STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175426	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTVIEW NURSING & RESIDENTIAL LIVING	**808 N 8TH STREET , SENECA, Kansas, 66538**

(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) COMPLETION DATE
F0000	INITIAL COMMENTS The following citations represent the findings of a Health Recertification Survey. The census was 25. The sample included 12 residents.	F0000		
F0558 SS = D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, observation, and record review, the facility failed to ensure reasonable accommodations were provided for Resident (R) 12 when staff failed to provide foot pedals when propelling the resident in their wheelchair. The facility also failed to ensure call lights were available for R5 and R7 to communicate their needs and wants to staff. Findings included: - On 10/26/2026 at 07:38 AM R7 lay on her bed; R7's call light was under her bed. R7 stated she was ready to get up for breakfast and was waiting for a nurse to come by. On 10/26/2026 at 09:09 AM, Certified Nurse Aide (CNA) N pushed R12 into the dining room without foot pedals on the wheelchair. R12's feet were slightly raised off the ground. On 10/27/2026 at 07:35 AM, R5 was awake sitting up on the bed. R5 asked for help to get up. R5 was unable to reach her call light. R5's call light was pinned to her curtain.	F0558		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0558 SS = D	Continued from page 1 On 10/28/2026 at 09:30 AM, CNA M stated call lights should be within the residents reach when in the room. The call light should be pinned to the bed or on their chest when in bed. CNA M stated that residents being pushed by staff should have foot pedals on their wheelchairs to prevent injuries if their feet fell to the ground while being pushed. On 10/28/2026 at 09:35 AM, LN H stated call lights should always be placed within the reach of the resident. LN H stated not all residents require foot pedals on their wheelchairs. She stated R12 did like to propel herself in the wheelchair but could have behaviors at times. On 10/28/2026 at 09:40 AM, Administrative Nurse D stated she expected all call lights are within reach of every resident. She stated safest way would be for staff to push residents with foot pedals. On 1028/2026 at 09:50 AM, Administrative Staff A stated therapy was working on ensuring proper positioning for each resident in a wheelchair. The facility's "Resident Call System" policy dated 2014 – 2026 documented the electronic call light system throughout the facility would be operational so that residents may summon and receive assistance when needed. The facility provides a system that each resident may call for staff assistance from each resident's bedside and the resident's toilet and bathing room through the call light communication system which relays the call directly to a staff member or to a centralized staff work area. Additionally, there are call light alarm systems in each common bathing area immediately next to each toilet and each bathing unit for easy access to the resident or direct care staff.	F0558		
F0695 SS = D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this	F0695		

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F0695 SS = D	Continued from page 2 subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interviews, the facility failed to provide adequate respiratory care and services for Resident(R)3, when staff failed to store R3's continuous positive airway pressure (CPAP- ventilation device that blows a gentle stream of air into the nose to keep the airway open during sleep) a in a sanitary manner when not in use. Finding Included: - R3's Electronic Medical Record (EMR) from the "Diagnoses" tab documented diagnoses of chronic obstructive pulmonary disease (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), allergic rhinitis (an immune system overreaction to airborne allergens like pollen, dust mites, mold, and pet dander that causes nasal inflammation and cold-like symptoms) and diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin. R3's "Quarterly Minimum Data Set" (MDS) dated 10/14/2026 documented a Brief Interview for Mental Status (BIMS) score of 14 which indicated intact cognition. The MDS documented R3 had an impairment of the extremity on one side of his lower body. The MDS documented R3 needed continuous oxygen therapy during the observation period. R3's "ADL Functional/Rehabilitation Potential Care Area Assessment "CAA" dated 04/30/2026 documented R3's information from 04/24/2026 to 04/30/2026, including doctors' orders, nursing notes, and the activities of daily living (ADLs) flow charts were documented. R3's "Care Plan" documented: 11/17/2025- R3 had a CPAP that was ordered to be utilized at night. R3 wore his CPAP at night and when he laid down or was short of breath during the day. R3 wore his CPAP at his preference.	F0695		

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F0695 SS = D	Continued from page 3 R3's CPAP bleeds two liters of oxygen through his CPAP. Staff would monitor R3's oxygen tubing and concentrator during transfers for safety. R3's CPAP was cleaned by staff. Staff should refer to R3's "Medication Admission Record" (MAR) for cleaning of his CPAP. R3's EMR under "Orders" documented the following physicians' orders: Nurse to do: Once weekly on Tuesday clean CPAP mask tubing and humidifier weekly on Tuesdays dated 06/05/2023. CPAP twice daily, at night, off in the morning many utilize as needed oxygen that bleeds through the CPAP dated 06/05/2023. On 10/26/2026 R3 sat in his room in his wheelchair in his room, waiting until breakfast time. R3's CPAP mask lay on his bedside table, R3 did not have a container for the CPAP mask in his room. On 10/28/2026 at 9:30 AM Certified Nurse's Aide (CNA) M stated CPAP masks were taken care of by the nurse or the Certified Medication Aide's (CMAs). She stated the CNAs did not take care of the CPAP mask, and she was unsure where the CPAP masks were stored. On 10/28/2026 at 09:35 AM, Licensed Nurse (LN) H stated CPAP masks were to be placed in a bag with the resident's name on it. She stated the CNAs were responsible for ensuring the CPAP masks were placed in a bag and stored properly. LN H stated the nurse should follow up to ensure the masks were placed in the bags. On 10/28/2026 at 09:41 AM, Administrative Nurse D stated all residents have oxygen bags in their rooms that the CPAP mask should be placed inside the bag when not in use. The facility's "CPAP/Bi-Level Respiratory Care"	F0695		

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F0695 SS = D	Continued from page 4 policy undated documented obstructive sleep apnea was a sleep disorder that occurs when the airway is obstructed or blocked, and as a result, no air moves into or out of the lungs. The obstruction may be due to a variety of factors including loss of muscle control over the tongue, which may cause the tongue to fall back against the airway and/or the collapse of the soft palate over the airway. Any/all use of CPAP or Bi-Level Respiratory Care procedures required specific physician orders and the ordered level of air pressure to keep the airway open during sleep may not be changed without consulting the ordering physician with resultant change in settings orders.	F0695		