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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVENA LIVING AT FOUNTAINVIEW	**601 N ROSE HILL ROAD ROSE HILL, KS 67133**

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F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation #KS00178708, #KS00178794, #KS00178991, #KS0017922, #KS00179505, and #KS00179675. This 2567 was electronically sent to the facility on 05/03/23.	F 000		
F 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must	F 585		

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

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include:
(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;
(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;
(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;
(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the

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provider, to the administrator of the provider; and as required by State law;
(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;
(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and
(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 44 with five residents reviewed including two residents reviewed for missing clothing. Based on observation, interview, and record review, the facility failed to ensure one of the residents reviewed, Resident (R)5, had her grievance followed up on when she reported a missing clothing item on 03/22/23.

Findings included:

- The "Quarterly Minimum Data Set" dated 02/04/23 assessed R5 with a "Brief Interview of

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Mental Status" (BIMS) score of 10 indicating moderate cognitive impairment.

The "Resident Council/Grievance Follow Up Action Summary" dated 03/22/23, revealed R5 stated she was missing black jean pants with roses on them and her concern referred to the laundry department. The form lacked any action taken and any results of the action. It did include a submitted by signature of the Activity Director, Social Service Director, and the line for reported to administrator had a signature. The form included instructions to review the issue/concern and to respond to the concern by 04/05/23.

On 04/24/23 at 02:48 PM, R5 stated the facility had not found her pants she was missing that were long, black, and had roses on them. The staff said they looked for them but could not find them, they did not offer a solution or to replace them. R5 stated she thought staff may have given the pants to someone else. The staff would put her clothes in a plastic bag and take them to the laundry.

On 04/24/23 at 02:51 PM, Social Service Staff X stated that a signature on the "Grievance" form was verifying that laundry had been told and was looking for the item and explained she gives the form to the administrator after signing the it and he follows up. Social Service Staff X stated she did not follow up on the concern personally of R5's missing pants and said she guessed any three of the staff who signed the form could, referring to the signature on the "Grievance" form.

On 04/24/23 at 02:55 PM, Administrative Staff A stated the "Grievance" form from the resident council would go to the department head

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overseeing the area of concern, missing items go to social services. From there, the person overseeing the concern would fill out the form, bring it to Staff A for presentation, and Staff A would determine if the outcome was satisfactory with addressing the issue, and if not, the staff were to come up with a different solution. Administrative Staff A stated the form for R5 was not complete as it lacked action and corrective action and he would of "kicked it back" and Staff A explained that the signature on the administrator line was not his. Administrative Staff A stated he would need to consult with the facility policy and procedure for what to do if a missing clothing item could not be found.

On 04/24/23 at 03:55 PM, Social Service Staff X stated she had not been following the correct process for the grievances and Consultant Staff GG educated her on the process.

On 04/24/23 at 04:00 PM, Consultant Staff GG stated the facility was not following up on the grievances that she looked at, they were to put a response and corrective action and then take it to the administrator for signature. Consultant Staff GG stated she believed the time frame was a week, maybe two weeks from when social services handed the grievance to the department head for it to be resolved. Consultant Staff GG stated she believed if the item could not be found the facility would reach out to the family, depending on the resident cognitive status, and the facility would typically replace a pair of pants, it would be up to the administrator to make that decision.

The facility policy for, "Grievances/Complaints, Filing" dated October 2021, revealed upon receipt

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F 585	Continued From page 5 of a grievance and/or complaint, the Grievance Officer would review and investigate the allegations and submit a written report of such findings to the administrator within five working days of the receiving the grievance and/or complaint. The Administrator will review the findings with the Grievance Officer to determine what corrective actions, if any need to be taken. The resident, or person filing the grievance and/or complaint on behalf of the resident, would be informed verbally and in writing of the findings of the investigation and the actions that will be taken to correct any identified problems. The administrator or his/her designee would make such reports within (lacked the number on the blank line of the form) working days of the filing of the grievance or complaint with the facility. A written summary of the investigation would also be provided to the resident, and a copy would be filed in the business office. The facility failed to ensure an accurate procedure for the staff to followed up on R5's grievance of missing pants and failed to perform appropriate action to the concern she reported on 03/22/23.	F 585		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.	F 755		

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F 755	Continued From page 6 §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: The facility reported a census of 44 residents with five residents sampled including one sampled resident reviewed for medication errors. Based on record review and interview, the facility failed to follow physician orders for Resident (R)1. Findings included: - The "Medical Diagnosis" tab for R1 included a diagnosis of bulimia nervosa (an eating disorder characterized by bouts of overeating followed by self-induced vomiting). The "Census" tab revealed R1 admitted to the facility on 03/24/23 and discharged on 04/17/23.	F 755		

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F 755	Continued From page 7 The "History and Physical" dated 03/27/23 included diagnosis of bulimia nervosa and recurrent vomiting. The "Physician Order" dated 03/27/23, for R1, located under the miscellaneous tab in the electronic medical record (EMR), revealed an order which included Prozac (antidepressant medication), 10 milligrams (mg), by mouth, daily, for bulimia, and Reglan (medication used to treat the gastrointestinal tract), five mg, by mouth, before meals, three times a day. The "Medication Administration Record" for March 2023 and April 2023 for R1 lacked instructions for the staff to administer the Prozac and the Reglan. On 04/19/23 at 12:24 PM Administrative Nurse D stated he was not aware of the order. On 04/19/23 at 12:37 PM Administrative Staff A stated he expected the staff to follow physician orders. The facility failed to provide a policy for following physician orders. The facility failed to ensure R1 received medication ordered by the physician for 21 days from 03/28/23 through 04/17/23, his discharge date, when the facility failed to process the physician's orders.	F 755		
F 825 SS=D	Provide/Obtain Specialized Rehab Services CFR(s): 483.65(a)(1)(2) §483.65 Specialized rehabilitative services.	F 825		

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F 825	Continued From page 8 §483.65(a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must- §483.65(a)(1) Provide the required services; or §483.65(a)(2) In accordance with §483.70(g), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act. This REQUIREMENT is not met as evidenced by: The facility reported a census of 44 residents with five selected for review, including one resident reviewed for specialized rehabilitation services. Based on record review and interview, the facility failed to provide specialized rehabilitation services to Resident (R)1 as ordered by the physician as indicated for physical and occupational therapy services. Findings included: - The "Medical Diagnosis" tab for R1 included a diagnosis of intervertebral disc degeneration (a condition where one or more discs in the spine deteriorates) of the thoracic region (mid-region of the spine). The hospital "Transfer Record" dated 03/24/23	F 825		

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with a faxed time of 11:55 AM for R1, revealed orders for physical therapy and occupational therapy. The staff hand wrote on the form that they faxed the orders to the physician on 03/24/23.

The hospital "Transfer Record" dated 03/24/23 with a faxed time of 02:19 PM for R1 revealed "err" written above where the physical and occupational therapy had been marked as an order.

The "Baseline Care Plan" dated 03/24/23 for R1 revealed R1's goals was to receive therapy at some point and was wanting to move to a home or an assisted living facility. He required one person assist for personal hygiene, toilet use, dressing, bathing, bed mobility, transfers, locomotion, and did not ambulate. R1 used a wheelchair for mobility and had a history of falls. The care plan included for physician orders to see the current medication administration record, the treatment administration record, and current therapy orders.

The "Progress Notes" dated 03/24/23 revealed R1 admitted to the facility for a less than 30 day stay and would like to get therapy when he could and if he could. R1 could stand and pivot with assist of two staff members for a very short period and could propel himself in the wheelchair which he used for mobility. R1 needed assistance to manage bowel and bladder incontinent episodes and assist of one for grooming.

The "Rehabilitation Screen" form dated 03/27/23 for R1 revealed physical therapy and occupational therapy services indicated and under comments on the form revealed "no funds

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at this time" and signed by Consultant Staff HH.

The facility "Therapy Cases" report dated 03/01/23 through 04/19/23 lacked therapy services provided for R1.

On 04/19/23 at 12:18 PM, Consultant Staff HH and Consultant Staff II stated R1 had not been on their therapy caseload. Consultant Staff HH stated the nursing staff should provide them with any orders, would verbally tell them if a resident had orders when admitted, and would also be informed of any orders during the facility "stand up meeting" or if the doctor was at the facility for a visit, then nursing staff would notify therapy of any new order and a photo copy of the order would be made for the therapy file.

On 04/19/23 at 12:24 PM, Administrative Nurse D stated during the morning "stand up meeting" therapy staff would be informed of therapy orders, and if a resident needed a therapy order, Consultant Staff HH would ask for orders and the doctor would be contacted. Administrative D stated R1 had no payor source for physical and occupational therapy, he was on Medicaid, and used a wheelchair and walked and did not have a need for therapy.

On 04/19/23 at 12:37 PM, Administrative Staff A stated he would expect the staff to follow physician orders.

On 04/19/23 at 01:05 PM, Administrative Nurse D stated R1 had a status of Medicaid pending and would not have accepted him as a resident if he had known R1 could not receive skilled therapy. Administrative Nurse D stated staff faxed the order page for the therapy to the doctor and

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verified the facility did not receive an order to discontinue therapy.

On 04/19/23 at 01:15 PM, Administrative Nurse D provided the "Rehabilitation Screen" form for R1 dated 03/27/23 and stated R1 did need therapy.

On 04/20/23 at 11:45 AM, Consultant Staff GG stated it was not common for the facility to not provide therapy if the resident had no payor source, and regardless of a resident required therapy per a doctor order or a therapy screen and if no payor source, then therapy would be provided, and the facility would have to pay for the services.

The facility policy "Requests for Therapy Services" dated October 2021 revealed the Director of Nursing Services shall forward the order to the therapist.

The facility failed to provide physical and occupational therapy services to this resident, as ordered by the physician.