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 _____	09/10/2024

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

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S 000	INITIAL COMMENTS The following citations represent the findings of a licensure resurvey with attached complaints (#190233, #189972, #185786, #185437, #183315, #181015, #180743) at the above named facility conducted on 09/10/24.	S 000		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) The census equaled 26 residents. The sample included 3 residents. Based on record review and interview for 1 sampled Resident (R)3, Operator/ Certified Medication Aide (CMA) A failed to ensure all medications and treatments were administered in accordance with a medical care	S3200		

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

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S3200	Continued From page 1 provider's written order. Findings included: - Record review for R3 revealed he admitted to the facility on 09/19/22 with diagnoses of hypertension, chronic obstructive pulmonary disease and dementia. R3's "Functional Capacity Screen" (FCS) dated 09/28/23 recorded the resident was unable to perform management of medications and treatments. The resident's "Negotiated Service Agreement" (NSA) dated 09/29/23 recorded facility staff would provide management of medications. R3's "Resident Plan of Care" dated 09/29/23 recorded facility staff administer medications as prescribed by the provider. August 2024 MAR (medication administration record) recorded, "Midodrine 2.5 mg (milligrams) PO (by mouth) BID (two times daily), diagnosis: hypertension, hold if SBP (systolic blood pressure) < (less than) 120." Medication administered and signed off twice daily every day from 08/01/24 through 08/31/24 by certified staff. Current September 2024 MAR recorded, "Midodrine 2.5 mg PO BID diagnosis: hypertension, hold if SBP (systolic blood pressure) < (less than) 120." Medication administered and signed off twice daily every day from 09/01/24 through 09/10/24 by certified staff. Signed physician order dated 09/11/24 recorded, "Midodrine 2.5 milligrams (mg) PO (by mouth) BID (two times daily), diagnosis: hypertension, hold if SBP (systolic blood pressure) < (less than)	S3200		

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S3200	Continued From page 2 120." Facility failed to provide a signed physician order prior to 09/11/24. "Consultant Report" dated 05/23/24 and signed by a licensed pharmacist recorded R3's Midodrine 2.5 mg was not documented in the MAR on 05/19/23 at 08:00 PM. R3's "Daily BP (blood pressure) Record" revealed blood pressure reading was obtained once daily on the following dates: 08/01/24, 08/07/24, 08/10/24, 08/12/2, 08/14/24, 08/15/24, 08/21/24, 08/24/24, 08/25/24, 08/27/24, 08/28/24, 08/29/24, 08/30/24, 08/31/24, 09/01/24, 09/02/24, and 09/04/24. R3's "Daily BP (blood pressure) Record" revealed blood pressure readings were not obtained on the following dates: 08/02/24, 08/03/24, 08/11/24, 08/16/24 and 08/19/24. Facility failed to obtain blood pressure readings twice daily prior to administering hypertensive medication to ensure systolic blood pressure was not less than 120 millimeters of mercury. Telephone Interview on 09/11/24 at 03:19 PM with Operator/ CMA A confirmed blood pressure readings were not obtained twice a day for R3 by certified facility staff, prior to giving his Midodrine medication. Electronic interview on 09/12/24 at 11:37 AM with Operator/ CMA A stated they only had a telephone order for the Midodrine medication for R3. Operator/ CMA A failed to ensure all medications	S3200		

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S3200	Continued From page 3 and treatments were administered in accordance with a medical care provider's written order.	S3200		
S3211 SS=D	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (3) The census totaled 26 residents. The sample included 3 residents. Based on observation and interview for 1 sampled Residents (R)3 and 2 non-sampled Residents (R)5 and R6, Operator/ Certified Medication Aide (CMA) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation on 09/10/24 at 10:07 AM with Licensed Nurse (LN) B revealed two locked	S3211		

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S3211	Continued From page 4 medication carts in the locked medication room of the facility. The following over the counter medications were noted without first and last names: For R3, the cart contained one bottle of AREDS 2 (eye vitamin and mineral supplement) and one bottle of One A Day Multivitamins, For R5, the cart contained one bottle of MagOX (dietary supplement), For R6, the cart contained one bottle of Vitamin B12 (dietary supplement). Interview on 09/10/24 with LN B confirmed the above listed medications were without full first and last names for R3, R5 and R6. Facility failed to provide a policy on labeling over the counter medications. Operator/ CMA A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
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;	S3280		

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S3280	Continued From page 5 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 census equaled 26 residents. The sample included 3 residents. Based on record review and interview, Operator/ Certified Medication Aide (CMA) A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents and staff. - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, and missing residents. Facility failed to provide documentation of quarterly reviews of the emergency management plan with residents for the first, second and third quarters of 2023 and the second quarter of 2024. Facility failed to provide documentation of quarterly reviews of the emergency management plan with staff for the first, second and third quarters of 2023 and the first quarter of 2024. Telephone interview on 09/11/24 at 03:19 PM with Operator/CMA A confirmed the facility's records	S3280		

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S3280	Continued From page 6 lacked documentation of quarterly reviews completed with residents and staff. Operator/CMA A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire "Emergency Management Plan" with residents and staff.	S3280		
S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (d) The census equaled 26 residents. The sample included 3 residents. Based on record review, interview and observation for all residents living in	S3298		

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S3298	Continued From page 7 the facility and receiving meal services, Operator/ Certified Medication Aide (CMA) A failed to ensure the facility staff served food at the proper temperature. Findings included: - During the initial tour on 09/10/24 at 09:54 AM, facility food temperature monitoring logs were requested, and the facility failed to provide food temperature logs for September 2024. Interview on 09/10/24 with Certified Nurse Aide (CNA)/ Dietary Staff G confirmed unable to locate food temperature monitoring logs for September 2024. Interview on 09/10/24 with Operator/ CMA A confirmed food temperature monitoring logs were not completed from 09/01/24 through present 09/10/24. Observation on 09/10/24 at 12:00 PM revealed residents eating lunch time meal in the dining room. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. Facility failed to provide a policy on food temperature monitoring. For all residents of the facility, Operator/ CMA A failed to ensure facility staff served food at the proper temperature.	S3298		

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S3299	Continued From page 8	S3299		
S3299 SS=E	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) (1) The census equaled 26 residents. The sample included 3 residents. Based on interview and observation for all residents receiving meal services, Operator/ Certified Medication Aide (CMA) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 09/10/24 at 09:54 AM with Certified Nurse Aide (CNA) D revealed a kitchen. Observation of the kitchen cabinets revealed the following food items, which were not sealed: one plastic bag containing brown gravy mix and one plastic bag containing cookie pieces. Observation of the refrigerator/freezer in the kitchen revealed the following food items, which were not sealed: one plastic bag containing sausage patties and one plastic bag containing shredded cheese. Observation of the pantry of the kitchen revealed	S3299		

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S3299	Continued From page 9 a plastic scoop inside the powdered sugar container. Interview on 09/10/24 with CNA D during the tour of the kitchen confirmed the above listed food items were not sealed or stored properly. Observation on 09/10/24 at 12:00 PM revealed residents eating lunch time meal in the dining room. Facility's "Food Storage and Preparation Policy" (no date) recorded, "[Facility name] shall store, prepare, display, serve or transport food and drink in a manner to prevent it from contamination." For all residents receiving meal services, Operator/ CMA A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105	S3310		

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S3310	Continued From page 10 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207 (c) The census totaled 26 residents. The sample included 3 residents. Based on record review and interview for 3 of 3 sampled Residents (R)1, R2 and R3, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R1's "Health Record" revealed she admitted to the facility on 04/06/23 and the record lacked completion of an annual TB questionnaire since 07/23. R2's "Health Record" revealed she admitted to the facility on 07/15/20 and the record lacked an annual TB questionnaire completed since 07/23. R3's "Health Record" revealed he admitted to the facility on 09/19/22 and the record lacked an annual TB questionnaire completed since 07/23. - Review of Licensed Nurse (LN) B's employee record revealed they hired onto the facility on 11/03/23. LN B's record lacked completion of TB testing upon hire. Review of Certified Medication Aide (CMA) C's employee record revealed they hired onto the facility on 03/26/24. CMA C's record lacked completion of the second step of TB testing and a TB questionnaire upon hire. Review of Certified Nurse Aide (CNA) D's	S3310		

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S3310	Continued From page 11 employee record revealed they hired onto the facility on 06/13/23. CNA D's record lacked completion of the second step of TB testing upon hire. Review of Non-Certified Staff F's employee record revealed they hired onto the facility on 08/15/24. Non-Certified Staff F's record lacked completion of the second step of TB testing and a TB questionnaire upon hire. Interview on 09/10/24 at 03:23 PM with Operator/CMA A confirmed the second step of TB testing was not completed upon hire for CMA C, CNA D and Non-Certified Staff F and further confirmed a TB questionnaire was not completed annually for R1, R2 and R3. Facility's "General Information" policy (no date) recorded, "All residents entering [facility name] will need a 2-step Mantoux Tuberculosis test upon admission or show documentation of completion and clear reading of this test (or clear chest x-ray) within the last six months." The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		