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 10/07/2020

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

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaints (#156013, #155830, #155618, #150952, #156042) at the above named assisted living facility conducted on 09/21,22,23,24,28,29,30/2020, 10/1,5,6,7/2020.	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: 3085 KAR 26-41-202 (a) (1) (2) (3) The facility reported a census of 26 residents. The sample included 3 residents and 3 focused review residents. Based on record review and interview for 3 (#189, #921, #501) of 3 sampled	S3085		

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

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S3085	Continued From page 1	S3085		

residents, the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, was done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident received, and identified the provider of each service.

Findings included:

- Record review for resident #189 revealed admission date of 05/23/18 with diagnoses of hypertension, anxiety, depression, angina, and hyperlipidemia.

Review of resident's functional capacity screen (FCS) dated 09/18/19 revealed the resident required supervision with bathing, dressing, toileting, transfer, walk/mobility, eating, and could not manage his medications and treatments.

Review of resident's negotiated service agreement (NSA) dated 9/18/19 recorded the facility staff to provide assistance with bathing, toileting, and walk/mobility. would assist with manage the resident's medications.

Review of resident's Health Care Service Plan (HCSP) dated 09/18/19 recorded the facility staff would assist with bathing, dressing, toileting, transfer, walk/mobility, eating, and would administer medications and treatments.

Physician's written order (no date) recorded order for physical therapy (PT).

Physician's written order dated 08/14/2020 recorded resident to continue working with physical therapy (PT) regarding dizziness and gait

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S3085	Continued From page 2	S3085		

stability.

NSA lacked signature of resident/responsible party, description of services provided by physical therapy, and identification of provided the therapy.

Interview on 09/30/2020 at 10:35 AM with operator confirmed resident currently receiving PT services.

Interview on 10/06/2020 at 9:34 AM with operator confirmed NSA lacked signatures, list of services provided and identification of the agency providing the therapy.

- Record review for resident #501 revealed admission date of 03/09/18 with diagnoses of depression, anxiety, hypothyroidism, diabetes mellitus type I, hypokalemia, hypertension, edema, and congestive heart failure.

Review of resident's functional capacity screen (FCS) dated 03/05/2020 recorded the resident could not manage his medications and treatments.

Review of resident's negotiated service agreement (NSA) dated 03/05/2020 recorded the facility staff would manage the resident's medications.

Review of resident's Health Care Service Plan (HCSP) dated 03/05/2020 recorded the facility staff would administer medications and treatments.

NSA lacked a description of services for diabetic management including who performed blood glucose monitoring and administration of insulin.

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S3085	Continued From page 3 - Record review for resident #921 revealed admission date of 10/24/17 with diagnoses of hypertension, angina, hypothyroidism, hypokalemia, edema, dysphagia, hypomagnesemia, and hypoxia. Review of resident's functional capacity screen (FCS) dated 11/06/19 revealed the resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility, and managing medications and treatments. Review of resident's negotiated service agreement (NSA) dated 11/06/19 recorded staff to provide assistance with bathing, toileting, walk/mobility and facility staff would manage the resident's medications. Review of resident's Health Care Service Plan (HCSP) dated 11/06/19 recorded the facility staff would provide physical assist with bathing, dressing, toileting, transfer, walk/mobility and administer medications and treatments. NSA recorded resident receiving physical therapy. NSA lacked the outside provider's name. Observation on 09/23/2020 at 4:49 PM in resident #921's room revealed a bed rail on either side of the resident's bed. The NSA lacked documentation bed assist rail. Interview on 10/06/2020 with operator confirmed resident currently receiving physical therapy services. Operator confirmed NSA failed to identify the agency who provided therapy. Operator confirmed NSA lacked documentation of use of a bed assist rail.	S3085		

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S3085	Continued From page 4 Facility Bedrail policy recorded, "The request for half or full bed side rails must be made by the resident and clearly documented in the service plan." The operator failed to ensure the Negotiated Service Agreement (NSA) was done in collaboration with the resident or the resident's legal representative and contained a description of the services the residents would receive, and identified the provider of each service.	S3085		
S3166 SS=F	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (e) The facility reported a census of 26 residents. The sample included 3 residents and 3 focused record review residents. Based on record review and interview for 1 sampled resident (#501) and 2 non-sampled residents (#133, 134) requiring "accuchecks" (blood sugar monitoring with a glucometer), a nursing procedure not included in the medication aide curriculum, the administrator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas	S3166		

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S3166	Continued From page 5	S3166		

nurse practice act, K.S.A. 65-1124 and amendments thereto.

Findings included:

- Review of personnel records on 09/30/2020 at 10:36 AM recorded the following CMA's (certified medication aides) recently hired, competency exams for accuchecks were requested.

Certified staff #D, hire date 01/08/2020.

Certified staff #E, hire date 08/26/19.

Resident roster obtained on 09/21/2020 at 5:05 PM recorded 3 residents ((#501, #133, #134) required insulin injections.

Interview on 09/21/2020 at 6:32 PM with certified staff #E stated certified medication aides perform the accuchecks on 3 residents in the facility (#501, #133, #134).

Interview on 09/22/2020 at 11:34 AM with certified staff #E stated she had no training for accuchecks at the facility.

Interview on 09/22/2020 at 12:11 PM with certified staff #H stated she had no training for accuchecks at the facility.

On 10/01/2020 at 2:38 PM, requested accucheck delegation for CMAs from operator.

On 10/01/2020 at 4:14 PM, operator confirmed she had no delegation records for CMAs nor a policy.

For residents requiring "accuchecks", a nursing

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S3166	Continued From page 6 procedure not included in the medication aide curriculum, the administrator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3166		
S3175 SS=F	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (a) (1) The facility reported a census of 26 residents. The sample included 3 residents and 3 focused record review residents. Based on record review and interview for 3 (#419, #430, #482) of 3 focused record review residents, the operator	S3175		

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S3175	Continued From page 7 failed to ensure a licensed nurse performs an assessment annually for residents who self-administer medications. Findings included: - Record review for resident #419 recorded admission date of 07/20/13 with diagnoses of hypertension, peripheral neuropathy, and hypothyroidism. Functional Capacity Screen dated 11/08/19 recorded resident independent with management of medications and treatments. Health Care Service Plan (HCSP) dated 11/08/19 recorded resident independent with management of medications and treatments. Negotiated Service Agreement (NSA) dated 11/08/19 recorded resident independent with management of medications and treatments. Written physician's order dated 03/21/19 recorded resident to continue self- administration of medications. Resident condition monthly summary dated 06/02/2020 recorded resident self-administers medications and treatments per physician orders. Resident roster identified resident #419 as self-administering medications. Self-administration of medications evaluation dated 05/22/18. Record lacked an annual assessment for 2019 and 2020.	S3175		

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S3175	Continued From page 8 - Record review for resident #430 recorded admission date of 01/21/19 with diagnoses of hypertension and hypothyroidism. Functional Capacity Screen (FCS) dated 09/29/19 recorded resident independent with management of medications and treatments. Health Care Service Plan (HCSP) dated 09/29/19 recorded resident independent with management of medications and treatments. Negotiated Service Agreement (NSA) dated 09/29/19 recorded resident independent with management of medications and treatments. Signed physician's order dated 01/30/19 recorded resident to continue self- administration of medications. Resident roster identified resident #430 as self-administering medications. Self-administration of medications evaluation dated 01/30/19. Record lacked an annual assessment for 2020. - Record review for resident #482 recorded admission date of 01/01/19 with diagnoses of hypertension, osteoarthritis and edema. Functional Capacity Screen dated 09/29/19 recorded resident independent with management of medications and treatments. Health Care Service Plan (HCSP) dated 09/29/19 recorded resident independent with management of medications and treatments.	S3175		

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S3175	Continued From page 9 Negotiated Service Agreement (NSA) dated 09/28/19 recorded resident independent with management of medications and treatments. Signed physician's order dated 03/01/19 recorded resident to continue self- administration of medications. Resident roster identified resident #482 as self-administering medications. Self-administration of medications evaluation dated 03/05/19. Record lacked an annual assessment for 2020. Facility medication administration policy recorded, "The community RN shall complete the assessment before the resident initially begins self-administration of medication, if the resident experiences a significant change, and annually." The operator failed to ensure a licensed nurse performs an assessment annually for residents who self-administer medications.	S3175		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator	S3200		

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S3200	Continued From page 10 shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) (2) The facility reported a census of 26 residents. The sample included 3 residents and 3 focused record review residents. Based on record review and interview for 2 residents (#501, #921) the operator failed to ensure all medications and treatments were administered in accordance with professional standards of practice and each manufacturer with a medical care provider's written order recommendations. Findings included: - Record review for resident #501 revealed admission date of 03/09/18 with diagnoses of depression, anxiety, hypothyroidism, diabetes mellitus type I, hypokalemia, hypertension, edema, and congestive heart failure. Review of resident's functional capacity screen (FCS) dated 03/05/2020 recorded the resident could not manage his medications and treatments.	S3200		

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S3200	Continued From page 11	S3200		

Review of resident's negotiated service agreement (NSA) dated 03/05/2020 recorded the facility staff would manage the resident's medications.

Review of resident's Health Care Service Plan (HCSP) dated 03/05/2020 recorded the facility staff would administer medications and treatments.

Written statement obtained on 09/22/2020 11:43 AM from certified staff #E stating she has injected insulin to resident #501.

Interview on 09/22/2020 at 11:54 AM with certified staff #D stated, "I'm not going to lie to you, I have pushed insulin before".

- Record review for resident #921 revealed admission date of 10/24/17 with diagnoses of hypertension, angina, hypothyroidism, hypokalemia, edema, dysphagia, hypomagnesemia, and hypoxia.

Review of resident's functional capacity screen (FCS) dated 11/06/19 revealed the resident required physical assistance with managing medications and treatments.

Review of resident's negotiated service agreement (NSA) dated 11/06/19 recorded the facility staff would manage the resident's medications.

Review of resident's Health Care Service Plan (HCSP) dated 11/06/19 recorded the facility staff would administer medications and manage treatments.

Comparison of signed medication orders with the

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S3200	Continued From page 12 current September MAR (medication administration record) revealed discrepancies: Electronically signed physician order dated 09/04/2020 recorded, "Benadryl Allergy 25 mg (milligrams) oral tablet PO (by mouth) as needed every 12 hours. Current September MAR recorded, "Benadryl 25 mg PO QHS (every night) PRN (as needed). Electronically signed physician order dated 07/03/2020 recorded, "Tylenol arthritis 650 mg PO TID (three times a day). Current September MAR recorded, "Tylenol 650 mg PO Q6H (every 6 hours) TID. Resident #921 had received this medication every day, three times a day, from 09/01/2020 to 09/22/2020. Medication scheduled for 8:00 AM, 12:00 PM, and 5:00 PM. Facility medication administration policy recorded, "If Fairview Estates Retirement Community is responsible for the administration of a resident's medications, the administrator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider's written order." Policy further stated, "Medication aides shall not administer medication through the parenteral route." The operator failed to ensure all medications and treatments were administered in accordance with professional standards of practice and each manufacturer with a medical care provider's written order recommendations.	S3200		
S3202 SS=F	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing	S3202		

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S3202	Continued From page 13 procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(4) The facility reported a census of 26 residents. The sample included 3 residents and 3 focused record review residents. Based on record review and interview for 1 (#501) of 3 sampled resident and 2 (#133, #134) non-sampled residents, the operator failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse. Findings included: - Record review for resident #501 revealed admission date of 03/09/18 with diagnoses of depression, anxiety, hypothyroidism, diabetes mellitus type I, hypokalemia, hypertension, edema, and congestive heart failure. Review of resident's functional capacity screen (FCS) dated 03/05/2020 recorded the resident could not manage his medications and treatments. Review of resident's negotiated service	S3202		

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S3202	Continued From page 14 agreement (NSA) dated 03/05/2020 recorded the facility staff would manage the resident's medications. Review of resident's Health Care Service Plan (HCSP) dated 03/05/2020 recorded the facility staff would administer medications and treatments. Resident roster identified 3 residents that received insulin by injection. Interview on 10/01/2020 at 4:14 PM with operator confirmed she does not have competency checkoffs with certified medication aide staff #D and #E. The operator administrator failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse.	S3202		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall	S3211		

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FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC	1630 SEWELL AVENUE COLBY, KS 67701

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S3211	Continued From page 15 place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The census equaled 26 residents, the sample included 3 residents and 3 focused review residents. The resident roster identified 19 residents as receiving facility management of medications. Based on observations and interview, the operator failed to ensure licensed nurses or pharmacists placed the full name of Resident on each package of the Resident's over the counter medication. Findings included: - Observation on 09/21/2020 at 3:11 PM revealed a locked medication room in the dining area of the facility. The room contained 2 locked medication carts. The following over the counter medications were without first and last names: One bottle stool softener, Levemir (diabetes) FlexTouch pen, one bottle of Cranberry (urinary health) pills 4200 milligrams (mg) of 250 soft gel tablets, one bottle of MiraLax (laxative) 17.9 ounces (oz), one bottle of Tylenol (pain reliever) 8-hour 650 mg of 100 capsules, one bottle of Aspirin (pain, fever) 81 mg of 120 tablets, one bottle of Lutein (supplement) 20 mg of 30 soft gel tablets,	S3211		

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S3211	Continued From page 16 one bottle of acetaminophen (pain, fever) 325 mg tablets, one bottle of Acetaminophen (pain, fever) 500 mg of 250 capsules, one bottle of Ibuprofen (pain reliever) 200 mg of 100 tablets, and one bottle of Acetaminophen (pain, fever) 500 mg of 100 gel capsules. Interview on 09/21/2020 at 3:34 PM with certified staff #D confirmed the above listed medications were without first and last names. Interview with operator on 09/21/2020 at 3:37 PM stated she was told they could use initials and room number. The facility failed to provide a policy and procedure for the receipt and labeling of over the counter medications. The operator failed to ensure licensed nurses or pharmacists placed the full name of Resident on each package of the resident's over the counter medication.	S3211		
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.	S3225		

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

The facility reported a census of 26 residents. The sample included 3 residents and 3 focused record review residents. Based on record review and interview, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review for 3 (#189, #501, #921) of 3 sampled residents at least quarterly for those who had their medication managed by the facility with the potential to affect all residents whose medications were managed by the facility.

Findings included:

- Record review for resident #189 revealed admission date of 05/23/18 with diagnoses of hypertension, anxiety, depression, angina, and hyperlipidemia.

Review of resident's functional capacity screen (FCS) dated 09/18/19 recorded the resident could not manage her medications and treatments.

Review of resident's negotiated service agreement (NSA) dated 09/18/19 recorded the facility staff would manage the resident's medications.

Review of resident's Health Care Service Plan (HCSP) dated 09/18/19 recorded the facility staff

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S3225	Continued From page 18	S3225		

would distribute medications and provide treatments.

- Record review for resident #501 revealed admission date of 03/09/18 with diagnoses of depression, anxiety, hypothyroidism, diabetes mellitus type I, hypokalemia, hypertension, edema, and congestive heart failure.

Review of resident's functional capacity screen (FCS) dated 03/05/2020 recorded the resident could not manage her medications and treatments.

Review of resident's negotiated service agreement (NSA) dated 03/05/2020 recorded the facility staff would manage the resident's medications.

Review of resident's Health Care Service Plan (HCSP) dated 04/05/2020 recorded the facility staff would administer medications and treatments.

- Record review for resident #921 revealed admission date of 10/24/17 with diagnoses of hypertension, angina, hypothyroidism, hypokalemia, edema, dysphagia, hypomagnesemia, and hypoxia.

Review of resident's functional capacity screen (FCS) dated 11/06/19 revealed the resident required physical assistance with managing medications and treatments.

Review of resident's negotiated service agreement (NSA) dated 11/06/19 recorded the facility staff would manage the resident's medications.

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S3225	Continued From page 19 Review of resident's Health Care Service Plan (HCSP) dated 11/06/19 recorded the facility staff would administer medications and manage treatments. Review of the facility's medication regimen reviews revealed a medication regimen review on 06/07/19, 09/06/19, 12/11/19, and 03/31/2020. The medication regimen reviews were not completed quarterly. Interview on 09/23/2020 at 5:30 PM with operator confirmed no pharmacist review has been conducted since 3/31/2020. The medication regimen review policy recorded, "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." The operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for who had their medication managed by the facility, which had the ability to affect all residents.	S3225		
S3248 SS=E	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;	S3248		

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S3248	Continued From page 20 (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 have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) (1) The facility reported a census of 26 residents. Based on record review and interview for 2 of 5 certified staff (#C, #G), the operator failed to provide supporting documentation for criminal background checks at the time of hire, and for 2 of 5 certified staff (E, F) failed to obtain supporting documentation for evidence of certification at the time of hire. Findings included: - On 09/28/2020 at 10:40 AM personnel record review for 4 certified staff and 1 non-certified staff revealed the following:	S3248		

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S3248	Continued From page 21 Certified staff #C, hire date 06/10/19, record showed KBI check was late, submitted on 06/21/19. Certified staff #E, hire date 08/26/19, record revealed registry check was late, dated 01/03/2020. Certified staff #F, hire date 07/01/2020, record revealed registry check was late, dated 09/28/2020. Non-certified staff #G, hire date 05/28/2020, record showed KBI was late, submitted on 06/26/2020 and produced on 06/29/2020. Interview on 10/06/2020 at 9:40 AM with operator confirmed records lacked proof of KBI checks and registry checks upon hire. Facility application process and employment practices policy recorded, "Pre-Employment requirements: criminal background check and registry checks." For all residents, the operator failed to provide supporting documentation for criminal background checks at the time of hire and failed to obtain supporting documentation for evidence of certification at the time of hire.	S3248		
S3260 SS=E	26-41-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any	S3260		

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S3260	Continued From page 22 revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This REQUIREMENT is not met as evidenced by: KAR 26-41-105 (f) (3) The facility reported a census of 26 residents. The sample included 3 residents and 3 focused record review residents. Based on record review and interview for 2 (#189, #921) of 3 sampled residents, the operator failed to ensure the resident's record contained the admission agreement and any amendments. Findings included: - Record review for resident #189 recorded admission date of 05/23/18. Admission agreement not in resident's record.	S3260		

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S3260	Continued From page 23 Admission agreement requested on 09/23/2020 at 12:35 PM from operator. Operator stated admission agreement was done with her late husbands at the time of admission and would be in his chart. Interview on 09/23/2020 at 2:10 PM with operator confirmed resident's admission agreement not in record. Admission agreement found in late husband's closed record by operator. - Record review for resident #921 recorded admission date of 10/24/17. Admission agreement not in resident's record. Interview on 09/23/2020 at 2:14 PM with operator confirmed resident's admission agreement not in resident's record. Admission agreement found in operator's office. The operator failed to ensure the resident's record contained the admission agreement and any amendments.	S3260		
S3270 SS=F	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and	S3270		

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S3270	Continued From page 24 (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (b) (5) (8) The census equaled 26 residents. Based on interview and review of records, for all residents and staff, the operator failed to ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including explosion and missing resident. Findings included: - On 09/30/2020 at 10:45 AM, a review of the emergency management plan with operator. Records revealed the following: Disaster Plan reviews lacked documentation of review of explosion and missing resident on the following dates: 02/26/19, 05/20/19, 09/12/19, 10/16/19, 03/15/2020. Interview on 10/06/2020 at 9:45 AM with operator confirmed the written documentation of the disaster plan, reviewed with residents and staff, lacks explosion and missing resident. The facility failed to provide a policy and procedure for quarterly review if the facility's entire emergency management plan with staff and residents. For all residents, the operator failed to ensure the development of a detailed written emergency	S3270		

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S3270	Continued From page 25 management plan to manage potential emergencies and disasters, including explosion and missing resident.	S3270		
S3298 SS=F	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 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 (e) The facility reported a census of 26 residents. Based on record review and interview for all residents living in the facility and receiving meal services, the operator failed to ensure the facility staff served food at the proper temperature. Findings included:	S3298		

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S3298	Continued From page 26 On 09/23/2020 at 11:40 AM, requested facility food temperature monitoring logs. Two food temperature monitoring logs obtained and recorded, "3/1- 3/7" and "February 2-8th". Interview on 09/22/2020 with non-certified staff #G stated, "I don't think we take them, we don't write them down" when asked for food temperature monitoring logs. Interview on 09/23/2020 at 11:45 AM with non-certified staff #I stated she asked for a new log but didn't know where they were. On 10/06/2020 at 9:49 AM, operator confirmed all residents eat at 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 food service policy obtained on 10/07/2020 recorded, "Fairview Estates Retirement Community shall store, prepare, display, serve, or transport food and drink in a manner to prevent it from contamination. The facility will maintain potentially hazardous food and drink at safe temperatures, at or below 45 degrees Fahrenheit (45 F), except during preparation and services. All repackaged, potentially hazardous food shall be labeled and dated." For all residents of the facility, the operator failed to ensure facility staff served food at the proper	S3298		

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S3298	Continued From page 27 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: KAR 26-41-206 (e) The facility reported a census 26 residents. Based on observations, record review and interview, the operator failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 09/21/2020 at 2:46 PM revealed 1 refrigerator/ freezer, 1 double refrigerator, and 1 double freezer containing food in the kitchen. Observation of the September refrigerator/ freezer temperature logs revealed the following: Two documents recorded, "Refrigerator temperature" "Month September" (no year) revealed temperatures missing from September 1-16 and 21-31. One document recorded, "Refrigerator temperature" "Month September"	S3299		

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S3299	Continued From page 28 (no year) revealed temperatures missing from September 1-16, 19, 21-31. Observation on 09/21/2020 at 2:50 PM of the double refrigerator revealed the following items with no date, label or unsealed: Two 5-pound bags containing pancake mix, not sealed. One 5-pound bag containing shredded cheese, not sealed or dated One-gallon zip lock bag containing ham, not dated or labeled. One 48-ounce cream cheese, not sealed Observation on 09/21/2020 at 2:54 PM of the double freezer revealed the following items with no date, label or unsealed: One bag containing chicken strips, not sealed, no date or label One bag containing chicken breasts, not dated or labeled One zip lock bag containing chicken breasts, not dated or labeled One zip lock bag containing chicken breasts, not sealed One zip lock bag containing cheese bread, not dated or labeled One bag containing chicken strips, not dated or labeled Observation on 09/21/2020 at 3:00 PM of the spice cabinet revealed the following items with no seal: One bag of 3 in 1 cheese mix, not sealed One bag of gravy mix, not sealed One 5-pound bag of flour, not sealed Interview on 09/21/2020 at 2:49 with certified staff #D confirms the fridge/ freezer temperature logs for September were incomplete.	S3299		

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S3299	Continued From page 29 Interview on 09/21/2020 at 3:02 PM with certified staff #D confirmed food items were unlabeled, not dated, and not sealed. Interview with operator on 10/06/2020 at 9:49 AM confirmed all residents eat at the facility. Facility food service policy obtained on 10/07/2020 recorded, "Fairview Estates Retirement Community shall store, prepare, display, serve, or transport food and drink in a manner to prevent it from contamination. The facility will maintain potentially hazardous food and drink at safe temperatures, at or below 45 degrees Fahrenheit (45 F), except during preparation and services. All repackaged, potentially hazardous food shall be labeled and dated." For all residents of the facility, the operator 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	S3310		

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 10/07/2020

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S3310	Continued From page 30	S3310		

This REQUIREMENT is not met as evidenced by:
K.A.R 26-41-207 (c)

The facility reported a census of 26 residents. The sample included 3 residents, 3 focused record review residents and review of 5 employee records. Based on record review and interview for 3 (#189, #501, #921) of 3 sampled residents, 1 (#419) of 3 focused record review resident, and 5 of 5 sampled staff, the operator failed to ensure compliance with the department's tuberculosis guidelines.

Findings included:

- Review of resident #189's record revealed she admitted to the facility on 05/23/18 and the record lacked evidence of completion of a TB (tuberculosis) questionnaire since 08/10/19.

- Review of resident #501's record revealed she admitted to the home on 03/09/18 and the record lacked evidence of completion of a TB (tuberculosis) questionnaire since 07/23/19.

- Review of resident #921's record revealed she admitted to the home on 10/24/17 and the record lacked evidence of completion of a TB (tuberculosis) questionnaire since 08/13/19.

- Review of resident #419's record revealed she admitted to the home on 02/21/14 and the record lacked evidence of completion of a TB (tuberculosis) questionnaire since 07/23/19.

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S3310	Continued From page 31 - Review of 5 newly hired employees file revealed the following: Certified staff #C hired onto the facility on 06/10/19. Staff #C's record lacked evidence of TB testing upon hire. Record lacked evidence of completion of a TB (tuberculosis) questionnaire upon hire and yearly. Certified staff #D hired onto the facility on 01/08/2020. Staff #D's record lacked evidence of TB testing upon hire. Certified staff #E hired onto the facility on 08/26/19. Staff #E's record lacked evidence of TB testing upon hire. Record lacked evidence of completion of a TB (tuberculosis) questionnaire upon hire and yearly. Certified staff #F hired onto the facility on 07/01/2020. Staff #F's record lacked evidence of TB testing upon hire. Record lacked evidence of completion of a TB (tuberculosis) questionnaire upon hire and yearly. Certified staff #G hired onto the facility on 05/28/2020. Staff #G's record lacked evidence of TB testing upon hire. Record lacked evidence of completion of a TB (tuberculosis) questionnaire upon hire and yearly. During an interview on 10/06/2020 at 9:36 AM, operator confirmed she did not have symptom screens on the 5 sampled employees upon hire or annually. Facility tuberculosis testing policy recorded, "Each new resident and new employee shall have an initial TB symptom screen that includes the	S3310		

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S3310	Continued From page 32 components of the Tuberculosis Symptom Screen Questionnaire within 7 days of residency or employment or at the time of administration of the tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA)." Policy further stated, "Each new resident or new employee shall receive a two-steo TST or IGRA for Mycobacterium tuberculosis within 7 days of residency or employment." Policy also stated, "Each resident and employee shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26,	S3320		

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S3320	Continued From page 33 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254 (a) The facility reported a census of 26 residents. The sample included 3 residents and 3 focused record review residents. Based on observation and interview with staff, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the kitchen. Findings included: - Observation on 09/21/2020 at 2:46 PM during the initial tour revealed facility's kitchen door opened: Kitchen contained 1 can of glass and surface cleaner under the kitchen sink and trash can open with no lid. - Observation on 09/22/2020 at 9:39 AM revealed the facility's kitchen door opened: Kitchen contained an unlocked cabinet with the following chemicals: 1 gallon bottle of bleach, 1 can of glass cleaner, 1 can of furniture polish, 1 can of Comet, 1 bottle of spray disinfectant, 1 gallon bottle of bacterial lotion, 2 cans of disinfectant deodorizer, 3 bottles of Lysol cleaner 10.75 ounces, and 2 containers of drain maintainer. Trash can in kitchen open with no lid.	S3320		

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S3320	Continued From page 34 - Observation on 09/22/2020 at 1:29 PM revealed kitchen door opened, no staff in kitchen. Resident #501 observed outside of kitchen door at this time, appearing confused. - Observation on 09/24/2020 at 8:19 AM revealed kitchen door opened, trash can open with no lid, and cabinet with chemicals remains unlocked. Facility chemical storage policy recorded, "All chemicals and potentially hazardous substances shall be stored in a safe and cautious manner to avoid poisonous or toxic contamination". For all residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured under the dining room kitchen sink.	S3320		