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WINFIELD SENIOR LIVING COMMUNITY	1320 WHEAT RD WINFIELD, KS 67156

(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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint number 171380, for the above named facility conducted on 12/19/2022 and 12/20/22.	S 000		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (d) (2) The facility reported a census of seventeen residents. The sample included three "Residents'" (R's). Based on record review and interview the Administrator failed to ensure the revision of the resident's "Negotiated Service Agreement" (NSA) would be based on the resident's "Functional Capacity Screen" (FCS), and would provide a description of services the	S3092		

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S3092	Continued From page 1	S3092		

resident would receive, and the payor source if the service was provided by an outside resource, when the resident experienced a change of condition for R1.

Findings included:

- Record review on 12/20/22 for R1 revealed and admission date of 07/30/22 with diagnoses of Rheumatoid Arthritis with Rheumatoid factor of right hand without organ or systems involvement, morbid obesity, post laminectomy syndrome, nonrheumatic aortic valve stenosis hypertension and major depressive disorder.

Record review on 12/20/22 of R1 "Functional Capacity Screen" (FCS) dated 06/28/22 identified the resident was independent with, bathing, dressing, toileting, transferring, mobility, and eating. She had intact cognition, she was frequently incontinent, she was able to make herself understood and she understood others, and she required a walker mobility device.

Record review on 12/20/22 of R1 FCS dated 11/03/22 identified the resident required supervision with bathing and her medications. She was marked as independent with dressing, toileting, transferring, mobility, and eating. She had intact cognition, she was able to make herself understood and she understood others. She was marked with falls and used a wheelchair and walker mobility devices.

Record review on 12/20/22 of R1 NSA dated 08/05/2022 identified the following healthcare services which would be provided/coordinated by the facility: Staff would assist with medication

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S3092	Continued From page 2 administration and bathing two times weekly. Staff will monitor for any changes in ADLS and report to provider when necessary. Other requested services included hospice services. The NSA lacked healthcare services for falls, a description of services provided by hospice, and the payor source for the hospice services. Record review on 12/20/22 of R1 HSP instructed facility staff to assist R1 when transferring in and out of the shower for safety. Interview on 12/20/22 at 09:40 with LN B, she confirmed R1 NSA lacked healthcare services for falls, a description of services to be provided by the hospice provider and further lacked the payor source for hospice services. The Administrator failed to ensure the revision of the resident's "Negotiated Service Agreement" (NSA) would be based on the resident's "Functional Capacity Screen" (FCS), and would provide a description of services the resident would receive, and the payor source if the service was provided by an outside resource, when the resident experienced a change of condition for R1.	S3092		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.	S3165		

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S3165	Continued From page 3 This REQUIREMENT is not met as evidenced by: K.A.R.26-41-204 (d) The facility reported a census of seventeen residents. The sample included three "Residents'" (R's) 1, 2, and 3. Based on record review and interview the Administrator failed to ensure the "Negotiated Service Agreement" (NSA) contained the name of the "Licensed Nurse" (LN) responsible for the implementation and supervision of the "Health Care Service Plan" (HSP) for R's 1, 2, and 3. Findings included: - Record review on 12/20/22 for R1 revealed and admission date of 07/30/22 with diagnoses of Rheumatoid Arthritis with Rheumatoid factor of right hand without organ or systems involvement, morbid obesity, post laminectomy syndrome, nonrheumatic aortic valve stenosis hypertension and major depressive disorder. Record review on 12/20/22 of R1 "Functional Capacity Screen" (FCS) dated 11/03/22 identified the resident required supervision with bathing and her medications. She was marked as independent with dressing, toileting, transferring, mobility, and eating. She had intact cognition, she was able to make herself understood and she understood others. She was marked with falls and used a wheelchair and walker mobility devices. Record review on 12/20/22 of R1 NSA dated 08/05/22 identified the following healthcare	S3165		

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S3165	Continued From page 4	S3165		

services which would be provided/coordinated by the facility: Staff would assist with medication administration and bathing. Other requested services included hospice services and identified LN D as the nurse responsible for the supervision and implementation of the plan.

Record review on 12/20/22 of R1 HSP instructed facility staff to assist R1 when transferring in and out of the shower for safety.

Interview on 12/20/22 at 09:40 with LN B revealed the nurse responsible on R1 NSA is incorrect, she continued to identify LN C as the nurse responsible for the implementation and supervision of the HSP.

- Record review on 12/20/22 for R2 revealed an admission date of 09/27/21 with diagnoses of Type 2 diabetes, insomnia, dementia in other diseases classified elsewhere, type 2 diabetes with other circulatory complications, chronic pain, long term use of insulin and hypertension.

Record review on 12/20/22 of R2 FCS dated 11/03/22 identified the resident required physical assistance with bathing. He was marked as independent with dressing, toileting, transferring, mobility, and eating. He was usually continent, he had impaired decision making, was marked as a fall risk, and required supervision managing his medications, and used a cane for mobility.

Record review on 12/20/22 of R2 NSA dated 06/07/22 identified the following healthcare services which would be provided/coordinated by the facility: Facility staff would assist with

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S3165	Continued From page 5	S3165		

diabetic management, R2 would self-inject insulin, staff to give reminders on bathing, and identified LN E as the nurse responsible for the supervision and implementation of the plan.

Record review on 12/20/22 of R2 HSP instructed staff to assist with ensuring the resident area was clutter free, had adequate lighting, and personal items were within reach. Facility staff were to encourage use of adaptive equipment/cane and assist with medication management.

Interview on 12/20/22 at 09:40 with LN B revealed the nurse responsible on R2 NSA is incorrect, she continued to identify LN C as the nurse responsible for the implementation and supervision of the HSP.

- Record review on 12/20/22 for R3 revealed an admission date of 02/08/22 with diagnoses of Unspecified dementia with agitation, chronic obstructive pulmonary disease, paroxysmal atrial fibrillation, diverticulitis, atrial fibrillation, alcohol dependence with intoxication, long term use of anti-coagulants, and bilateral hearing loss.

Record review on 12/20/22 of R3 FCS dated 11/30/22 identified R3 required supervision with bathing and managing his medications. He was independent with dressing, toileting, transferring, mobility, and eating. He was frequently incontinent, had impaired decision making, and was able to make himself understood, he understood others, and used a walker mobility device.

Record review on 12/20/22 of R3 NSA dated 02/08/22 identified the following healthcare

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S3165	Continued From page 6 services which would be provided/coordinated by the facility: Staff to monitor vital signs and weights monthly and as needed, assist with medication and treatments, observe for changes, and assist with bathing. The NSA lacked the name of the nurse responsible for the implementation and supervision of the HSP. Record review on 12/20/22 of R3 HSP instructed facility staff to assist with medications and treatments per provider orders, and cue resident to bathe and change clothes two times a week. Interview on 12/20/22 at 09:40 with LN B confirmed the NSA for R3 lacked the name of the nurse responsible for the implementation and supervision of the HSP. The Administrator failed to ensure the NSA contained the name of the current LN responsible for the implementation and supervision of the HSP for R's 1, 2, and 3.	S3165		
S3261 SS=F	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-105 (f) (11)	S3261		

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S3261	Continued From page 7 The facility reported a census of seventeen residents. The sample included three "Residents'" (R's)1, 2, and 3. Based on record review and interview the Administrator failed to ensure the resident records included documentation of all incidents, symptoms, and other indications of illness or injury including actions taken and results of the actions taken for R's 1, 2, and 3. Findings included: - Record review on 12/20/22 for R1 revealed and admission date of 07/30/22 with diagnoses of Rheumatoid Arthritis with Rheumatoid factor of right hand without organ or systems involvement, morbid obesity, post laminectomy syndrome, nonrheumatic aortic valve stenosis hypertension and major depressive disorder. Record review on 12/20/22 of R1 FCS dated 11/03/22 identified the resident required supervision with bathing and her medications. She was marked as independent with dressing, toileting, transferring, mobility, and eating. She had intact cognition, she was able to make herself understood and she understood others. She was marked with falls and used a wheelchair and walker mobility devices. Record review on 12/20/22 of R1 NSA dated 08/05/2022 identified the following healthcare services which would be provided/coordinated by the facility: Staff would assist with medication administration and bathing two times weekly. Staff will monitor for any changes in ADLS and report to provider when necessary. Other requested services included hospice services.	S3261		

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S3261	Continued From page 8 Record review on 12/20/22 of R1 HSP instructed facility staff to assist R1 when transferring in and out of the shower for safety. Record review of R1 progress notes dated 07/29/22 through 12/13/22 revealed the following entries: 08/05/22 at 03:09 PM "Resident is calling staff all the time for more medications. Different kinds of medications but mainly pain medications for complaint of pain, and legs shaking too much. Resident is very unsteady on her feet. Resident is very needy and needs help with television all the time. Resident called staff today because she needed help putting her feet up into the bed. Resident stays in bed most of day for complaint of pain." The document lacked documentation of actions taken to assist resident in being independent and further lacked results of the actions taken to assist R1 in being successful with maintaining her independence. 09/17/22 at 02:41 PM "Called to resident room at the request of the assisted living medication aide as it was reported resident vomited one time and had diarrhea one time. She had a clammy appearance and she stated she didn't feel well. Upon entering room, daughter of resident in the bathroom. Resident laying supine in bed. Vital obtained." "Resident appeared in no distress. Received a Zofran at 02:00 PM. Resident was talking to hospice triage nurse at the time of entry. This nurse spoke with hospice triage requesting Imodium order for further diarrhea	S3261		

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episodes. Triage stated they would contact case manager who called shortly after." Hospice nurse stated she would obtain and fax order for Imodium to the facility. "Encouraged daughter and resident to push fluids and rest. Resident in no acute distress at the time of leaving the room."

The document lacked documentation of the results of the actions taken of medication administered and further failed to follow up on symptoms of diarrhea.

10/08/22 at 12:57 PM "Resident is not wanting to get out of bed in morning to take her medications in a timely manner. Resident has not been out of bed and out to any meals this morning. Resident is also needing help from staff most days to get in and out of her bed.

The document lacked documentation of actions taken on providing the resident medication in a timely manner and further failed to provide documentation on if resident was receiving a meal.

10/12/22 at 11:59 AM "Resident found on her floor beside her bed. She stated that she slipped out of bed when getting up. Resident assessed for injuries, neurological check and vitals signs completed. Resident assisted from the floor using a Hoyer lift via two staff. Resident did not have on proper footwear, resident educated on proper footwear.

The document lacked documentation of the results of the action taken on the education provided to the resident on use of proper

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footwear when attempting to get out of bed.

11/28/22 at 11:51 AM "Resident has not been getting dressed before coming to meals, she comes out in her night gown, and resident is not brushing her hair. Resident has been coming out to meals in wheelchair needing staff assistance at times.

The document lacked documentation of actions taken for resident change, and further lacked documentation of notifying provider of increased use of wheelchair.

Interview on 12/20/22 at 10:30 with Administrator A and LN B, she confirmed R1 progress notes lacked documentation of actions taken and the results of actions taken. Administrator A revealed R1 would be transferring on 12/21/22 to the attached skilled nursing facility for a higher level of care.

- Record review on 12/20/22 for R2 revealed an admission date of 09/27/21 with diagnoses of Type 2 diabetes, insomnia, dementia in other diseases classified elsewhere, type 2 diabetes with other circulatory complications, chronic pain, long term use of insulin and hypertension.

Record review on 12/20/22 of R2 FCS dated 11/03/22 identified the resident required physical assistance with bathing. He was marked as independent with dressing, toileting, transferring, mobility, and eating. He was usually continent, he had impaired decision making, was marked as a fall risk, and required supervision managing his medications, and used a cane for mobility.

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S3261	Continued From page 11 Record review on 12/20/22 of R2 NSA dated 06/07/22 identified the following healthcare services which would be provided/coordinated by the facility: Facility staff would assist with diabetic management, R2 would self-inject insulin, staff to give reminders on bathing. Record review on 12/20/22 of R2 HSP instructed staff to assist with ensuring the resident area was clutter free, had adequate lighting, and personal items were within reach. Facility staff were to encourage use of adaptive equipment/cane and assist with medication management. Record review of R2 progress notes dated 09/30/22 through 12/20/22 revealed the following entries: 12/16/2022 at 02:24 PM "R2 is not doing well. He is staying in his bed or chair almost constantly. He is making numerous messes in the bathroom. He has urinated many times on the bathroom floor and in the tub. The color of the urine is a kind of pinky orangish color." The document lacked documentation of actions taken and results of actions taken related to resident change of condition. Interview on 12/20/22 at 10:00 AM with LN B, she confirmed that R2 was sent out on 12/20/22 at approximately 09:30 AM by ambulance transport to the hospital for evaluation for acute change of condition. - Record review on 12/20/22 for R3 revealed an	S3261		

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admission date of 02/08/22 with diagnoses of Unspecified dementia with agitation, chronic obstructive pulmonary disease, paroxysmal atrial fibrillation, diverticulitis, atrial fibrillation, alcohol dependence with intoxication, long term use of anti-coagulants, and bilateral hearing loss.

Record review on 12/20/22 of R3 FCS dated 11/30/22 identified R3 required supervision with bathing and managing his medications. He was independent with dressing, toileting, transferring, mobility, and eating. He was frequently incontinent, had impaired decision making, and was able to make himself understood, he understood others, and used a walker mobility device.

Record review on 12/20/22 of R3 NSA dated 02/08/22 identified the following healthcare services which would be provided/coordinated by the facility: Staff to monitor vital signs and weights monthly and as needed, assist with medication and treatments, observe for changes, and assist with bathing.

Record review on 12/20/22 of R3 HSP instructed facility staff to assist with medications and treatments per provider orders, and cue resident to bathe and change clothes two times a week.

Record review of resident progress notes dated 4/15/22 through 12/20/22 revealed the following entries:

04/15/22 at 05:13 "Resident has been getting more confused every day. Yesterday he was trying to get another resident to drive him to his

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farm because he needed to show someone some land. Today he said there was some kids in his room, and he was wandering the hall looking form them. Then he was looking for the doctor on the television show "Gun Smoke.

The document lacked documentation of actions taken to for resident increased confusion.

04/25/2022 at 12:01 PM note of order received for a urinalysis with culture if indicated due to increased confusion and altered mental status.

The document lacked documentation of the results of the urinalysis with culture for increased confusion and altered mental status.

05/13/22 at 08:13 AM urinalysis with culture was not obtained on 04/25/22, resident is not symptomatic at this time.

The document lacked documentation of actions taken for actions taken to address symptoms of increased confusion for 28 days.

11/28/2022 at 01:25 PM Resident was really confused about day and time. Staff had to go to R3's room two or three times to get him to come out for meals, then resident went back to his room. He came out thirty minutes later wanting to eat again. Resident was not changing his clothes or taking a shower.

The document lacked documentation of actions taken to ensure R3 hygiene needs were being met, and further lacked documentation of actions taken for symptoms of R3 increased confusion.

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S3261	Continued From page 14 Interview on 12/20/22 at 10:00 AM with LN B, she confirmed that R3 record lacked documentation of actions taken and results of actions for R3 symptoms of increased confusion. Administrator failed to ensure the resident records included documentation of all incidents, symptoms, and other indications of illness or injury including actions taken and results of the actions taken for R's 1, 2, and 3.	S3261		
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; 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: K.A.R. 26-41-104 (d) (3)	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N018006	A. BUILDING: _____ B. WING _____	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3280	Continued From page 15 The facility reported a census of seventeen residents. Based on interview and record review, the Administrator failed to review the facility's emergency management plan quarterly with staff and residents. Findings included: - Record review on 12/19/22 of the facility provided Emergency Preparedness training log revealed the only signature page was dated 03/12/2021 and signed by staff and residents. The record lacked signature logs for the last three quarters for the year 2021 and the record further lacked signature logs for the year 2022. Interview on 12/20/22 at 12:24 PM with Administrator A, she confirmed the Emergency Preparedness training log lacked the documentation for the required quarterly review with staff and residents. The Administrator failed to review the facility's emergency management plan quarterly with staff and residents.	S3280		
S3310 SS=D	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	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N018006	A. BUILDING: _____ B. WING _____	12/20/2022

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S3310	Continued From page 16 (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 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (c) The facility reported a census of seventeen residents. The sample included three "Residents'" (R). Based on record review and interview the Administrator failed to ensure the facility's compliance with the department's "Tuberculosis guidelines or adult care homes adopted by reference in K.A.R. 26-39-105 for R2. Findings included: - Record review on 12/20/22 for R2 revealed an admission date of 09/27/21 with diagnoses of Type 2 diabetes, insomnia, dementia in other diseases classified elsewhere, type 2 diabetes with other circulatory complications, chronic pain, long term use of insulin and hypertension. The record lacked the documentation of the required two step TB test being performed within seven days of residency. Interview on 12/20/22 at 10:00 AM with Licensed Nurse B, she confirmed R2 record lacked the documentation of the required two step TB test being performed within seven days of residency.	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N018006	A. BUILDING: _____ B. WING _____	12/20/2022

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S3310	Continued From page 17 Record review on 12/20/22 of the undated facility policy titled "Tuberculosis, Screening Residents for", stated the following: a." Each new resident shall receive a two-step TST or an IGRA for Mycobacterium TB within 7 days of residency unless one of the following conditions is met:..." The Administrator failed to ensure the facility's compliance with the department's "Tuberculosis guidelines or adult care homes adopted by reference in K.A.R. 26-39-105 for R2.	S3310		