STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087083	A. BUILDING: _____ B. WING _____	R 03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNDER'S CREST LLC	6887 E ROCKHILL STREET WICHITA, KS 67206

(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 Licensure survey for the above named assisted living facility conducted on 03/20/23.	{S 000}		
{S3081} SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c)(2) The facility reported a census of 20 residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure staff completed a "Functional Capacity Screen" for one (R4) of three sampled residents following a significant change in condition. Findings Included: - Review of R4's medical record revealed the resident moved into the facility on 02/04/21 with diagnosis of dementia.	{S3081}		

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

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{S3081}	Continued From page 1 R4's "Functional Capacity Screen" (FCS) last completed on 04/14/22 identified the resident needed physical assistance with bathing, dressing, toileting, transfers, and mobility. It also identified she was independent with eating and was usually incontinent of bladder. On 03/20/23 at 10:14 AM Licensed Nurse B acknowledged she had not completed a new FCS to ensure it identified the resident had a significant change in status. On 03/20/23 at 10:16 AM Administrative Licensed Nurse C looked in the computer for a corrected FCS and acknowledged it had not been completed. On 03/20/23 at 11:36 PM Licensed Nurse B reviewed R4's FCS with surveyor and identified the resident no longer participated in the task of bathing, toileting, or eating. The resident required total assistance of staff to complete these tasks. The operator failed to ensure designated staff completed a Functional Capacity Screen when R4 had a significant decline in functional ability.	{S3081}		
{S3155} SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the	{S3155}		

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{S3155}	Continued From page 2 negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 20 residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services for one (R4) of three sampled residents related to the resident's need for assistance with eating and history of weight loss. Findings included: - Review of R4's medical record revealed the resident moved into the facility on 02/04/21 with diagnosis of dementia. R4's "Functional Capacity Screen" last completed on 04/14/22 identified the resident was independent with eating and had problems with short- and long-term memory and recall ability. She also had impaired decision-making ability. R4's "Negotiated Service Agreement" (NSA) last completed on 04/14/22 identified R4 received a regular diet. It identified she would receive three nutritionally balanced meals per day and snacks between meals. It did not identify the resident needed total assistance with eating her meals or	{S3155}		

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{S3155}	Continued From page 3 any services related to R4's history of weight loss. , R4's "Health Care Service Plan" (HCSP) dated 04/14/22 kept in the care plan notebook, directed staff the resident was on a regular diet, needed prompting at times to feed herself and staff to provide "moderate" assistance. R4's NSA and HCSP both dated 4/14/22 failed to include health care services related to the resident's inability to feed herself or any interventions to help promote nutritional status and decrease risk of continued weight loss. On 03/20/23 at 10:16 AM Administrative Licensed Nurse C looked in her computer system (different from the electronic medical record), and printed a service plan dated 06/29/22 that identified the resident was no longer able to feed herself and staff needed to feed her. Administrative Licensed Nurse C acknowledged the need for staff to feed the residents should have been included in the NSA. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that meet the needs for R4 regarding unplanned weight loss.	{S3155}		