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 _____	C 05/12/2026

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 the abbreviated survey for complaints (#8742, #8697, #8595, #8575, #8520, #8322, #8280, #8269, #7814 and #7765) at the above named facility conducted on 05/12/26.	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 26 residents. The sample included 1 focused record review resident. Based on record review and interview for 1 sampled Resident (R)4, Operator/ Certified Medication Aide (CMA) A failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. Findings included: - Record review for R4 revealed an admission date of 07/04/22 with diagnoses hypertension, overactive bladder, coronary artery disease, respiratory failure, atrial fibrillation, osteoporosis, macular degeneration, hyponatremia and hypomagnesemia. The "Resident Functional Capacity Screen" (FCS)	S3101		

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

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S3101	Continued From page 1 dated 07/05/25 recorded the resident as independent with dressing, toileting, transfer and walking/ mobility and was unable to perform bathing, eating and management of medications and treatments. The FCS further recorded R4 was frequently incontinent, had impaired memory recall and impaired decision making, was usually understandable/ sometimes understood communication, was at risk for falls/ unsteadiness, had impaired vision and hearing and disruptive behavior. R4 used a walker and wheelchair for ambulation. Review of R4's current "Negotiated Service Agreement" (NSA) dated 07/05/25 recorded resident was independent with supervision of mobility and management of bladder incontinence, and further recorded facility staff managed medications and provided meals. The NSA lacked signatures of the individuals involved at the time of development of the agreement including R4 and any legal representative or family member. Interview on 05/12/26 at 02:41 PM with Licensed Nurse B confirmed R4's Negotiated Service Agreement was not signed by R4 and any legal representative or family member. Facility's "Negotiated Service Agreement" policy (no date) recorded, "Each individual involved in the development of the negotiated service agreement shall sign the agreement." Operator/ CMA A failed to ensure each individual involved in the development of the NSA signed the agreement.	S3101		

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S3102	Continued From page 2	S3102		
S3102 SS=F	26-41-202 (i) Negotiated Service Agreement Service Received (i) Each administrator or operator shall ensure that each resident receives services according to the provisions of that resident ' s negotiated service agreement This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (i) The census totaled 26 residents. The sample included 3 focused record review residents. Based on interview and record review for 3 of 3 focused record review residents (R)1, R2 and R3, Operator/ Certified Medication Aide (CMA) A failed to ensure residents received services according to the provisions of their negotiated service agreement (NSA) for housekeeping. Findings included: - Record review for R1 revealed she admitted on 09/06/22 with diagnoses of chronic obstructive pulmonary disease, hypothyroidism and hearing loss. The resident's "Negotiated Service Agreement" dated 09/05/25 recorded housekeeping provided by facility staff one time per week. The "Resident Plan of Care" dated 09/05/25 recorded facility staff provided light housekeeping one time per week. - Record review for R2 revealed she admitted on 05/25/22 with diagnoses of hypertension, anxiety, depression, lower extremity weakness, essential tremor and dementia.	S3102		

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S3102	Continued From page 3 The resident's "Negotiated Service Agreement" dated 05/01/25 recorded housekeeping provided by facility staff one time per week. The "Resident Plan of Care" dated 05/01/25 recorded facility staff provided light housekeeping one time per week. - Record review for R3 revealed he admitted on 05/01/23 with diagnoses of rheumatoid arthritis. The resident's "Negotiated Service Agreement" dated 05/01/26 recorded housekeeping provided by facility staff one time per week. The "Resident Plan of Care" dated 05/01/26 recorded facility staff provided light housekeeping one time per week. Interview with R1 on 05/12/26 at 03:09 PM in her room stated her room did not get cleaned every week and further stated this week was the first time her room had been cleaned for a long time. Interview with R2 on 05/12/26 at 03:18 PM in her room stated her room did not get cleaned every week and further stated her room gets cleaned approximately once a month. R2 stated she had been paying a friend to clean her room. R2 further stated the light in her kitchen ceiling was out for a period of time with administration knowledge. Interview with R3 on 05/12/26 at 03:24 PM in his room stated he had issues with his room being cleaned weekly since he was admitted to the facility and further confirmed his room did not get cleaned if staff did not do it because he was unable. R3 stated he had a living room and	S3102		

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S3102	Continued From page 4 entryway light out for approximately two months. Interview on 05/18/26 at 10:25 AM with Operator/ CMA A stated the facility provided housekeeping for resident rooms included sweeping and mopping kitchen and bathroom floors, vacuuming carpet throughout apartment, bed linen change and cleaning the bathroom sink, shower and toilet. Operator/ CMA A confirmed facility did not have a housekeeper from 04/13/26 through 05/11/26. Operator/ CMA A stated facility staff provided bed linen changes and took out the resident's trash when there was no housekeeper. Operator/ CMA A stated she cleaned some resident's toilets the week of 04/13/26 through 04/17/26. Facility's "Negotiated Service Agreement" policy (no date) recorded, "The administrator and community RN shall ensure that each resident received services according to the provisions of that resident's negotiated service agreement." Operator/ CMA A failed to ensure residents received services according to the provisions of their negotiated service agreement (NSA) for housekeeping.	S3102		
S3215 SS=D	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals	S3215		

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S3215	Continued From page 5 managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h) The census equaled 26 residents. The sample included 1 focused record review resident. Based on observation, interview and record review for all residents living in the facility and receiving medication services, Operator/ Certified Medication Aide (CMA) A failed to ensure medications and biologicals were securely and properly stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state	S3215		

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S3215	Continued From page 6 laws and regulations. Findings included: - Observation of the facility's medication room on 05/12/26 at 03:35 PM with Licensed Nurse (LN) B revealed a locked medication cart. The medication cart contained one clear medication cup in the top drawer, which contained pills. The medication cup contained a room number on the bottom of the cup, but no resident name. There was no medication list with the medication cup. Interview on 05/12/26 at 03:35 PM with LN B stated the medications belonged to R3 and further stated the medication cup contained 1 tablet Sucralfate (antiulcer agent), 1 capsule Docusate Sodium (stool softener), 1 tablet Senna (laxative), 1 capsule Minocycline (antibiotic) and 1 tablet Percocet (prescription opioid pain medication), to be administered on 05/11/26 at 05:00 PM by CMA D. LN B confirmed unlabeled medication cups containing pills were not to be left in the medication cart and should have been destroyed with two certified staff members. Interview on 05/12/26 at 03:24 PM with R3 confirmed he had been given the wrong medications by facility staff in the past. Facility's "Medications Administration" policy (no date) recorded, "Storage: all medications shall be stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations." Operator/ CMA A failed to ensure medications and biologicals were securely and properly stored	S3215		

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S3215	Continued From page 7 in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations.	S3215		