STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175426	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTVIEW NURSING & RESIDENTIAL LIVING	**808 N 8TH STREET SENECA, KS 66538**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent to the facility on 11/09/21.	F 000		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This Requirement is not met as evidenced by: The facility had a census of 23 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to label Resident (R) 9's insulin (hormone which allows cells throughout the body to uptake glucose) pen with date opened.	F 761		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175426	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTVIEW NURSING & RESIDENTIAL LIVING	808 N 8TH STREET SENECA, KS 66538

(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) COMPLETION DATE
F 761	Continued From page 1 Findings included: - On 11/02/21 at 07:50 AM, observation in the medication room revealed R9's Levemir (a long acting insulin that can work for around 24 hours or longer) flex pen lacked a date opened. On 11/02/21 at 07:50 AM, Licensed Nurse (LN) G, verified R9 received insulin daily and the insulin flex pen lacked a date opened and/or a name. On 11/04/21 at 10:30 AM, Administrative Nurse E stated the nurses were to date the insulin pens/vials when opened, label with the resident's name, and discard expired medications. Upon request the facility failed to provide an Insulin storage policy. The facility failed to label and date when opened R9's Levemir flex insulin pen, placing the resident at risk for receiving ineffective medication.	F 761		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents	F 812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175426	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTVIEW NURSING & RESIDENTIAL LIVING	808 N 8TH STREET SENECA, KS 66538

(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) COMPLETION DATE
F 812	Continued From page 2 from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This Requirement is not met as evidenced by: The facility had a census of 23 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to store, prepare, and serve food under sanitary conditions for 23 residents who received meals from the facility kitchen. Findings included: -On 11/02/21 at 08:02 AM, observation revealed three half gallons of vanilla Greek yogurt with expiration date of 10/28/21 in the silver refrigerator in the main part of the kitchen. The dry storage room had 40 - 4 ounce boxes of juices with an expiration date of 07/20/21, a white grocery sack with ten (sandwich size) bags of popcorn without dates or labels, 20 - 4 ounce containers of vanilla pudding with use by date 04/07/21, four packages of hot dog buns without a received date or expiration dates. The white refrigerator in the main kitchen observed to have four half gallons of heavy whipping cream stored on the bottom shelf next to a 10-pound package of thawing ground beef. On 11/03/21 at 12:21 PM, observation revealed the facility's ice machine had blackish substance across the length of the plastic ice guide, and the freezer next to it had 2-inch frost build up on each four shelves. On 11/02/21 at 08:02 AM, Dietary Staff (DS) BB, verified the out of date foods or unlabeled foods should have been discarded in the dry storage	F 812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175426	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTVIEW NURSING & RESIDENTIAL LIVING	808 N 8TH STREET SENECA, KS 66538

(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) COMPLETION DATE
F 812	Continued From page 3 room and refrigerators and the heavy whipping cream should not be stored on bottom shelf of refrigerator with meat products. On 11/03/21 at 12:21 PM, DS BB verified the ice machine plastic guide had blackish substance on the ice guide and the freezer next to it had two inches of ice build-up on the four shelves. The facility's undated "Monitoring of Refrigerators and Freezers" policy, documented foods in every refrigerator will be checked on a daily basis by the dietary staff and food will be discarded when the food has been in the refrigerator for 48 hours or when the food is past the printed expiration date, or whichever comes first. The facility's undated "Kitchen Cleaning Schedule" directed staff to monthly defrost and disinfect freezers. The facility's undated "Food Storage" policy, documented all stock must be rotated with each new order received, food should be dated as to when it was placed on the shelves. The policy further documented raw animal food will be separated from cooked foods to prevent cross contamination. All foods will be checked to assure foods will be consumed by their safe use by dates. Upon request the facility failed to provide an ice machine maintenance policy. The facility failed to store, prepare, and serve food under sanitary conditions for 21 residents who received their meals prepared in the facility kitchen, placing the residents at risk for foodborne illnesses.	F 812		
F 880	Infection Prevention & Control	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175426	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTVIEW NURSING & RESIDENTIAL LIVING	808 N 8TH STREET SENECA, KS 66538

(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) COMPLETION DATE
F 880 SS=E	Continued From page 4 CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation,	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175426	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTVIEW NURSING & RESIDENTIAL LIVING	808 N 8TH STREET SENECA, KS 66538

(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) COMPLETION DATE
F 880	Continued From page 5 depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This Requirement is not met as evidenced by: The facility had a census of 23 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to maintain infection control principles during resident fresh water and ice pass, and glucometer (instrument used to calculate blood glucose) use. Findings included: - On 11/04/21 at 09:17 AM to 09:20 AM, observation revealed Certified Nurse Aide (CNA) M and CNA N delivered fresh ice water to Resident (R) 8 and R15. Both CNA M and CNA N	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175426	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTVIEW NURSING & RESIDENTIAL LIVING	808 N 8TH STREET SENECA, KS 66538

(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) COMPLETION DATE
F 880	Continued From page 6 held the resident's used water mugs over the ice when filling and CNA N tapped the inside top of the mug with the ice scoop when putting the ice in the mug. On 11/04/21 at 01:55 PM, Administrative Nurse D verified staff should not hold the used water mugs over the ice bin and should not touch the scoop to the inside of the mugs. The facility's undated "Passing Fresh Ice Water" policy directed staff to not touch the pitcher with the ice scoop. The facility failed to maintain infection control principles during resident fresh water and ice pass, placing residents at risk for cross contaminated water and ice. - On 11/02/21 at 12:05 PM, observation revealed Licensed Nurse (LN) G put on clean gloves, gathered the glucometer and container of blood sugar test strips, entered Resident (R) 123's room and obtained a blood sugar reading. Further observation revealed LN G went back to the medication cart and placed the multi-use glucometer back in the plastic basket in the cart without disinfecting the glucometer before or after use. On 11/02/21 at 12:15 PM, LN G stated she had not used any wipes to clean the meter before she used it and verified she had not disinfected the glucometer between residents. On 11/04/21 at 01:30 PM, Administrative Nurse E stated the facility glucometer should be cleaned with disinfectant wipes before and after each resident use.	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175426	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTVIEW NURSING & RESIDENTIAL LIVING	808 N 8TH STREET SENECA, KS 66538

(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) COMPLETION DATE
F 880	Continued From page 7 The facility's undated "Cleaning and Infection Control of Non-Critical, Reusable Resident Care Equipment" policy, documented cleaning of reusable equipment cleaning and maintenance processes will follow manufacture's recommendations for all equipment. The "ForaCare" blood glucose monitoring system operations and procedure manual documented the meter must be cleaned prior to disinfecting, use one disinfecting wipe to clean (the process of removing dirt) exposed surfaces of the meter thoroughly and remove any visible dirt or blood or any other bodily fluid with the Micro Kill wipe. The manual documented to use a second wipe to disinfect (the process of killing germs) the meter with Micro Kill Medline wipes. The facility failed to properly disinfect the glucometer before and after use, placing R123 at risk for communicable diseases and infections.	F 880		