STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087053	A. BUILDING: _____ B. WING _____	R 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEARWATER VILLAGE	440 N 4TH STREET CLEARWATER, KS 67026

(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 a follow-up Revisit Survey for the above named Assisted Living conducted on 11/16/22.	{S 000}		
{S3101} SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h) The facility reported a census of 24 residents (R). The sample included three residents. Based on interview and record review for two (R2 and R3) of three sampled residents the executive director failed to ensure that everyone involved in the development of the negotiated service agreement signed the agreement. Findings included: - Review of R2's medical record revealed he moved into the facility on 11/07/22 with a history of falls. R2's "Functional Capacity Screen" dated 11/07/22 identified he needed physical assistance with bathing, dressing, and toileting	{S3101}		

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

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{S3101}	Continued From page 1	{S3101}		

and was unable to manage his medications. It also identified he had significant cognitive impairment and was at risk for falls.

R2's "Negotiated Service Agreement" (NSA) dated 11/07/22 included the signature of Administrative staff A and the resident's legal representative but failed to include the signature of a licensed nurse.

On 11/16/22 at 02:48 PM Administrative staff A stated she wasn't for sure who developed the NSA but thought Licensed Nurse B helped develop it and should have signed it.

Review of the Plan of Correction submitted identified all new admissions will be audited by end of business day on day of admission, but the facility had no evidence the NSA had been audited.

The executive director failed to ensure R2's NSA included the signatures of all who participated in the development of the NSA.

- Review of R3's medical record revealed he moved into the facility on 11/11/22 with diagnosis of congestive heart failure.

R3's "Functional Capacity Screen" dated 11/11/22 identified the resident needed physical assistance with management of medications and medical treatments, had significant impaired cognition, and impaired vision and hearing.

R3's "Negotiated Service Agreement" dated 11/11/22 included signatures of Administrative staff A and the resident's legal representative but

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{S3101}	Continued From page 2 failed to include the signature of a licensed nurse. On 11/16/22 at 02:48 PM Administrative staff A stated she wasn't for sure who developed the NSA but thought Licensed Nurse B helped develop it and should have signed it. Review of the Plan of Correction submitted identified all new admissions will be audited by end of business day on day of admission, but the facility had no evidence the NSA had been audited. The executive director failed to ensure R2's NSA included the signatures of all who participated in the development of the NSA.	{S3101}		
{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.	{S3280}		

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{S3280}	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 24 residents. Based on record review and interview for all residents and all facility employees, the Executive Director failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with employees and residents by the final date identified on the correction order 22-159, as of 11/16/22. Findings included: - On 11/16/22 at 10:28 AM Executive Director stated they had not completed the disaster review with all residents and staff for assisted living, but had it scheduled for 11/18/22 with the maintenance supervisor and staff working that day. Observations of bulletin boards and other posting areas did not include information of having a meeting to review disaster preparedness with staff or residents. Review of the facility submitted plan of correction revealed, the "Emergency plan was reviewed with staff and residents and will be done quarterly going forward..." As of 11/16/22 reviewing of the emergency plan had not been completed. The executive director failed to ensure the emergency plan was reviewed with all residents	{S3280}		

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{S3280}	Continued From page 4 and all facility staff by date of 11/16/22 as specified in the facility's plan of correction and identified as the final date of correction for correction order 22-159.	{S3280}		