STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N085012	A. BUILDING: _____ B. WING _____	12/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST RETIREMENT COMMUNITY	1501 EAST MAGNOLIA ROAD SALINA, KS 67401

(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 the licensure resurvey for the above named facility conducted on 12/14/22.	S 000		
S3085 SS=D	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) (3) The facility reported a census of 44 residents. The sample included 3 residents. Based on record review and interview for 1 sampled resident (R)3, Operator A failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services	S3085		

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

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S3085	Continued From page 1 identified each party responsible for payment if outside resources provided a service. Findings included: - Record review for R3 revealed he admitted on 09/08/22 with diagnoses of chronic obstructive pulmonary disease, hypothyroidism, hypertension and benign prostatic hyperplasia. R3's "FCS (Functional Capacity Screen)/NSA (Negotiated Service Agreement)" dated 09/22/22 recorded the resident as independent with eating, required supervision with transfer and walk/ mobility, physical assistance with bathing, dressing, toileting and management of medications and treatments. The FCS/NSA recorded R3 as frequently incontinent and had impaired decision making. The "Addendum to Negotiated Service Agreement" dated 10/21/22 recorded resident admitted to Hospice services. The addendum failed to identify the party responsible for payment of the outside resources for Hospice services. Interview on 12/14/22 at 01:50 PM with Licensed Nurse (LN) B confirmed R3's addendum dated 10/21/22 lacked identification of party responsible for payment of outside resources provided. Operator A failed to ensure the NSA completed for residents who required health care services identified each party responsible for payment when outside resources provided a service for R3.	S3085		

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