STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N066003	A. BUILDING: _____ B. WING _____	12/13/2022

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

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Residential Health Care Facility conducted on 12/13/22.	S 000		
S3085 SS=F	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: KAR 26-41-202(a) The facility reported a census of six residents with three residents included in the sample. Based on interview, and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity	S3085		

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

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S3085	Continued From page 1	S3085		

Screen" (FCS) for Resident (R)101, R102, and R103.

Findings included:

- R101's medical record revealed the resident moved into the facility on 06/03/19 with a diagnosis of chronic kidney disease.

The 08/02/22 FCS identified R101 triggered for falls, unsteadiness and impaired hearing.

The 08/10/22 NSA did not address falls, unsteadiness and impaired hearing.

On 12/13/22 at 03:07 PM Administrative Nurse B stated if something triggered on the FCS she mostly addressed it in the care plan.

The undated "Assisted Living Negotiated Service Agreement" policy documented, "The Administrator/Operator ...will ensure the development of a written negotiated service agreement ...based on the resident's Functional Capacity Screen ..."

The administrator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS.

- R102's medical record revealed the resident moved into the facility on 06/01/21 with a diagnosis of transient cerebral ischemic attack.

The 05/31/22 FCS identified R102 as having triggered for impaired decision-making.

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S3085	Continued From page 2 The 05/31/22 NSA did not address R102's triggers for decision-making. On 12/13/22 at 03:22 PM Administrative Nurse B acknowledged anything that triggered on the FCS should be addressed on the NSA. The undated "Assisted Living Negotiated Service Agreement" policy documented, "The Administrator/Operator ...will ensure the development of a written negotiated service agreement ...based on the resident's Functional Capacity Screen ..." The administrator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS. - R103's medical record revealed the resident moved into the facility on 07/30/21 with a diagnosis of peripheral vascular disease. The 07/29/22 FCS identified R103 as having triggered for impaired decision-making. The 07/29/22 NSA did not address R103's trigger for impaired decision-making. On 12/13/22 at 03:24 PM Administrative Nurse B acknowledged anything that triggered on the FCS should be addressed on the NSA. The undated "Assisted Living Negotiated Service Agreement" policy documented, "The Administrator/Operator ...will ensure the development of a written negotiated service agreement ...based on the resident's Functional Capacity Screen ..."	S3085		

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S3085	Continued From page 3 The administrator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS.	S3085		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of six residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for Resident (R)101, R102 and R103. Findings included: - R101's medical record revealed the resident moved into the facility on 06/03/19 with a diagnosis of chronic kidney disease. R101's most recent NSA was completed on 08/10/22 and did not identify the nurse responsible for the implementation and	S3165		

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S3165	Continued From page 4 supervision of the Health Care Service Plan (HCSP). On 12/13/22 at 03:07 PM Administrative Nurse B stated the nurse responsible for the implementation of the HCSP should be identified on the NSA. The administrator failed to ensure the NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan for R101. - R102's medical record revealed the resident moved into the facility on 06/01/21 with a diagnosis of transient cerebral ischemic attack. R102's most recent NSA was completed on 05/31/22 and did not identify the nurse responsible for the implementation and supervision of the HCSP. On 12/13/22 at 03:22 PM Administrative Nurse B stated the nurse responsible for the implementation of the HCSP should be identified on the NSA. The administrator failed to ensure the NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan for R102. - R103's medical record revealed the resident moved into the facility on 07/30/21 with a diagnosis of peripheral vascular disease. R103's most recent NSA was completed on 07/29/22 and did not identify the nurse	S3165		

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S3165	Continued From page 5 responsible for the implementation and supervision of the HCSP. On 12/13/22 at 03:24 PM Administrative Nurse B stated the nurse responsible for the implementation of the HCSP should be identified on the NSA. The administrator failed to ensure the NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan for R103.	S3165		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The facility reported a census of six residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the Negotiated Service	S3186		

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S3186	Continued From page 6 Agreement/Health Care Service Plan for resident (R)101 identified the responsible person for administration and management of selected medications the facility administered. Findings included: - R101's medical record revealed the resident moved into the facility on 06/03/19 with a diagnosis of chronic kidney disease. The 08/02/22 "Functional Capacity Screen" (FCS) identified R101 as unable to manage her medications. The 08/12/22 "Negotiated Service Agreement" (NSA) documented R101 may self-administer some medications as per doctors orders, staff were responsible for all other meds, and did not identify R101 self-administered eye drops. Review of R101's medical record revealed: 04/05/22 order for Systane 0.3%-0.4%, take one drop, twice daily, administer one-two drops (GTTS) to bilateral eyes. May leave at bedside for self-administration for dry eyes. 06/09/22 "Assessment for Self-administration of Medications" completed for Systane eye drops. On 12/13/22 at 03:07 PM Administrative Nurse B stated R101 self-administered eye drops and a self-administration assessment was completed which identified the eye drops used and acknowledged the NSA did not identify the eye drops for R101 to self-administer.	S3186		

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S3186	Continued From page 7 The administrator failed to ensure designated staff included select medications R101 self-administered in the NSA.	S3186		
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 have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by:	S3248		

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S3248	Continued From page 8 KAR 26-41-102(d)(1) The facility reported a census of six residents. Based on interview and record review, the administrator failed to ensure four of five newly hired employees records included evidence of timely verification with the nurse aide registry was completed. Findings included: - Review of employee files conducted on 12/14/22 revealed the following: Certified Nurse Aide (CNA) C hired on 08/10/22. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was completed for this staff. CNA D hired on 07/19/22. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was completed for this staff. CNA E hired on 04/04/22. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was completed for this staff. CNA F hired on 02/01/22. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was completed for this staff. The operator failed to ensure documentation that timely verifications for the nurse aide registry checks were completed.	S3248		

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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) The facility reported a census of six residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan (EMP) with employees. Findings included: - On 12/13/22 Administrative Staff A provided	S3280		

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S3280	Continued From page 10 documentation of the quarterly review of the EMP but only documented this review with residents not staff. On 12/12/22 at 10:19 AM Administrative Staff A stated she did not go over the EMP quarterly with staff. Administrative Staff A stated she was not aware quarterly reviews of the EMP needed to be completed with staff. The administrator failed to ensure the performance of quarterly reviews of the emergency management plan with employees.	S3280		
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 had a census of six residents. All six residents ate food prepared in the same kitchen. The administrator failed to ensure food items were stored under safe and sanitary conditions by the failure to ensure foods stored in the refrigerator where kept at 41 degrees Fahrenheit (F) or lower according to food safety guidelines. Findings included:	S3299		

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S3299	Continued From page 11 - Observation on 12/13/22 at 10:15 AM of the dining room revealed a glass-doored refrigerator which contained seven small bowls of fruit and one small bowl of granola. The refrigerator had an internal temperature reading of 40 degrees Fahrenheit (F). Review of the November 2022 "Kitchen Refrigerator Temperature Record" log lacked documentation of refrigerator and freezer temperatures for 11/1, 11/2, 11/7, 11/8, 11/9, 11/12, 11/13, 11/15, 11/18, 11/21, 11/22, 11/23, 11/25, 11/26, 11/27 and 11/30. Review of the December 2022 "Kitchen Refrigerator Temperature Record" log lacked documentation of refrigerator and freezer temperatures for 12/05, 12/06, 12/07, 12/10, 12/11, and 12/12. On 12/13/22 at 10:25 AM Dietary Manger G stated she did not monitor the temperature of the glassed refrigerator located in the dining room and acknowledged there was missing documentation of temperatures on the refrigerator/freezer temperature logs she provided. The undated "Food Temperatures" policy documented, "Temperatures of refrigerators and freezers and record AM and PM." According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017 the "Temperature DANGER ZONE is from 41 F to 135 F, the range in which rapid	S3299		

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S3299	Continued From page 12 growth occurs." The administrator failed to ensure food items were stored under safe and sanitary conditions.	S3299		