STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N081001	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE MANHATTAN, INC	2800 WILLOW GROVE ROAD MANHATTAN, KS 66502

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named assisted living facility conducted on 02/05/25 and 02/06/25.	S 000		
S3092 SS=E	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: KAR 26-41-202(d)(1) The facility reported a census of 32 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure facility staff completed a "Negotiated Service Agreement" (NSA) based on residents' "Functional Capacity Screen" (FCS), service needs, and preferences for Residents (R) 1, R2, and R3 with a change in condition per KAR 26-39-100.	S3092		

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

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S3092	Continued From page 1 Findings included: - Record review for R1 revealed an admission date of 04/13/19 with diagnoses including muscular dystrophy, epilepsy, urinary incontinence, and difficulty walking. The most recent FCS dated 11/07/24 identified R1 required assistance with bathing and was independent with dressing, toileting, transfers, walking and eating. The FCS identified R1 at risk of falls. The 11/07/24 "SvcPln/Negotiated Svcs Agrmt" is the facility's combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HSP) which identified facility staff would provide stand-by assistance with bathing and would identify and implement measures to prevent further falls. The NSA/HSP failed to identify any measures to prevent further falls when R1 continued to sustain falls. Review of fall "Root Cause Analysis" forms for R1 revealed she sustained falls on 08/02/24 while walking without assistance and the checklist lacked a legible intervention, 08/30/24 with intervention of encouraging R1 to always wear her knee brace when ambulating, 12/03/24 when the chair moved in dining room while trying to sit unassisted and no intervention was identified, 01/01/25 when R1 was ambulating without assistance in hall without an intervention, 01/07/25 with intervention to educate R1 to ensure chair was in proper position prior to sitting, 01/09/25 with interventions to wear footwear and have assistance with ambulating	S3092		

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S3092	Continued From page 2	S3092		

when weak, 01/20/25 with intervention to call for assistance when ambulating, and 01/21/25 when R1 was transferring from wheelchair to bed on own and no intervention was identified.

Review of "Interdisciplinary Notes" revealed on 01/10/25 at 10:29 AM physical and occupational therapy was ordered by local provider and on 01/21/25 at 10:48 AM R1 was to ask for assistance when transferring to bathroom at night.

On 02/06/25 R1 stated that she gets weak intermittently and falls and recently she started physical therapy.

On 02/06/24 at 01:05 PM Administrative Nurse C confirmed the NSA/HSP was not completed upon change in condition and lacked fall interventions to prevent further falls.

- Record review for R2 revealed an admission date of 06/30/14 with diagnoses including anxiety, osteoporosis, reduced mobility, muscle weakness, and insomnia.

The most recent FCS from 12/20/24 identified R2 required physical assistance with bathing and management of medications and treatments; was independent with dressing, toileting, transferring, walking/mobility, and eating; was occasionally incontinent of bladder; and had short-term memory and memory/recall difficulties. R2 was not identified at risk of falls.

The 12/20/24 combined NSA/HCP identified facility staff would provide assistance with bathing; management of medications and

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S3092	Continued From page 3	S3092		

treatments; cueing and coaching to complete activities for cognition. Falls were not addressed on the NSA/HCP.

Review of fall "Root Cause Analysis" forms for R2 revealed she sustained a fall on 11/09/24 while hanging clothes on door with no identified intervention to prevent further falls. On 01/22/25 R2 fell while putting clothes on bed with no intervention to prevent further falls.

On 02/06/24 at 01:05 PM Administrative Nurse C confirmed the NSA/HSP was not completed upon change in condition and lacked fall interventions to prevent further falls.

- Record review for R3 revealed an admission date of 06/12/23 with diagnoses including atrial fibrillation, hypothyroidism, repeated falls, weakness, and diabetes mellitus.

The 12/02/24 (most recent) FCS identified R3 required physical assistance with management of medications and treatments; supervision with bathing and toileting; was independent with dressing, transferring and walking/mobility; was occasionally incontinent of bladder; and was marked as at risk for falls.

The 12/02/24 combined NSA/HCP identified facility staff would provide assistance with management of medications and treatments; standby assistance with bathing; R3 was independent with toileting, dressing, and walking/mobility. Staff would identify and monitor for fall risks.

Review of "Root Cause Analysis" forms for R3

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S3092	Continued From page 4 revealed she sustained a fall on 12/29/24 with an intervention to place a non-skid mat in bathroom. On 02/06/24 at 01:05 PM Administrative Nurse C confirmed the NSA/HSP was not completed upon change in condition and lacked fall interventions to prevent further falls. The operator failed to ensure facility staff completed a Negotiated Service Agreement based on residents' Functional Capacity Screen, service needs, and preferences for R1, R2, and R3 with a change in condition.	S3092		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The facility reported a census of 32 residents.	S3211		

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S3211	Continued From page 5 Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of nine over the counter (OTC) medications in the medication carts. Findings included: - Observation on 02/05/25 at 12:01 PM revealed the second-floor medication cart contained the following OTC medications were not labeled with residents' full names: One bottle ibuprofen 200 milligrams, 500 tablets Two bottles acetaminophen 500 milligrams, 100 tablets One bottle vitamin c 500 milligrams, 100 tablets One bottle ferrous sulfate 325 milligrams, 100 tablets One bottle Senna plus 100 tablets On 02/05/25 at approximately 12:06 PM Administrative Staff B confirmed the OTC medications were not labeled with residents' full names. - Observation on 02/05/25 at 12:20 PM revealed the first-floor medication cart contained the following OTC medications were not labeled with residents' full names: One bottle docusate sodium 100 milligrams, 100 tablets One bottle aspirin 81 milligrams, 150 tablets One bottle vitamin d3 2000 international units, 220 softgels On 02/05/25 at approximately 12:28 PM	S3211		

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S3211	Continued From page 6 Administrative Staff B confirmed the OTC medications were not labeled with resident's full names. The facility's "Labeling of Medication Containers" policy last approved 01/2022 states over-the-counter medications shall include all necessary information including the resident's name. The operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of nine OTC medications.	S3211		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.	S3298		

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S3298	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 32 residents. The facility had a main kitchen where food was served. Based on interview and record review, the operator failed to ensure food was served at the proper temperature. Findings included: - Food temperature logs were requested on 02/05/25 at 12:18 PM. Review of the food temperature logs received by email from Administrative Staff B for the month of January 2025 revealed food temperatures were not recorded for one out of thirty-one lunch meals, and twelve out of thirty-one dinner meals. On 02/06/25 at approximately 01:42 PM Administrative Staff B stated the dietary manager monitors the food temperature logs and confirmed the food temperature logs were not completed. The Kansas Department of Agriculture's "Focus on Food Safety" booklet page 20 documented "minimum hot holding temperature is 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F." The facility's "Food Temperature Monitoring and Documentation " policy dated 01/2019 documented "food temperatures should be obtained before the start of meal service by the Nutrition Services associate and recorded on the	S3298		

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S3298	Continued From page 8 Daily Meal Temperature Form." The operator failed to ensure food was served at the proper temperature.	S3298		