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-C 03/28/2017

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 Revisit and Correction Order visit #17-32 at the above named Residential Health Care Facility in Abilene, Kansas on 3/27/17 and 3/28/17.	{S 000}		
{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) The census equalled 10 the sample included 3 Residents. Based on reviews of records and interviews, for two of three sampled (#1089 and #1085), the Operator failed to ensure the Negotiated Service Agreement (NSA) demonstrated collaboration with the Resident and/or their Representative; and for two of three	{S3085}		

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

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{S3085}	Continued From page 1 (#1085 and #1089) the Operator failed to ensure the NSA contained a description of the services the Resident to receive. Findings included: - Review of record revealed #1085 admitted 12/02/16 with diagnoses of Diabetes, Hypertension, Chronic kidney disease, Diastolic heart failure, Presbycusis, Retinopathy, Coronary artery disease, Anemia, Gout, and Intellectual functioning disability. The current functional capacity screen (FCS) 3/27/17 assessed #1085 in need of physical assistance with bathing, toileting, mobility, medication and treatment management; in need of supervision with dressing; with bladder incontinence; with short term and long term memory impairment, memory recall impairment, decision making impairment; with falls, unsteadiness, vision and hearing impairments; and used a walker. The medical record contained a 3/26/17 Self Administration assessment with note at bottom "may self inject insulin." The NSA contained a statement under section 13. Needs/Preferences: "Provide balanced meals, housekeeping, and administering medication and monitoring blood sugar levels..." The NSA lacked a description of the services related to staff preparation of the insulin pen, application of the needle, priming the pen, assuring the correct dose dialed, carrying the pen to the Resident, use of alcohol prep pad, and observation of self injection. On 3/27/17 at 3:40pm Owner/Operator/RN (registered nurse) #C and Facility RN #B	{S3085}		

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{S3085}	Continued From page 2 confirmed the NSA contained nothing regarding insulin preparation or observation of self injection... will be doing an addendum and sending it for signature... The medical record contained a 3/27/17 physician's order for therapeutic diet: Low Sodium, 1600 Calorie ADA (American Diabetes Association) with three snacks. This diet added to the NSA. The medical record and the NSA lacked evidence of collaboration with the Resident or the Resident's representative for the use of this new diet order. The NSA contained additional changes: Level Care: added "Look to see what they are may need changing" 4. Money Management: family member name crossed out, added "unable to manage money" 7. Management of Behavioral Problems: added "has intellectual functioning disability and will whine or cry about blood sugar levels, decreasing kidney function, or any news that is bad" 9. Personal Care: Resident dressing/undressing: needs assistance... encourage Resident to do as much as possible for self, all crossed out; added "staff to get out clothing including shoes and socks and then he/she dresses self in am and changes into pajamas in eve" Personal Hygiene: added "staff needs to get out the towels and wash cloths and assist Resident in and out of shower... encourage Resident to wash face, arms, and what he/she can reach of abdomen and chest." 18. Communications: Resident can usually understand staff, crossed out, changed to "Resident can sometime understand staff... staff cleans hearing aides for him/her." The medical record and the NSA lacked evidence	{S3085}		

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{S3085}	Continued From page 3	{S3085}		

of collaboration with #1085 or with #1085's Representative. The NSA lacked signatures to indicate these changes discussed and approved (or modified if necessary) by Resident or representative.

On 3/27/17 at 3:33pm, Owner/Operator/RN (registered nurse) #C and Facility RN #B stated NSA was updated today 3/27/17... multiple added notes... nothing signed yet... we need to call family anyway, so we will tell them to come sign when we call them...

The Operator failed to ensure the NSA for #1085 demonstrated collaboration with the Resident and/or their Representative. The Operator failed to ensure the NSA for #1085 contained a description of the services related to insulin pen preparation and observation of self injection.

- Review of record revealed #1089 admitted to facility 11/07/16 with diagnoses of Cerebrovascular accident, Pacemaker, Breast cancer, Depression, Diabetes, Atrial fibrillation, Osteoporosis, Dementia, Microvascular disease, Hypertension, and Recent fracture of right humerus.

The current 3/27/17 functional capacity screen (FCS) assessed #1089 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, medication and treatment management; supervision with eating; with bladder incontinence, short term and long term memory impairment, decision making and memory recall impairment; with unsteadiness, vision and hearing impairments; used a walker and wheelchair; used CPAP (continuous positive airway pressure) at night. The FCS lacked he/she

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{S3085}	Continued From page 4 had pacemaker. The medical record contained a self administration assessment for Australian Dream pain relief cream. The NSA failed to include a description of self administration... contained the statement: section 13. Needs/Preferences: " ...Provide balanced meals, housekeeping, and security, administer medications..." The NSA lacked a description of the services to be provided for self administration. The NSA contained additional changes: 1. Food Service needs and preferences: added "Remind him/her about eating food assist with moving items so that he/she can see and reach them." 6. Health care services: added "Resident has pacemaker, facility is responsible for testing pacemaker _____ (monthly? every three months?) Resident has CPAP machine... (local company name) maintains it and if it isn't working contact (local company name).... 8. Skilled Nursing Services to be provided are: Tested positive in past for Tuberculosis, see chest X-ray report; Blood drawn per physician orders, Protime as ordered 9. Personal care: added "Needs full assistance of staff for a bath twice a week and prn (as needed). Staff gets out the towels and washcloth, fresh clothes. After bathing apply lotion to back and dress him/her completely." 13. Needs/preferences: added "needs staff to apply CPAP machine nightly with distilled water... CPAP at HS (bedtime) at 8cm (centimeters) water pressure... check every 1-2 hours" added "19. Resident has potential to fall, staff will put shoes/socks on Resident and walk with him/her with gait belt and walker everywhere in and out of building. Staff will look in on hourly	{S3085}		

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{S3085}	Continued From page 5 after they get him/her up and dressed for the day, ask before and after meals and in mid morning afternoon and evening if needs to go to the bathroom, sometimes needs wheeled to/from meals. If awake in night staff will ask if needs bathroom. Family wants to look into providing a remote bed/chair alarm for safety." The medical record and the NSA lacked evidence of collaboration with #1089 or with #1089's Representative. The NSA lacked signatures to indicate these changes discussed and approved (or modified if necessary) by Resident or representative. The Operator failed to ensure the NSA for #1089 demonstrated collaboration with the Resident and/or their Representative. The Operator failed to ensure the NSA for #1089 contained a description of the services related to self administration of select medication.	{S3085}		
{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: KAR 26-41-204(a)	{S3155}		

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{S3155}	Continued From page 6 The census equalled 10 the sample included three Residents. Based on interview and review of record, for one of three sampled (#1078), the Operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of each resident in accordance with the functional capacity screening (FCS) and the negotiated service agreement (NSA). Findings included: - Review of record revealed #1078 admitted to facility 4/24/13 with diagnoses of Dementia, Depression, Dyspepsia, Hypertension, Macular degeneration, Osteoporosis, Essential tremors, Anxiety, Constipation, Bilateral hip replacements, L2 compression fractures, L5 bulging disc, and Spinal stenosis. The current 4/20/16 functional capacity screen (FCS) assessed #1078 in need of physical assistance with Bathing and with Medication management; independent with Dressing and Eating; in need of supervision with Toileting and Transfers; unable to perform Treatment management; incontinent at times of bladder; with short term and long term memory impairment, decision making and memory recall impairment; usually understood and usually understands for communication; with falls/unsteadiness, vision and hearing impairments; used a walker and wheelchair. The 4/20/16 negotiated service agreement (NSA) documented physical assistance with bathing twice weekly, independent dressing, independent toileting will ask for assistance if needed; independent eating and walker use; facility to	{S3155}		

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{S3155}	Continued From page 7	{S3155}		

administer medications and treatments.
The NSA lacked interventions or services related to fall prevention.

Medical record Nurse's Notes recorded:

3/12/17 - 3:45pm - "Resident fell in closet. RN (registered nurse) notified vitals obtained. Has small bruise on Left pinky finger. Nurse notified family."

3/24/17 - 7:00am - Resident fell at bathroom doorway in his/her room as he/she was coming out of bathroom...states feels real "dizzy" and legs feel "funny" Not notable wounds wounds he/she fell in middle of doorway onto carpet... states doesn't feel like he/she hit anything. We will keep an eye on him/her and also talk to physician regarding Requip (medication for restless legs) and see if this is causing the dizziness. physician ordered increase to TID (three times) daily."

The NSA lacked interventions, additions, revisions, to address fall prevention for #1078.

On 3/27/17 at 4:35pm, Owner/Operator/RN #C stated we remind him/her to use call light... remind to wait for us to help because of getting dizzy... I think cognition at "4" (short term and long term memory impairment, decision making and memory recall impairment) was an error... I think #1078 can remember what we tell him/her... confirmed the 4/20/16 NSA lacked fall prevention interventions before and after falls of 3/12/17 and 3/24/17.

The Operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs

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{S3155}	Continued From page 8 of #1078 in regard to the identification of need for fall/unsteadiness prevention measures.	{S3155}		
{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) The census equalled 10 the sample included three Residents. Based on interview and review of record, for one of three sampled (#1078), the Operator failed to ensure each Resident record contained 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. Findings included: - Review of record revealed #1078 admitted to facility 4/24/13 with diagnoses of Dementia, Depression, Dyspepsia, Hypertension, Macular degeneration, Osteoporosis, Essential tremors, Anxiety, Constipation, Bilateral hip replacements, L2 compression fractures, L5 bulging disc, and Spinal stenosis. The current 4/20/16 functional capacity screen (FCS) assessed #1078 in need of physical	{S3261}		

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{S3261}	Continued From page 9	{S3261}		

assistance with Bathing and with Medication management; independent with Dressing and Eating; in need of supervision with Toileting and Transfers; unable to perform Treatment management; incontinent at times of bladder; with short term and long term memory impairment, decision making and memory recall impairment; usually understood and usually understands for communication; with falls/unsteadiness, vision and hearing impairments; used a walker and wheelchair.

The 4/20/16 negotiated service agreement (NSA) documented physical assistance with bathing twice weekly, independent dressing, independent toileting will ask for assistance if needed; independent eating and walker use; facility to administer medications. The NSA lacked interventions or services related to fall prevention.

Medical record Nurse's Notes recorded:

3/12/17 - 3:45pm - "Resident fell in closet. RN (registered nurse) notified vitals obtained. Has small bruise on Left pinky finger. Nurse notified family."

This entry lacked documentation of symptoms, other indications of illness, assessment of Resident by licensed nurse, actions taken, and results of the actions.

3/24/17 - 7:00am - Resident fell at bathroom doorway in his/her room as he/she was coming out of bathroom...states feels real "dizzy" and legs feel "funny" Not notable wounds wounds he/she fell in middle of doorway onto carpet... states doesn't feel like he/she hit anything. We will keep an eye on him/her and also talk to physician regarding Requip (medication for

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{S3261}	Continued From page 10 restless legs) and see if this is causing the dizziness. physician ordered increase to TID (three times) daily." This entry lacked documentation of actions taken and the results of the actions. On 3/27/17 at 4:40pm, Owner/Operator/RN (registered nurse) #C stated when I worked at previous employment we documented with check marks... I am not used to writing "story notes"... also having Certified Medication Aides put some stuff in notes too... acknowledged some items (assessment, results of physician follow-up, etc) "done but not documented" The Operator failed to ensure #1078's record contained documentation of all symptoms and other indications of illness or injury, including the action taken, and results of the action.	{S3261}		