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 _____	04/16/2024

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 represent the findings of the licensure resurvey for the above named facility conducted on 04/16/24.	S 000		
S 230 SS=D	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: KAR 26-39-102 (b) The census equaled 5 residents. The sample included 3 residents. Based on record review and interview for 1 sampled resident (R)1, Operator/ Licensed Nurse (LN) A failed to inform	S 230		

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

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S 230	Continued From page 1	S 230		

the resident or the resident's legal representative, in writing, of the state statutes related to advance medical directives at the time of admission to the facility.

Findings included:

- R1's "Medical Record" revealed she admitted to the facility on 08/30/23 with diagnoses of Parkinson's Disease, hypertension and muscle weakness.

The "Functional Capacity Screen" (FCS) dated 08/30/23 recorded the resident required supervision with eating, physical assistance for bathing, dressing, toileting, transfers and walk/mobility and was unable to manage medications and treatments. The FCS recorded R1 was frequently continent, had impaired short-term and long-term memory, impaired decision making, usually understandable/ usually understood and was at risk for falls/ unsteadiness. The FCS recorded R1 used a walker and wheelchair for ambulation.

The resident's "Negotiated Service Agreement" (NSA) dated 08/30/23 recorded staff assisted R1 with bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments.

Review of the resident's medical record lacked signatures of R1 and/or any legal representative of acknowledgement of the state statutes related to advance medical directives at the time of admission to the facility.

Electronic interview on 05/17/24 at 12:01 PM

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S 230	Continued From page 2 with Operator/ LN A stated she gave residents/ legal representatives a document titled, "Durable Power of Attorney for Healthcare Decisions" upon admission. The document failed to inform of the state statues related to advance medical directives. Facility failed to provide a policy related to advanced medical directives at the time of admission. Operator/ LN A failed to inform the resident or the resident's legal representative, in writing, of the state statutes related to advance medical directives at the time of admission to the facility.	S 230		
S3280 SS=D	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 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (d) (3) The census equaled 5 residents. The sample included 3 residents and review of 5 newly hired employee records. Based on record review and interview, Operator/ Licensed Nurse (LN) A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents. Review on 04/16/24 of the facility's quarterly reviews of the emergency management plan with staff revealed the following reviews with residents: 1/1/23, 06/01/23, 09/01/23 and 12/01/23, The facility failed to provide documentation regarding emergency management plan reviews with residents for the first quarter of 2024. Interview on 04/16/24 at 12:34 PM with Operator/LN A confirmed unable to locate review completed with residents for the first quarter of 2024. Facility failed to provide a policy related to	S3280		

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S3280	Continued From page 4 emergency management plan reviews. Operator/LN A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with residents.	S3280		
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: K.A.R 26-41-207 (c) The census totaled 5 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 2 sampled staff (Certified Medication Aide (CMA) B and Certified Nurse Aide (CNA)/ CMA C), the facility failed to ensure compliance with the State Agency's tuberculosis	S3310		

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S3310	Continued From page 5 (TB) guidelines. Findings included: - Review of CMA B's employee record revealed they hired onto the facility on 12/12/23. CMA B's record lacked evidence of completion of TB testing upon hire. Review of CNA/ CMA C's employee record revealed they hired onto the facility on 11/01/22. CNA/ CMA C's first step of TB testing was completed on 11/28/22. CNA/ CMA C's record lacked evidence of completion of the second step of TB testing upon hire. Interview on 04/16/24 at 03:37 PM with Operator/ Licensed Nurse A confirmed unable to locate TB testing completed upon hire for CMA B and further confirmed no second step of TB testing was completed for CNA/ CMA C. Facility failed to provide a policy related to TB testing for staff. The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		