STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175221	A. BUILDING _____ B. WING _____	C 07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINVIEW NURSING & REHAB CENTER	**601 N ROSE HILL ROAD ROSE HILL, KS 67133**

(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
F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation #151879. This 2567 was electronically sent to the facility on 7/31/2020.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: The facility reported a census of 14 residents. The sample of three residents, included three residents reviewed for activities of daily living, bathing. Based on observation, interview, and record review, the facility failed to consistently provide bathing assistance for the three sampled resident's preferences. Resident (R) 1 requested a daily bath, R2 and R3 requested baths three times a week and the facility failed to provide these. Finding included: - The Admission "Minimum Data Set" (MDS), dated 02/16/2020, documented Resident (R) 1 admitted 02/10/2020. The MDS revealed the resident had a "Brief Interview for Mental Status" (BIMS) score of 15, indicating he had an intact cognition. The resident required limited assistance with personal hygiene. The resident's care plan, dated 05/30/2020, directed staff to provide a sponge bath when a full	F 677		

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

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 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175221	A. BUILDING _____ B. WING _____	C 07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINVIEW NURSING & REHAB CENTER	601 N ROSE HILL ROAD ROSE HILL, KS 67133

(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
F 677	Continued From page 1	F 677		

shower or bath was not tolerated by the resident.

The Baseline care plan, dated 02/10/2020, directed staff that the resident would like to have a shower every day and required set up assistance.

The paper bath sheets and electronic record for R1's scheduled bathing, documented the following:

Week of April 1st to 4th - did not received any baths.
Week of April 5th to 11th - received a bath on 04/07/2020.
Week of April 12th to 18th - received a bath on 04/17/2020.
Week of April 19th to 25th - received a bath on 04/23/2020.
Week of April 26th to May 2nd- received a bath on 04/27/2020, 04/28/2020 and 05/06/2020.

In May the resident received a bath on 20 of the 31 days. The facility staff failed to provide him with a bath on 05/01/2020, 05/07/2020, 05/08/2020, 05/09/2020, 05/11/2020, 05/12/2020, 05/13/2020, 05/14/2020, 05/21/2020, 05/24/2020, and 05/28/2020.

Week of May 31 to June 6th - received a bath on 05/31/2020, 06/02/2020, and 06/03/2020. Refused a bath on 06/04/2020.
Week of June 7th to 12th - received a bath on 06/07/2020.

On 07/28/2020 at 01:07 PM, Certified Nurse Aide (CNA) M reported, the resident did not ever refuse showers, but they tried to have a male CNA do them because he was sexually

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175221	A. BUILDING _____ B. WING _____	C 07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINVIEW NURSING & REHAB CENTER	601 N ROSE HILL ROAD ROSE HILL, KS 67133

(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
F 677	Continued From page 2	F 677		

inappropriate at times with the female staff.

On 07/28/2020 at 03:56 PM, CNA O reported, there was a schedule for the residents to get showers on what days, on the assignment sheet and in the kiosk (computer screen). The residents could receive a shower even if was not their regular shower day. If someone refused a shower, staff should let the nurse know and then ask them again. When a resident received a shower, staff fill out the shower sheets and also chart the shower completed in the computer.

On 07/28/2020 at 02:51 PM, Administrative Nurse D reported, the CNAs were responsible for the baths. The residents' bath days were on the kiosk and the care plans. She further stated the residents should receive baths per their preferences, then staff charted in the computer and on the bath sheets. If a resident refused, then they should be offered one the next day.

The policy titled, "Assisting an Elder with a Shower Bath," dated 01/03/2019, documented the elder's care plan will be reviewed to ensure all preferences of the elder receiving a shower are honored.

The facility failed to provide the resident with his showers per his preference for receiving them daily.

- The Admission "Minimum Data Set" (MDS), dated 09/30/2019, documented Resident (R) 2 admitted 09/26/2019. The MDS revealed the resident needed limited assist for personal hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175221	A. BUILDING _____ B. WING _____	C 07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINVIEW NURSING & REHAB CENTER	601 N ROSE HILL ROAD ROSE HILL, KS 67133

(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
F 677	Continued From page 3	F 677		

The care plan, dated 11/18/2019, directed staff that the resident preferred showers on Monday, Wednesday, and Friday during the day shift. Staff were to provide a sponge bath when a full bath or shower could not be tolerated by the resident.

The paper bath sheets and electronic record for R2's scheduled bathing, documented the following:

Week of April 1st to 4th - received no baths.
Week of April 5th to 11th - refused 04/06/2020, received a bath on 04/05/2020 and on 04/11/2020.
Week of April 12th to 18th - received a bath on 04/20/2020.
Week of April 19th to 25th - received a bath on 04/21/2020.

Week of April 26th to May 2nd- received a bath on 04/26/2020, 04/28/2020 and 05/02/2020.
Week of May 3rd to-May 9th - received a bath on 05/05/2020 and 05/06/2020.
Week of May 10th to May 16th - received a bath on 05/10/2020, 05/13/2020 and 05/14/2020 then refused on 05/11/2020.
Week of May 17th to May 23rd - received a bath on 05/20/2020, and 05/22/2020 and 05/23/2020.
Week of May 24 to May 30th -received a bath on 05/26/2020 and 05/27/2020.

Week of May 31 to June 6th - received a bath on 06/04/2020.
Week of June 7th to 13th - received a bath on 07/08/2020.
Week of June 14th to 20th- refused a bath on 06/15/2020 and 06/17/2020.
Week of June 21st to 27th - received a bath on 06/21/2020, 06/24/2020 and 06/28/2020.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175221	A. BUILDING _____ B. WING _____	C 07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINVIEW NURSING & REHAB CENTER	601 N ROSE HILL ROAD ROSE HILL, KS 67133

(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
F 677	Continued From page 4	F 677		

Week of June 28th - July 4th - received a bath on 06/29/2020 and 07/03/2020, then refused on 07/01/2020.

Week of July 5th to July 11th - received a bath on 07/06/2020 and 07/08/2020.
Week of July 12 to July 18th - received a bath on 07/16/2020 and refused a bath on 07/15/2020.
Week of July 19 to- July 25th -received a bath on 07/24/2020 and on 07/22/2020 refused.

On 07/28/2020 at 8:50 AM, R2 reported, she does not think she gets her baths as she should. She thinks it was not always on her bath days, she should get at least two baths a week and she does not even get that. R2 stated she would prefer three baths a week, and always before a doctor appointment.

On 07/28/2020 at 03:56 PM, CNA O reported, there was a schedule for the residents to get shower on what day, on the assignment sheet and in the kiosk (computer screen). The residents could receive a shower even if it was not their regular shower day. If someone refused a shower, staff should let the nurse know and then ask them again. When a resident received a shower, staff fill out the shower sheets and also chart the completed showers in the computer.

On 07/28/2020 at 02:51 PM, Administrative Nurse D reported, the CNAs were responsible for the baths. The bath days were on the kiosk and the care plans. She further stated the residents should receive baths per their preferences, then charted in the computer and on the bath sheets. If a resident refused, then they should be offered one the next day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175221	A. BUILDING _____ B. WING _____	C 07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINVIEW NURSING & REHAB CENTER	601 N ROSE HILL ROAD ROSE HILL, KS 67133

(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
F 677	Continued From page 5	F 677		

The policy titled, "Assisting an Elder with a Shower Bath," dated 01/03/2019, documented the elder's care plan will be reviewed to ensure all preferences of the elder receiving a shower are honored.

The facility failed to provide the resident with her showers per her preference of receiving showers three time a week.

- The Admission "Minimum Data Set" (MDS), dated 03/16/2020, documented Resident (R) 3 needed extensive assistance with personal hygiene.

The resident care plan, dated 05/12/2020, directed staff R3 required assistance with bathing. The resident bath days were on Monday, Wednesday, and Friday mornings.

The paper bath sheets and electronic record for the resident's showers, documented the following:

Week of April 1st to 4th - received a bath on 04/04/2020.
Week of April 5th to 11th - did not receive any baths and refused once on 04/06/2020.
Week of April 12th to18th - received a bath on 04/16/2020.
Week of April 19th to 25th - refused on 04/20/2020 and received a bath on 04/23/2020.

Week of April 26th to May 2nd- received a bath on 05/06/2020.
Week of May 3rd to May 9th - received a bath on 05/08/2020.
Week of May 10th to May 16th - received a bath

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175221	A. BUILDING _____ B. WING _____	C 07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINVIEW NURSING & REHAB CENTER	601 N ROSE HILL ROAD ROSE HILL, KS 67133

(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
F 677	Continued From page 6	F 677		

on 05/11/2020, 05/13/2020 and on 05/14/2020.
Week of May 17th to May 23rd - received a bath on 5/18/ 20 and on 05/22/2020.
Week of May 24 to May 30th - Refused a bath on 05/24/2020, received a bath on 05/25/2020 and 05/27/2020.

Week of May 31 to June 6th - received a bath on 06/03/2020 and on 06/05/2020.
Week of June 7th to 13th - received no baths this week.
Week of June 14th to 20th- received a bath on 06/18/2020.
Week of June 21st to- 27th - received a bath on 06/24/2020.
Week of June 28th to July 4th - received a bath on 06/28/2020, 06/29/2020, 07/01/2020, and 07/03/2020.

Week of July 5th to July 11th - received a bath on 07/08/2020.
Week of July 12 to July 18th - refused a bath on 07/15/2020.
Week of July 19 to- July 25th -received a bath on 07/22/2020 and then on 07/22/2020 refused.

On 07/28/2020 at 02:32 PM, R3 reported she would like to have a bath three times a week and never refuses a bath.

On 07/28/2020 at 03:56 PM, Certified Nurse Aide (CNA) O reported, there was a schedule for the residents to get showers on what day, on the assignment sheet and in the kiosk (computer screen). The residents could receive a shower even if not their regular shower day. If someone refused a shower, staff should let the nurse know and ask them again. When a resident received a shower, staff fill out the shower sheets and also

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175221	A. BUILDING _____ B. WING _____	C 07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINVIEW NURSING & REHAB CENTER	601 N ROSE HILL ROAD ROSE HILL, KS 67133

(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
F 677	Continued From page 7	F 677		

chart the completed shower in the computer.

On 07/28/2020 at 02:51 PM, Administrative Nurse D reported, the CNAs were responsible for the baths. The bath days were on the kiosk and the care plans. She further stated the residents should receive baths per their preferences, then staff charted the showers in the computer and on the bath sheets. If a resident refused, then they should be offered one the next day.

The policy titled, "Assisting an Elder with a Shower Bath," dated 01/03/2019, documented the elder's care plan will be reviewed to ensure all preferences of the elder receiving a shower are honored.

The facility failed to provide the dependent resident with her showers per her preference of receiving three time a week.