STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N098002	A. BUILDING: _____ B. WING _____	10/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREGO LEMKE ASSISTED LIVING	303 N 14TH ST WA KEENEY, KS 67672

(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 citation represents the findings of a licensure resurvey at the above named facility conducted on 10/09/23.	S 000		
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 6 residents. The sample included 3 residents. Based on record review and interview for 1 Resident (R)1, Operator/Licensed Nurse (LN) A failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. Findings included: - R1's medical record revealed she admitted to the facility on 12/05/22 with diagnoses of macular degeneration, anemia, hypertension, hypothyroidism, unspecified dementia, mood disturbance and anxiety. The "Functional Capacity Screen" (FCS) dated	S3101		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3101	Continued From page 1 05/22/23 recorded the resident was independent with dressing, toileting, transfer, and walk/mobility, required supervision with bathing, and was unable to perform management of medications and treatments. The FCS recorded R1 had impaired short term memory, impaired memory/recall and impaired decision making. The FCS recorded R1 was at risk for falls/ unsteadiness and had impaired vision. The NSA/Health Care Service Plan (HCSP) dated 08/14/23 recorded R1 received standby assistance from staff for bathing, assistance with ted hose and assistance with decision making. The NSA/HCSP recorded facility staff administered R1 medications and performed routine visual checks. NSA lacked signatures of the individuals involved in the development of the agreement including R1, any legal representatives or family members and a licensed nurse. Interview on 10/09/23 at 01:05 PM with LN B confirmed R1's current NSA/HCSP was not signed by R1, any legal representatives or family members and a licensed nurse. Operator/LN A failed to ensure each individual involved in the development of the NSA signed the agreement.	S3101		