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 08/14/2014

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 Special Revisit at the above named Residential Health Care Facility in Abilene, Kansas on 8/13/14 and 8/14/14.	{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 11 the sample included three Residents. Based on reviews of record and interviews, for two of three sampled, (#1085 and #1089), the Operator failed to ensure the development of a written negotiated service agreement (NSA) based on the Resident's service needs that included a description of the	{S3085}		

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

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{S3085}	Continued From page 1 service the Resident to receive, identification of the provider of the outside service, and the payment source for the outside service provided. Findings included: - Review of record revealed #1085 admitted to facility 01/04/13 with diagnoses of Osteoporosis, Depression, Insomnia, Cancer of left lower leg, and Recent right hip fracture. The current functional capacity screen (FCS) of 4/18/14 assessed #1085 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; unable to perform medication and treatment management; with bladder incontinence; and with short term memory, memory recall, and decision making impairments. The current negotiated service agreement (NSA) of 4/18/14 documented: Facility staff provided bathing assistance twice weekly; Resident required wake up call, dressed self; For toileting, ambulation, and transfer, assist if needed. Facility staff maintained medications in a locked area and administered according to physician orders. The NSA failed to include services to address treatment management. The medical record contained an order to begin Hospice dated 4/18/14, to include wound management; the NSA contained an entry that documented Resident's Hospice admission with diagnoses, but lacked the name of the outside provider and the payment source. The NSA failed to identify Hospice as providing wound management. The medical record contained an order for	{S3085}		

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{S3085}	Continued From page 2 Hospice aide to complete personal cares, bathing and lotion weekly... the NSA failed to identify bathing services by someone other than facility staff. The NSA failed to indicate staff assistance with dressing, toileting, transfers, and ambulation. The NSA failed to reflect the discontinuation of Hospice services on 7/25/14. On 8/13/14 at 3:00pm, Registered Nurse #D confirmed no other NSA available... confirmed the 4/18/14 NSA lacked services to address the FCS assessed needs, service descriptions for Hospice cares, and the discontinuation of Hospice services 7/25/14. The Operator failed to ensure the development of a written NSA for #1085 based on the Resident's needs, that included a description of the services, identification of the provider of the outside service, and the payment source for the outside service provided. - Review of record revealed #1089 admitted to facility 4/20/13 with diagnoses of Cardiovascular accident., Hypertension, Osteoporosis, Dementia, Spinal stenosis, Insomnia, Constipation, Depression, Previous Left hip compression nailing. The current functional capacity screen (FCS) of 4/20/14 assessed #1089 in need of physical assistance with management of medications unable to perform treatments; in need of physical assistance with bathing and management of medications; unable to perform treatments; with bladder incontinence; with impaired short term and long term memory, impaired decision making, and impaired memory recall.	{S3085}		

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{S3085}	Continued From page 3 The current negotiated service agreement (NSA) of 4/20/14 documented facility staff assisted with bathing twice weekly; medication management; ambulation, transfer, toileting "assist if needed." The NSA lacked services regarding treatments. The medical record contained a physician's order to start PT (physical therapy) on 7/07/14. The NSA lacked documentation of this service, lacked an outside provider's name, and lacked a payment source. The medical record contained a physician's progress note of 7/23/14, directing staff to continue vaginal checks for foreign material. The NSA lacked services or interventions to address this identified need/behavior. On 8/13/14 at 4:44pm, Registered Nurse #D confirmed the NSA lacked PT services, provider and payment source; lacked treatment management, and failed to include services to address identified behaviors of placing toilet paper and/or notebook paper in vagina due to urine leakage. #D stated facility staff now assists #1089 with toileting and perineal care to monitor the behavior... not really documented or addressed anywhere but on on the treatment record... that just says they will ask if he/she needs to use the bathroom every two hours during the day. The Operator failed to ensure the development of a written NSA for #1089 based on the Resident's needs, that included a description of the services to be provided.	{S3085}		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care	S3155		

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S3155	Continued From page 4 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) The census equalled 11 the sample included three Residents. Based on reviews of records and interviews, for one of three sampled (#1089), the Operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of the Resident. Findings included: - Review of record revealed #1089 admitted to facility 4/20/13 with diagnoses of Cardiovascular accident., Hypertension, Osteoporosis, Dementia, Spinal stenosis, Insomnia, Constipation, Depression, Previous Left hip compression nailing. The current functional capacity screen (FCS) 4/20/14 assessed #1089 in need of physical assistance with bathing and management of medications; unable to perform treatments; with bladder incontinence; with impaired short term and long term memory, impaired decision making, and impaired memory recall. The current negotiated service agreement (NSA) of 4/20/14 documented facility staff assisted with bathing twice weekly; maintained medications in a locked area and administered medications to	S3155		

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S3155	Continued From page 5 #1089 according to physician orders. The NSA lacked services regarding treatments. The medical record contained a signed physician's order dated 7/07/14: "start PT (physical therapy)". The medical record lacked evidence this order implemented, provided, coordinated, or discontinued. On 8/13/14 at 4:44pm, Registered Nurse #D stated to my knowledge the PT was never started... I don't see an order to discontinue PT... On 8/13/14 at 5:42pm, Certified Medication Aide #K stated #1089 has not had any PT lately that I am aware of. The Operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of #1089.	S3155		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.	S3175		

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S3175	Continued From page 6	S3175		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(a)(1)

The census equalled 11 the sample included three Residents. The facility identified all Residents as receiving medication management, seven who self administered select medications. Based on reviews of records and interviews for one of three sampled (#1087), the Operator failed to ensure an assessment completed annually to determine Resident could safely and accurately self administer medications without staff assistance.

Findings included:

- Review of record revealed #1087 admitted to facility 4/14/09 with diagnoses of Osteoporosis, Thoracic compression fractures, Hypertension, Incontinence, and Left Humerus fracture 2010.
The current functional capacity screen (FCS) of 5/09/14 assessed #1087 in need of supervision of medication and treatment management.
The current negotiated service agreement (NSA) of 5/09/14 documented facility staff maintained medications in a locked area and administered to #1087 according to physician orders.
The NSA lacked documentation of #1087's self administration of any medications.
The medications administration record (MAR) for August 2014 documented select medications left in room for self administration by Resident: Tums, Icy Hot, Mentholatum, and Icaps.

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S3175	Continued From page 7 The medical record contained a 3/08/13 Assessment for Self Administration of Medications, but lacked any completed since then. On 8/13/14 at 4:30pm, Registered Nurse #D confirmed no self administration assessment completed since 3/08/13. The Operator failed to ensure an assessment completed annually to determine #1087 could safely and accurately self administer medications without staff assistance.	S3175		
{S3186} SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The census equalled 11 the sample included three Residents. The facility identified all Residents as receiving medication management,	{S3186}		

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{S3186}	Continued From page 8 seven who self administered select medications. Based on reviews of records and interviews for one of three sampled (#1087), the Operator failed to ensure the negotiated service agreement (NSA) reflected the self administration of some medications by Resident in addition to facility management of medications. Findings included: - Review of record revealed #1087 admitted to facility 4/14/09 with diagnoses of Osteoporosis, Thoracic compression fractures, Hypertension, Incontinence, and Left Humerus fracture 2010. The current functional capacity screen (FCS) of 5/09/14 assessed #1087 in need of supervision of medication and treatment management. The medical record contained a 3/08/13 Assessment for Self Administration of Medications. The current negotiated service agreement (NSA) of 5/09/14 documented facility staff maintained medications in a locked area and administered to #1087 according to physician orders. The medications administration record (MAR) for August 2014 documented select medications left in room for self administration by Resident: Tums, Icy Hot, Mentholatum, and Icaps. The current NSA of 5/09/14 lacked documentation of #1087's self administration of any medications. On 8/13/14 at 4:30pm, Registered Nurse #D confirmed the NSA lacked documentation of #1087's self administration of select medications... stated it is on the FCS... The Operator failed to ensure the NSA for #1087 reflected the self administration of some medications by Resident in addition to facility	{S3186}		

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{S3186}	Continued From page 9 management of medications.	{S3186}		
S3210 SS=D	26-41-205 (e) (f) Medication Verbal Orders and Standing Orders (e) Medication orders. Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order. (f) Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident ' s medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-1205(e) The census equalled 11 the sample include three Residents. Based on interview and review of record, for one of three sampled (#1085), the licensed nurses failed to ensure all verbal orders were signed by the medical care provider within seven working days of receipt of the verbal order. Findings included: - Review of record revealed #1085 admitted to facility 01/04/13 with diagnoses of Osteoporosis, Depression, Insomnia, Cancer of left lower leg, and Recent right hip fracture.	S3210		

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S3210	Continued From page 10 The current functional capacity screen (FCS) of 4/18/14 assessed #1085 unable to perform medication and treatment management. The current negotiated service agreement (NSA) of 4/18/14 documented facility staff maintained medications in a locked area and administered according to physician orders. The medical record contained four medical care provider phone orders that lacked the provider's signature: 4/18/14 - Hospice aide, social worker, volunteer, and chaplain service on hold at this time. 4/29/14 - Hospice aide to visit one time weekly for personal cares, bathing, and lotion. 5/09/14 - Ambien 10mg (milligrams) take 1/2 tab (5mg) at HS (bedtime). Take other 1/2 tablet (5mg) when wakes up during night. Do not administer second dose after 0300. Total Ambien dose per night 10mg. 5/28/14 - DC (discontinue) Ambien 5mg at HS; DC Ambien 5mg PRN (as needed); Ambien 10mg one po (by mouth) PRN for sleep, do not administer after 0200. On 8/13/14 at 3:00pm, Registered Nurse #D confirmed these orders not signed within seven working days of receiving the order... stated the signed copy could be in another folder... The licensed nurses failed to ensure all verbal orders for #1085 were signed by the medical care provider within seven working days of receipt of the verbal order.	S3210		

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S3225	Continued From page 11	S3225		
S3225 SS=F	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l)(2) The census equalled 11 the sample included three Residents. Based on reviews of records and interviews, for three of three sampled (#187, #189, and #185), the Operator failed to ensure a licensed pharmacist conducted a medication regime review at least quarterly for each Resident whose medications were managed by the facility. Findings included: - Review of record revealed #1089 admitted to facility 4/20/13 with diagnoses of Cardiovascular accident., Hypertension, Osteoporosis, Dementia, Spinal stenosis, Insomnia, Constipation, Depression, Previous Left hip compression nailing. The current functional capacity screen (FCS) 4/20/14 assessed #1089 in need of physical assistance with management of medications	S3225		

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S3225	Continued From page 12	S3225		

unable to perform treatments.
The current negotiated service agreement (NSA) of 4/20/14 documented facility staff maintained medications in a locked area and administered to #1089 according to physician orders.
The most recent pharmacist medication regimen review dated 3/11/4 with none since.

- Review of record revealed #1087 admitted to facility 4/14/09 with diagnoses of Osteoporosis, Thoracic compression fractures, Hypertension, Incontinence, and Left Humerus fracture 2010.
The current functional capacity screen (FCS) of 5/09/14 assessed #1087 in need of supervision of medication and treatment management.
The current negotiated service agreement (NSA) of 5/09/14 documented facility staff maintained medications in a locked area and administered to #1087 according to physician orders.
The most recent pharmacist medication regimen review dated 3/11/4 with none since.

- Review of record revealed #1085 admitted to facility 01/04/13 with diagnoses of Osteoporosis, Depression, Insomnia, Cancer of left lower leg, and Recent right hip fracture.
The current functional capacity screen (FCS) of 4/18/14 assessed #1085 unable to perform medication and treatment management.
The current negotiated service agreement (NSA) of 4/18/14 documented facility staff maintained medications in a locked area and administered to #1085 according to physician orders.
The most recent pharmacist medication regimen review dated 3/11/4 with none since.

On 8/13/14 at 1:00pm and at 3:58pm, Registered Nurse #D confirmed the record lacked more recent medication regime reviews... spoke with pharmacist who confirmed the June 2014 review

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S3225	Continued From page 13 not yet completed... was unable to complete on 6/09/14 and was waiting for facility to reschedule. The Operator failed to ensure a licensed pharmacist conducted a medication regime review for #1089, #1087, and #1085 at least quarterly.	S3225		