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 _____	R 04/03/2023

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

(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 revisit at the above named facility conducted on 04/03/23.	{S 000}		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (a) The census equaled 29 residents. The sample included 2 residents. Based on record review and interview for 1 Resident (R)1, the facility failed to ensure designated facility staff conducted a screening on or before admission to the assisted living facility to determine the resident's functional capacity. Findings included:	S3080		

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

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S3080	Continued From page 1 - Review of the "Resident Roster" obtained on 04/03/23 included R1. The roster lacked entry for R1's admission date. The roster indicated R1 self-administered medications and was at risk for wandering. Interview on 04/03/23 at 01:05 PM with R1 and family member stated R1 moved into the facility on 04/02/23 . Signed physician orders dated 04/03/23 recorded diagnoses of mild cognitive impairment, generalized anxiety and hypertension. Record lacked completion of a functional capacity screen (FCS). Record lacked completion of a negotiated service agreement Record lacked completion of a health care service plan. Interview on 04/03/23 at 04:50 PM with Operator/ Certified Medication Aide (CMA) A confirmed a FCS was not completed on or before R1's 04/02/23 admission to the facility and further confirmed a FCS was not in place on 04/03/23. The facility failed to ensure designated facility staff conducted a screening on or before admission to the assisted living facility to determine the resident's functional capacity for R1.	S3080		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement	S3090		

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S3090	Continued From page 2 (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (c) The census totaled 29 residents. The sample included 2 residents. Based on interview and record review for 1 Resident (R)1, Operator/ Certified Medication Aide (CMA) A failed to ensure the development of an initial negotiated service agreement upon admission. Findings included: - Review of the "Resident Roster" obtained on 04/03/23 included R1. The roster lacked entry for R1's admission date. The roster indicated R1 self-administered medications and was at risk for wandering. Interview on 04/03/23 at 01:05 PM with R1 and family member stated R1 moved into the facility on 04/02/23 . Signed physician orders dated 04/03/23 recorded diagnoses of mild cognitive impairment, generalized anxiety and hypertension. Record lacked completion of a functional capacity screen. Record lacked completion of a negotiated	S3090		

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S3090	Continued From page 3 service agreement Record lacked completion of a health care service plan. Interview on 04/03/23 at 04:50 PM with Operator/ CMA A confirmed an admission negotiated service agreement was not completed upon admission on 04/02/23 and further confirmed the NSA was not completed as of 04/03/23. Operator/ Certified Medication Aide (CMA) A failed to ensure the development of an initial negotiated service agreement upon admission for R1.	S3090		
{S3101} SS=D	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 census equaled 29 residents. The sample included 2 residents. Based on record review and interview for 1 Resident (R)2, Operator/Certified Medication Aide (CMA) A failed to ensure each individual involved in the development of the negotiated service	{S3101}		

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{S3101}	Continued From page 4 agreement (NSA) signed the agreement. Findings included: - R2's medical record revealed he admitted to the facility on 12/05/22 with diagnoses of hypertension, hypothyroidism, and benign prostatic hyperplasia. The "Functional Capacity Screen" (FCS) dated 12/05/22 recorded the resident was independent with eating, required physical assistance with bathing, dressing, toileting, transfer, and walk/mobility and was unable to perform management of medications and treatments. The FCS recorded R2 had impaired memory/recall, was occasionally incontinent and was at risk for falls/ unsteadiness. The FCS was signed by Operator/CMA A, dated 12/05/22. The NSA dated 12/05/22 recorded R2 received the following nursing services from facility staff: bathing assistance three times per week, dressing and undressing assistance daily as needed, transfer assistance as needed, reminders and queuing for meals and activities. The NSA recorded R2's wife administered his medications and R2 managed bladder incontinence. The "Resident Plan of Care" dated 12/05/22 recorded R2 required standby assistance with bathing up to three times per week, standby assistance with dressing, independent with toileting, transfer, mobility and eating. R2's wife administered medications and treatments. R2 used a walker and wheelchair. The "Resident Plan of Care" recorded R2 was alert and	{S3101}		

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{S3101}	Continued From page 5 oriented. NSA lacked signatures of the individuals involved in the development of the agreement including R2, any legal representatives or family members and a licensed nurse. Electronic interview on 04/05/23 at 09:01 AM with Operator/CMA A confirmed unable to locate the signed NSA dated 12/05/22. Operator/CMA A failed to ensure each individual involved in the development of the NSA signed the agreement.	{S3101}		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41 204 (i) The census equaled 29 residents. The sample included 1 resident. Based on observation, interview and record review, Operator/Certified Medication Aide (CMA) A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice, which met the needs of 1 sampled Resident (R)1.	S3171		

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S3171	Continued From page 6 Findings included: - Review of the "Resident Roster" obtained on 04/03/23 included R1. The roster lacked entry for R1's admission date. The roster further indicated R1 self-administered medications and was at risk for wandering. Interview on 04/03/23 at 01:05 PM with R1 and family member stated R1 moved into the facility on 04/02/23 . Signed physician orders dated 04/03/23 recorded R1 had diagnoses of mild cognitive impairment, generalized anxiety and hypertension. Record lacked completion of a functional capacity screen. Record lacked completion of a negotiated service agreement Record lacked completion of a health care service plan. Record lacked a physical assessment completed by a licensed nurse upon admission on 04/02/23. Record lacked signed physician orders upon admission on 04/02/23. Record lacked evidence a licensed nurse performed a self-administration of medication assessment. Interview on 04/03/23 at 04:49 PM with Operator/CMA A confirmed unaware of R1's	S3171		

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S3171	Continued From page 7 04/02/23 admission until 04/03/23. Interview on 04/03/23 at 04:50 PM with Operator/CMA A confirmed R1's record lacked documentation related to 04/02/23 admission including a physical assessment by a licensed nurse, signed physician orders upon admission, a functional capacity screen, negotiated service agreement and health care service plan. Licensed Nurse B's notarized witness statement dated 04/03/23 recorded, "I came in for my scheduled shift 04/02/23 at 11:00 PM to 04/03/23 at 06:00 AM ... [CMA D] reported that we had gotten a new resident in the last few days ... but no name, medical history or medications were included in the report. I was the only staff member on during this night shift. I did not see any chart, medication list, care plan or other documentation on the new resident. I did not see the new resident during my shift from 04/02/23 at 11:00 PM to 04/03/23 at 06:00 AM." CMA C, who worked on 04/02/23 from 06:00 AM to 06:00 PM, notarized witness statement dated 04/03/23 recorded, " ...Did not see [R1] until daughter brought her out at 11:30 AM for lunch ... Did not give her any medications. Received no medication orders. No charts, medication orders, activities of daily living, nothing to watch for i.e., behaviors, blood sugars, allergies, code status. No care plan ... the only care was serving lunch and supper." Mini Mental State Exam (MMSE) documents reviewed on 04/03/23 for all residents living in the facility. Exams conducted by certified staff and licensed nurses and not conducted by	S3171		

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S3171	Continued From page 8 licensed health professionals only. Operator/Certified Medication Aide (CMA) A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice, which met the needs of 1 sampled Resident (R)1.	S3171		
S3175 SS=D	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 census equaled 29 residents. The sample included 2 residents. Based on record review	S3175		

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S3175	Continued From page 9	S3175		

and interview for 1 Resident (R)1, the facility failed to ensure a licensed nurse completed an assessment before R1 initially began self-administration of medication.

Findings included:

- Review of the "Resident Roster" obtained on 04/03/23 included R1. The roster lacked entry for R1's admission date. The roster further indicated R1 self-administered medications and was at risk for wandering.

Signed physician orders dated 04/03/23 recorded diagnoses of mild cognitive impairment, generalized anxiety, hypertension
Record lacked completion of a functional capacity screen (FCS).

Signed physician orders dated 04/03/23 recorded Donepezil (cognition-enhancing medication), Aspirin (non-steroidal anti-inflammatory drug and blood thinner), Memantine (cognition-enhancing medication) and Caltrate 600 + D3 (calcium supplement) under medication list.

Record lacked completion of a negotiated service agreement.

Record lacked completion of a health care service plan.

Record lacked evidence a licensed nurse performed a self-administration of medication assessment.

Interview on 04/03/23 at 01:05 PM with R1 and

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S3175	Continued From page 10 family member stated R1 self-administered medications and stores medications in her room at the facility. R1's family member stated R1 self-administers Donepezil, Aspirin and Memantine. Interview on 04/03/23 at 04:50 PM with Operator/ CMA A confirmed no self- administration assessment completed upon admission on 04/02/23 for R1 and further confirmed facility would be administering medications for R1 moving forward. The facility failed to ensure a licensed nurse completed an assessment before R1 initially began self-administration of medication.	S3175		
{S3261} SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105 (f) (11) The census totaled 29 residents. The sample included 2 residents. Based on record review and interview for 1 Resident(R)1, Operator/ Certified Medication Aide (CMA) A failed to ensure documentation of all incidents, and indications of illness or injury including date, time	{S3261}		

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{S3261}	Continued From page 11 of occurrence, action taken and results of the action when R1 admitted to the facility on 04/02/23. Findings included: - Review of the "Resident Roster" obtained on 04/03/23 included R1. The roster lacked entry for R1's admission date. The roster further indicated R1 self-administered medications and was at risk for wandering. Signed physician orders dated 04/03/23 recorded diagnoses of mild cognitive impairment, generalized anxiety and hypertension. Record lacked completion of a functional capacity screen. Record lacked completion of a negotiated service agreement. Record lacked completion of a health care service plan. Record lacked Nurse's Notes. Record lacked a physical assessment completed by a licensed nurse upon admission on 04/02/23. Interview on 04/03/23 at 04:49 PM with Operator/CMA A confirmed unaware of R1's 04/02/23 admission until 04/03/23. Interview on 04/03/23 at 04:50 PM with Operator/CMA A confirmed R1's record lacked documentation related to 04/02/23 admission including a physical assessment by a licensed nurse, signed physician orders upon admission	{S3261}		

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{S3261}	Continued From page 12 and Nurse's Notes. Operator/CMA A failed to ensure designated staff documented all incidents, symptoms, and other indications of illness including the date and time of occurrence, action taken, and results of the action when R1 admitted to the facility on 04/02/23.	{S3261}		