findings: - Review of Emergency Management Notebook on 11/18/19 at 12:30 PM recorded Resident emergency plan meetings 1/23/19, 4/1/19, 6/26/19, 8/22/19 and 11/19 (not completed yet). The topics or emergencies covered at these times documented as: Fire, Gas Leak, Explosion, Bomb and Missing Resident. The following required emergency topics were missing from the training: Severe Weather, Electrical outage, Water outage, and Floods. Review of Employee in-service sheets revealed two emergency plan reviews completed since the last resurvey, one dated April 2019, one dated August 2019, and a not yet completed review for November 2019. Review of the Emergency Management notebook revealed no documentation of a full evacuation drill. Operator #F presented fire drill documentation with starred months to represent	S3280		

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S3280	Continued From page 14 "evacuations." Corresponding participation pages lacked which staff participated, the actual date of the drill, the time the drill carried out, and the length of time for the evacuation to be completed. This documentation failed to document a full evacuation drill completed. On 11/18/19 at 1:37pm reviewed the Resident Emergency Management Plan with Operator #F... she stated we go over the emergency management sheet... confirmed all required topics not included on the reviews signed by Residents... Reported missing employee reviews to Facility nurse #D who contacted facility staff #H (staff who documented and tracked completion of required reviews). Facility nurse #D reported staff #H a review completed in December 2018, so a January 2109 review not completed. The emergency management notebook lacked a review for December 2018 and included only the April and August reviews. On 11/18/19 at 5:23pm Operator #F confirmed there were missing quarterly reviews and the dates indicated for evacuation lacked required information for participants, length of time, time of day... stated we do them at all different times... they take about five minutes and several staff participate. The Operator failed to ensure disaster and emergency preparedness by completing emergency evacuation drills annually and by completing quarterly emergency plan reviews with Residents and employees.	S3280		

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 _____	11/25/2019

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S3335	Continued From page 15	S3335		
S3335 SS=E	28-39-254 BUILDING EXTERIOR (f) General building exterior. (1) Each exterior pathway or access to the facility's common use areas and entrance or exit ways shall be: (A) made of hard smooth material; (B) barrier free; and (C) maintained in good repair. (2) There shall be a means of monitoring each exterior entry and exit for security purposes. (3) Outdoor recreation areas shall be provided and available to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(f)(2) The census equalled 12 the sample included three Residents. Based on observations and interviews for three of eight exterior doors the Operator failed to ensure a means of monitoring each exterior entry and exit for security purposes. Findings include: - On 11/18/19 at 9:55am surveyors entered facility to complete a resurvey. Upon entering the front door of facility, door unlocked and no audible sound noted to alert staff of an entry. Facility staff in nearby vicinity of front door and greeted surveyors. - On 11/18/19 at 10:50am during the resurvey	S3335		

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S3335	Continued From page 16 entrance conference and completion of the entrance check list, Operator #F reported the front door armed with an audible alarm to announce entries and exits but alarm usually not turned on. Operator #F described a total of eight exterior entrance doors: Front door - opened into main dining area - an audible alarm attached but turned off, unlocked during the day, locked at night "Green" door next to parking area of facility - opened into credenza ramp near staff charting desk - no alarm - unlocked during the day, locked at night "Trash Dumpster" door - opened into a sitting room at end of Resident hallway, out of sight of kitchen, dining, staff charting areas - no alarm - unlocked during the day, locked at night "Sun Room" door - opened into a sitting area from an outside deck, out of sight of kitchen, dining, staff charting areas - no alarm - unlocked during the day, locked at night "Credenza Patio" door - opened into a sitting area next to Resident rooms from an outside elevated deck - no alarm - unlocked during the day, locked at night "Credenza North" door - opened into Resident room hallway - alarmed and locked from the outside "Credenza Southeast" door - opened into Resident room hallway - alarmed and locked from the outside "Credenza Northeast" door - opened into Resident room hallway - alarmed and locked from the outside Operator #F stated we are not a locked facility and we do have a sign-in/sign-out book up front... added but if someone with ill intent entered they	S3335		

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S3335	Continued From page 17 would not sign the book anyway... Operator #F confirmed the facility near a frequently traveled highway and within a short distance of I-70 interstate... stated that has sometimes caused me concern... . Operator #F confirmed at least three exterior doors ("Green", "Trash", and "Sun") were routinely out of visual contact by staff with no audible signal and would allow entrances and exits by persons without staff knowledge. On 11/18/19 at 5:55pm and on 11/19/19 at 9:00am the front door audible alarm activated when door opened. Operator #F stated we turned it back on... plan to evaluate and determine the best solution for the remaining doors. For Residents and employees the Operator failed to ensure a means of monitoring each exterior entry and exit for security purposes.	S3335		
S3395 SS=E	28-39-255 LAUNDRY (c) Laundry facility. (1) The facility shall store soiled laundry in a manner which prevents odors and spread of disease. (2) If laundry is processed in the facility, the facility shall provide washing and drying machines. The facility shall arrange the work area to provide a "one-way flow" of laundry from a soiled area to a clean area. (3) The facility shall provide a work counter and a locked cabinet for storage of chemicals and supplies. (4) The facility shall provide a handwashing	S3395		

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S3395	Continued From page 18 lavatory with a non-reusable method of hand-drying within or accessible to the laundry facility. This REQUIREMENT is not met as evidenced by: KAR 28-39-255(c) The facility reported a census of 12 Residents. The sample included three. Based on observations and interview for one of two laundry areas of facility, the Operator failed to provide a locked cabinet for storage of chemicals and supplies. Findings: - On 11/18/19 during the facility entrance tour at 11:12 AM, Operator accompanied Surveyor and observed the basement laundry room door, located near the facility storm shelter and beauty shop, unlocked. Operator #F opened the doors of the cupboard above the washer and dryer. The right side of cupboard contained a bag of Tide Pods and a bottle of Boost stain Remover. On 11/18/19 at 11:12am Operator #F confirmed the cupboards lacked locks and stated the laundry room door is to be locked. She proceeded to lock door. On 11/18/19 at 12:09pm, observation revealed the basement laundry room door unlocked. Contents of the left side of cupboard included a bottle of Downy fabric softener, a bottle of Save fabric softener and a bottle of Eco Stain Blaster. On 11/19/19 at 5:50pm Operator #F confirmed the laundry room not locked and that it did	S3395		

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S3395	Continued From page 19 contain chemicals in cupboards. For the basement laundry room the Operator failed to provide a locked storage area for chemicals and supplies.	S3395		