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 _____	01/07/2025

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 01/07/25.	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 17 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on interview and record review the Administrator failed to ensure a screening was performed determining R3's functional capacity at least once every 365 days. Findings included: - Record review for R3 revealed an admission date of 02/08/22 with diagnoses of unspecified dementia with unspecified severity with agitation, chronic obstructive pulmonary disease, paroxysmal atrial fibrillation, alcohol dependence with intoxication, long term use of anticoagulants,	S3081		

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

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S3081	Continued From page 1 and sensorineural hearing loss. Review of R3's "Functional Capacity Screen" (FCS) dated 02/03/23 revealed R3 required supervision with bathing, and was independent with dressing, toileting, transferring, walking/mobility and eating. He lacked the ability to manage his own medications/medical treatments and was usually continent. He was marked as cognitively intact and R3 was able to make himself understood and he understood others. R3 used a walker mobility device. Resident's record lacked a 2024 FCS. Interview on 01/07/25 at approximately 01:30 PM with "Licensed Nurse" (LN) A confirmed the FCS for R3 was greater then 365 days old. The Administrator failed to ensure a screening was performed determining R3's functional capacity at least once every 365 days.	S3081		