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 _____	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 for the above named facility conducted on 01/10/24 and 01/11/24.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-201 (c)(1) The facility reported a census of 19 residents. The sample included 3 "Residents" (R)'s . Based on interview and record review the Administrator failed to ensure the designated facility staff conducted a screening to determine R2's functional capacity at least once every 365 days. Findings included: - Record review for R2 revealed and admission date of 09/17/22 with diagnoses of Parkinson's disease, major depressive disorder, generalized anxiety disorder, diverticulosis of the intestine,	S3081		

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

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S3081	Continued From page 1 and other symptoms and signs involving cognitive functions and awareness. Review of R2's "Functional Capacity Screen" (FCS) dated 09/17/22 revealed R2 was independent with all activities of daily living, had intact cognition, and lacked the ability to manager her medications. She used a walker mobility device. Interview on 01/11/24 at 01:44 PM with "Licensed Nurse" (LN) A confirmed R2's FCS was greater than 365 days old. The Administrator failed to ensure the designated facility staff conducted a screening to determine R2's functional capacity at least once every 365 days.	S3081		
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.	S3092		

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S3092	Continued From page 2 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (d)(1) The facility reported a census of 19 residents. The sample included 3 "Residents" (R)'s. Based on interview and record review the Administrator failed to ensure the designated facility staff reviewed and if necessary, revised the "Negotiated Service Agreement" (NSA) at least every 365 days for R2. Findings included: - Record review for R2 revealed and admission date of 09/17/22 with diagnoses of Parkinson's disease, major depressive disorder, generalized anxiety disorder, diverticulosis of the intestine, and other symptoms and signs involving cognitive functions and awareness. Review of R2's "Functional Capacity Screen" (FCS) dated 09/17/22 identified R2 was independent with all activities of daily living, she had intact cognition, and she lacked the ability to manager her medications. She used a walker mobility device. Review of R2's NSA dated 09/26/22 revealed the facility would provide the following healthcare services; would monitor for changes in nutrition, manage medications and treatments, and monitor for any changes in functional ability. Interview on 01/11/24 at 01:44 PM with "Licensed Nurse" (LN) A confirmed R2's NSA was greater	S3092		

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S3092	Continued From page 3 than 365 days old. The Administrator failed to ensure the designated facility staff reviewed and if necessary, revised the "Negotiated Service Agreement" (NSA) at least every 365 days.	S3092		
S3310 SS=E	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 (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 19 residents. The sample included 3 "Residents" (R)'s and 1 newly hired staff. Based on interview and record review the Administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-205	S3310		

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S3310	Continued From page 4 for R1, and newly hired "Certified Medication Aide" (CMA) C. Findings included: - Record review for newly hired CMA C revealed she began employment on 07/11/23. The personal record contained a document titled "Tuberculosis Test" and was dated 03/29/23. The document revealed CMA C had a one step TB test that read negative within six months of her hire date. The personal record lacked documentation of the facility completing a one step TB skin test within seven days of employment. Interview on 01/10/24 at approximately 11:56 AM with "Licensed Nurse" (LN) A confirmed the personel record lacked the documentation of the facility completing a one step TB test within seven days of CMA C's employment. - Record review for R1 revealed an admission date of 08/04/23 with diagnoses of hypothyroidism and age related osteo porosis. Review of R1 electronic medical record under the "Forms Tab" revealed a document titled "TB Screening Form" dated 09/12/23. The electronic record lacked documentation of a two step TB test being performed within seven days of admission to the facility. Interview on 01/11/24 at approximately 08:15 AM with LN A confirmed R1 records lacked documentation of the two step TB test being	S3310		

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S3310	Continued From page 5 performed within seven days of admission to the facility. The Administrator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-205 for R1, and newly hired CMA C.	S3310		