STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N097003	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC	1630 SEWELL AVENUE COLBY, KS 67701

(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 an abbreviated survey for complaints #161272 (IJ), #161193, and #159963 at the above named assisted living facility conducted on 03/31/21, 04/01/21, 04/05/21, 04/06/21, 04/07/21, 04/08/21 and 04/12/21.	S 000		
S3026 SS=J	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-42-101 (f) (B) The facility reported a census of 25 residents. The sample included 2 current residents and 1 closed record review resident. Based on record review, interviews, and observations for one of three residents sampled (#47), the operator failed to ensure a Resident was not subjected to neglect. Resident #47 left the facility on 3/21/21 at 3:54:09 PM from the activity room door and returned to facility at 3:54:59 PM when a staff member noticed the resident had exited the door and brought her back inside.	S3026		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N097003	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC	1630 SEWELL AVENUE COLBY, KS 67701

(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
S3026	Continued From page 1	S3026		

Resident #47 left the facility again on 03/22/21 at 2:22 PM from the activity room door without staff knowledge, was at Dillons (grocery store one half block behind facility), received a ride to her previous home, and was returned to the facility by her son at approximately 3:30 PM.

Resident #47 left the facility for the third time on 03/25/21 from C hall without staff knowledge at 5:06 AM and was found at Midwest Energy (business nearly one mile from facility) by a citizen, who called EMS (Emergency Medical Services). The resident traveled 0.8 miles and crossed one two-lane street.

Resident #47 identified with wandering and cognitive impairment at time of admission by family. The medical record lacked licensed nurse assessment of elopement risk and lacked a developed negotiated service agreement (NSA) or plan of care (POC) to address these identified needs. After the first and second elopements, the medical record still lacked assessment of elopement risk, and the NSA and POC remained without revisions or new interventions to address these displayed needs.

The failure to assess needs, plan care, and provide services indicated #47 was subjected to neglect, and placed resident in immediate jeopardy for harm, injury or death.

The resident remained in immediate jeopardy from 03/21/21 to 03/25/21.

Findings included:

- Record review for resident #47 revealed admission date of 03/19/21 with diagnoses of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N097003	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC	1630 SEWELL AVENUE COLBY, KS 67701

(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
S3026	Continued From page 2 Dementia, chronic atrial fibrillation, hypertension, hypothyroidism and osteoporosis. The admission Functional Capacity Screen (FCS) dated 03/19/21 recorded resident had short term memory loss, impaired memory/ recall, impaired decision making, impaired hearing and was at risk for falls and wandering. No assistive devices identified. The admission Negotiated Service Agreement (NSA) dated 03/19/21 recorded resident would receive assistance as needed from staff. The NSA failed to identify resident's cognitive impairment, risk for falls, and wandering. The admission Plan of Care (POC)dated 03/19/21 recorded resident to receive assistance with transfers to and from sitting and standing as needed and noted "unsteady on her feet and will need to use side rails when walking down the hallway." The POC further recorded, "Resident knows her son and daughter. Son says she does have memory loss. Memory loss is mostly short term. Resident's son does state resident often wanders. Resident does not fully grasp what her situation is and where her family is going once they leave Fairview Estates." The Resident's POC failed to identify how the facility would handle the resident's impaired cognition and wandering. Physician's order dated 03/15/21 recorded resident required total care and used a cane or walker for ambulation. Medical record lacked documentation of physician contact by facility after each elopement.	S3026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N097003	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC	1630 SEWELL AVENUE COLBY, KS 67701

(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
S3026	Continued From page 3	S3026		

Following third elopement on 3/25/21, Resident #47 admitted to the hospital and then to a locked memory care unit and was not in facility to allow direct observation during onsite visit.

Review of medical record Nurses' Notes revealed:

3/21/21 - no time indicated - "Resident was looking for husband today ...Resident walked out patio door (from activity room) and started down the walk. Aide went out with her and spent a few minutes with her enjoying the nice weather. Resident came back in with aide without incident. Family notified." Signed by certified staff #D.

The medical record lacked documentation of an elopement risk assessment or revision to the NSA or POC at the time of the elopement.

3/22/21 - 6:30 AM - "Resident wandering today down halls. Resident states she's looking for her son. Staff is aware of these tendencies along with family and operator. Staff is currently trying to occupy resident with activities. Staff will continue to monitor resident." Signed by licensed nurse #B.

3/22/21 - no time indicated - "At approximately 3:30 PM resident came in front door with son. Son noted that an employee from the bank over at Dillons (1/2 block behind facility) had brought her "home" (previous residence) as it was raining. Resident is still confused as to which is "home" and adjusting ..." Discussed medication regime and effectiveness with son ... discussed contacting physician for possible changes due to memory and restlessness issues ... reassured Resident this is home and to let us know when leaving ... necessary to repeat several times ...

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N097003	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC	1630 SEWELL AVENUE COLBY, KS 67701

(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
S3026	Continued From page 4	S3026		

family in town next 30 days at least ... Resident does have a key to previous residence ... Elopement form filled out and in my office." Signed by operator.

The medical record lacked documentation of an elopement risk assessment or revision to the NSA or POC at the time of the elopement.

Nurse's notes lacked documentation from 03/23/21 through 03/25/21. No evidence new interventions implemented.

By review, March 2021 sign out sheet copy obtained on 03/31/21 at 1:40 PM, no record of resident on sign out sheet.

Observation of facility door alarms and pagers on 03/31/21 at 4:00 PM with operator revealed no alarm sent to pager when Activity Room door opened and closed softly.

On 03/31/21 at 3:49 PM, operator confirmed resident #47 was assessed as a wandering risk at time of admission to the facility... stated after second elopement, she discussed with family the possibility of a wander guard bracelet or someone staying with resident ... Operator confirmed neither intervention initiated.

On 03/31/21 at 4:40 PM licensed nurse #B confirmed no interventions were put in place after the first and second elopement, confirmed physician not called after first or second elopement and further confirmed she did not complete an elopement risk assessment on the resident #47 during her stay in facility.

On 03/31/21 at 4:44 PM, attempted to contact certified staff #E, who stays at facility. No answer

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N097003	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC	1630 SEWELL AVENUE COLBY, KS 67701

(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
S3026	Continued From page 5	S3026		

from staff member. On 04/01/21 at 12:40 PM and 3:45 PM, attempted to contact certified staff #E via telephone. No answer from staff member.

By review, written witness statements included:

Licensed nurse #B provided on 03/31/21 at 5:00 PM: "On 03/19/21 ... approximately mid-afternoon resident #47 was brought to facility by daughter for admission. Resident was ambulatory ... several family members ... moving things in. Resident ... asked the same questions several times. Care plan filled out ... through visiting with resident's son ... admitted resident is a "wanderer" and has about a "10 second memory". During this initial visit, I didn't notice any wandering or abnormal behaviors ... family was with resident until late evening ... On 03/22/21 ... at approximately 6:10 AM, resident #47 was fully dressed and walking down D hall, which is opposite of her apartment on C hall. I followed her down D hall ... she exited the hallway door ... into the garage area ... When I caught up to her ... was standing at the window with her purse and stated, "I'm just watching". I redirected her back to living area/ dining room ... I spoke to certified staff #C about my elopement concerns ... #C replied, "yeah yesterday she took off out activity room door down the sidewalk ... one of the residents told me someone just walked out." #C then stated, "yeah I had to run after her and get her, she was almost to end of sidewalk." I ... saw that a note was made on that incident by certified staff #D ... I sat resident down at dining table and gave her coloring books and things to do to keep her occupied. Myself and #C were carrying pagers ... tested pagers with activity room door ... there was a less than 30 second lag time from door opening to pager alerting ... also ... when door is opening several times in a row, pagers will

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N097003	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC	1630 SEWELL AVENUE COLBY, KS 67701

(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
S3026	Continued From page 6	S3026		

not alert. I called operator right away ... asked if operator aware of resident's cognitive status ... explained all my findings ... Operator replied it comes down to "doing your job and carrying pagers and hourly rounding." Later that day operator tested pager system ... I'm unaware of findings ... or what she did with those findings. Later this day ... approximately 2:00 PM ... I notified #C and gave operator my pager. When I returned on break at approximately 4:00 PM I saw resident #47 and her son in operator's office ... #C stated, "Resident #47 left ... went to Dillons ... someone there gave her a ride to her house where her son is and her son brought her back." ... when I discovered how bad #47's wandering was, I set up area for her to paint and be occupied on 03/22/21 mid-morning. On 03/25/21 at approximately 4:00 AM, certified staff #E was working by herself ...and I was off for a few days. This is when resident eloped to Midwest Energy area ... then admitted for observation at local hospital ... I was later notified at approximately 8:00 PM on 03/25/21.

Operator provided on 03/31/21 at 5:10 PM: "On March 22, 2021 at approximately 3:45 PM, Resident's son and resident came walking in the front door ... son said resident had walked to Dillons ... it started to rain again ... friend asked her if she wanted a ride home. Resident said yes so friend drove her home not realizing that the resident had moved to Fairview Estates. On March 25, 2021 at 6:30 AM I had received a phone call from my nurse that the resident had left the facility sometime through the time and was found down by Midwest Energy and had been taken to the hospital. When I got into the facility, I had visited with both the case worker from the hospital and Adult Protective Services throughout the day. I did put a phone call into

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N097003	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC	1630 SEWELL AVENUE COLBY, KS 67701

(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
S3026	Continued From page 7 KDADS and left a voicemail for them to call me." Certified staff #C provided on 03/31/21 at 5:20 PM: "During the afternoon, resident #47 went to Dillons. I had my pager on, but it did not go off because sometimes the pagers don't work, and they don't alarm me. If the door was opened and shut, then it also doesn't go off. I was aware that resident #47 wandered, so paid close attention to the pager." By telephone interview on 03/31/21 at 1:55 PM, resident #47's son stated the last time his mother left the facility, she left early in the morning and the alarm did not notify staff. Resident #47's son stated his mother walked to Midwest Energy and thought she was there to pay a bill. Stated his mother fell in the process and someone found her and took her to the hospital. Weather underground history reported the following temperatures, events, and conditions for 03/22/21 at 2:30 PM: 44 degrees F (Fahrenheit), 13 MPH (miles per hour) wind, 0.04 inches of precipitation, scattered showers. On 03/25/21 at 5:30 AM: 37 degrees F, 3 MPH wind, no precipitation, mostly cloudy. Resident #47 was identified with cognitive impairment, tendency for falls, and wandering at time of admission. Following admission, #47 exhibited wandering tendencies, and was not assessed for elopement risk. The operator failed to ensure a licensed nurse developed an NSA and POC to address these identified needs. #47 eloped from facility two times in two days without staff knowledge on 3/21/21 and 3/22/21, with no review or revision to services being provided (no revision to NSA or POC).	S3026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N097003	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC	1630 SEWELL AVENUE COLBY, KS 67701

(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
S3026	Continued From page 8 #47 eloped from facility a third time, traveled nearly a mile, experienced a fall, and was transported to the hospital, without staff's knowledge. The failure to assess, plan, and implement care and services to address the resident's wandering and elopements, subjected #47 to neglect, and placed the resident in immediate jeopardy for harm, injury or death. Resident #47 remained in jeopardy from 3/21/21 to 3/25/21. The jeopardy was removed on 03/25/21 when the resident was taken to the hospital by EMS. The operator submitted a written corrective action plan on 4/01/21 at 5:13 PM. "Pagers/ Door alarms: Staff will be trained on how to restart and reload paging/ door alarm main system. Administrator will have each employee sign off that each know how to do this and where it is located at. Sunday night will be the designated night where staff will go in and do a hard shut down and restart to bring system back up. Then they will walk each hall and check all alarms to make sure they are working properly. Maintenance will add into their monthly building report to check alarms as well. Administrator will randomly turn on main doors and do random checks throughout the month. Dementia/ Alzheimer's Residents at time of application and initial physician's paperwork plan: Facility will rewrite questions if resident has diagnoses of dementia/ Alzheimer's; Is resident capable of going outside on their own for walks? Is resident capable of leaving the facility on their own without	S3026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N097003	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC	1630 SEWELL AVENUE COLBY, KS 67701

(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
S3026	Continued From page 9 staff or family? What stage is the potential resident at on the scale? Is resident assisted living candidate? Elopement plan: Facility will follow facility policy and procedures. Facility will also do an addendum to the elopement policy that if there is an occurrence of elopement, family will be notified, and staff will need to stay with resident 1:1 until family can be in the facility to be with resident. Operator and family will discuss next step as to next level of care for resident and make the appropriate recommendations. If immediate placement cannot be made, operator and family will decide what to do in-house to keep resident safe."	S3026		