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	N021006	A. BUILDING: _____ B. WING _____	06/03/2025

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

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 06/03/25.	S 000		
S3225 SS=E	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) The facility reported a census of 6 residents, with 3 residents included in the sample. Based on record review and interview, the facility failed to ensure a licensed pharmacist conducted a quarterly medication regimen review for 2 Residents, (R)1 and R3, when the facility staff administered their medications. Findings included:	S3225		

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

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S3225	Continued From page 1	S3225		

- Record review for R1 revealed an admission date of 08/30/23 with diagnoses of hypertension, major depressive disorder, chronic pain and Parkinson's Disease.

Review of resident's "Functional Capacity Screen" dated 08/28/24 recorded the resident was unable to perform the management of medications.

The "Negotiated Service Agreement" dated 08/30/24 recorded facility staff administered medications to R1.

Review of R1's record lacked evidence any medication regimen reviews were completed for the third and fourth quarters of 2024 and the first quarter of 2025.

- Record review for R3 revealed an admission date of 04/20/22 with diagnoses of hypertension, depression, glaucoma and Vitamin D deficiency.

Review of resident's "Functional Capacity Screen" dated 04/29/25 recorded the resident was unable to perform the management of medications.

The "Negotiated Service Agreement" dated 04/29/25 recorded facility staff administered medications to R3.

Review of R3's record lacked evidence any medication regimen reviews were completed for the third and fourth quarters of 2024 and the first quarter of 2025.

Interview on 06/03/25 at 04:00 PM with Operator/

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S3225	Continued From page 2 LN A confirmed medication regimen reviews were not completed for R1 and R3 for the third and fourth quarters of 2024 and the first quarter of 2025. Facility failed to provide a policy on pharmacy reviews. The facility failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for R1 and R3, when staff administered their medications.	S3225		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to	S3248		

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S3248	Continued From page 3 have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) (2) The census equaled 6 residents. The sample included 3 residents and record review of 5 newly hired employees. Based on interview and personnel record review for 5 of 5 staff sampled, Operator/ Licensed Nurse (LN) A failed to obtain evidence of supporting documentation for criminal background checks of facility staff, pursuant to K.S.A. 39-970 and amendments thereto. Findings included: - On 06/03/25 and 06/04/25, personnel record review for staff revealed the following: Review of Operator/ LN A's employee record revealed they hired onto the facility on 11/01/24. Record lacked evidence of criminal background check completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d). Review of Certified Medication Aide (CMA) B's employee record revealed they hired onto the facility on 03/31/25. Record lacked evidence of criminal background check completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d).	S3248		

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S3248	Continued From page 4 Review of CMA C's employee record revealed they hired onto the facility on 03/01/25. Record lacked evidence of criminal background check completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d). Review of CMA D's employee record revealed they hired onto the facility on 01/09/25. Record lacked evidence of criminal background check completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d). Review of CMA E's employee record revealed they hired onto the facility on 12/19/24. Record lacked evidence of criminal background check completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d). Interview on 06/03/25 at 04:00 PM with Operator/ LN A confirmed Operator/ LN A, CMA B, CMA C, CMA D and CMA E's the criminal background checks were not completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d). Facility failed to provide a policy for obtaining criminal background checks of facility staff. For all residents, Operator/ LN A failed to obtain evidence of supporting documentation for criminal background checks of facility staff, pursuant to K.S.A. 39-970 and amendments thereto.	S3248		

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S3280	Continued From page 5	S3280		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (d) (3) (4) The census equaled 6 residents. The sample included 3 residents. Based on record review and interview, Operator/ Licensed Nurse (LN) A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly reviews of the facility's entire "Emergency Management Plan" with residents and staff and an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.	S3280		

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S3280	Continued From page 6 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 06/03/25 of the facility's quarterly reviews of the emergency management plan with residents revealed the following reviews: On 08/30/24 and 01/30/25, the facility reviewed fire, explosion, natural gas leak and missing resident. The facility failed to review the procedures to manage potential emergencies including flood, tornado, severe weather and loss of electrical and water services for the third quarter of 2024 and the first quarter of 2025 with residents. The facility failed to review the emergency management plan with residents for the fourth quarter of 2024. Review on 06/03/25 of the facility's quarterly reviews of the emergency management plan with staff revealed the plan was reviewed on 06/17/24. The facility failed to review the emergency management plan with staff for the third and fourth quarters of 2024 and the first quarter of 2025. The facility failed to document an annual	S3280		

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S3280	Continued From page 7 emergency drill conducted with residents and the minimum number of staff on duty at one time that included an evacuation of all residents to a secure location. Interview on 06/03/25 at 02:59 PM with Operator/ LN A confirmed the facility's records lacked documentation all eight emergency topics were reviewed each quarter with residents and further confirmed quarterly reviews were not completed with staff since 06/17/24. Operator/ LN A confirmed no documentation located of an annual emergency drill conducted with residents and staff. 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 Management Plan" with residents and staff and an annual emergency drill conducted with staff and residents to include an evacuation of the residents to a secure location.	S3280		
S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a	S3298		

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S3298	Continued From page 8 manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (d) The census equaled 6 residents. Based on record review and interview for all residents living in the facility and receiving meal services, Operator/ Licensed Nurse (LN) A failed to ensure the facility staff served food at the proper temperature. Findings included: - During the initial tour of the kitchen on 06/03/25 at 10:45 AM, facility food temperature monitoring logs were requested. "Food Temperature" logs were obtained from Certified Medication Aide (CMA) E. Record lacked breakfast, lunch, and supper food temperatures for the following dates: 04/28/25, 04/30/25, 05/01/25, 05/04/25, 05/05/25, 05/06/25, 05/07/25, 05/08/25, 05/09/25, 05/10/25, 05/11/25, 05/14/25, 05/15/25, 05/19/25, 05/20/25, 05/24/25, 05/25/25 and 05/29/25. Interview on 06/03/25 at 10:45 AM with CMA E confirmed food temperatures were to be obtained	S3298		

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S3298	Continued From page 9 at each meal and further confirmed the "Food Temperature" log revealed missing temperatures completed for breakfast, lunch and supper. Interview on 06/03/25 at 04:00 PM with Operator/ LN A confirmed food temperatures were not obtained at each meal. Electronic interview on 06/04/25 at 09:58 AM with Operator/ LN A confirmed all residents eat at the facility. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. Facility failed to provide a policy on food temperatures. For all residents of the facility, Operator/ LN A failed to ensure facility staff served food at the proper temperature.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by:	S3299		

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S3299	Continued From page 10 KAR 26-41-206 (e) The census equaled 6 residents. Based on record review and interview for all residents receiving meal services, Operator/ Licensed Nurse (LN) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 06/03/25 at 10:43 AM with Administrative Staff F revealed a storage room with two stand up freezers and one refrigerator/ freezer, and a kitchen with one refrigerator/ freezer, all containing food. On 06/03/25 at 10:45 AM, refrigerator and freezer temperature monitoring logs were requested from Certified Medication Aide (CMA) E. CMA E confirmed refrigerator and freezer temperature monitoring logs were not obtained and completed from February 2025 through May 2025. Interview on 06/03/25 at approximately 09:45 AM with Operator/ LN A confirmed the refrigerator and freezer temperature monitoring log was not completed weekly from February 2025 through May 2025. Electronic interview on 06/04/25 at 09:58 AM with Operator/ LN A confirmed all residents eat at the facility. Facility failed to provide a policy on food storage. For all residents of the facility, Operator/ LN A	S3299		

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S3299	Continued From page 11 failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		
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 6 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 2 of 3 sampled Residents (R)2 and R3 and 5 of 5 sampled staff (Operator/ Licensed Nurse (LN) A, Certified Medication Aide (CMA) B, CMA C, CMA D and CMA E, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included:	S3310		

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S3310	Continued From page 12 - R2's "Health Record" revealed she admitted to the facility on 04/20/22 and the record lacked completion of a TB questionnaire since 04/29/24. - R3's "Health Record" revealed she admitted to the facility on 05/03/25 and the record lacked completion of TB testing and a TB questionnaire completed upon admission. - Review of Operator/ LN A's record revealed they hired onto the facility on 11/01/24. Operator/ LN A's record lacked evidence of completion of TB testing and a TB questionnaire upon hire. - Review of CMA B's record revealed they hired onto the facility on 03/31/25. CMA B's record lacked evidence of completion of TB testing and a TB questionnaire upon hire. - Review of CMA C's record revealed they hired onto the facility on 03/01/25. CMA C's first step of TB testing was completed on 03/29/25, twenty-eight days after being hired by the facility. Record lacked evidence of completion of the second step of TB testing and a TB questionnaire upon hire. - Review of CMA D's record revealed they hired onto the facility on 01/09/25. CMA D's first step of TB testing was completed on 11/12/24. Record lacked evidence of completion of the second step of TB testing and a TB questionnaire upon hire. - Review of CMA E's record revealed they hired onto the facility on 12/19/24. CMA E's first step of TB testing was completed on 01/20/25,	S3310		

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S3310	Continued From page 13 approximately one month after being hired by the facility. Record lacked evidence of completion of the second step of TB testing and a TB questionnaire upon hire. Interview on 06/03/25 at 01:07 PM with Operator/ LN A confirmed a two-step TB test and TB questionnaire was not completed upon admission for R3. Interview on 06/03/25 at 01:39 PM with Operator/ LN A confirmed an annual TB questionnaire was not completed for R2 since 04/29/24. Interview on 06/03/25 at 04:00 PM with Operator/ LN A confirmed he did not complete a two-step TB test or a TB questionnaire upon hire. Electronic interview on 06/03/25 at with Operator/ LN A confirmed CMA B, CMA C, CMA D, CMA E's TB testing was not completed per TB guidelines. Facility failed to provide a TB policy. 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		