STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175221	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/03/2026

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

(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) COMPLETION DATE
F0000	INITIAL COMMENTS The following citations represent the findings of complaint investigation 3072244. The census was 45. The sample included 3 residents.	F0000		
F0600 SS = D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by: Based on record review, interview, and observation, the facility failed to ensure Resident (R) 1, who was dependent on staff for activities of daily living (ADLs) remained free from staff-to-resident abuse. Findings included: - R1's Electronic Medical Record (EMR) documented R1 had diagnoses of multiple sites of muscle wasting and atrophy (wasting or decrease in size of a part of the body), epilepsy (brain disorder characterized by repeated seizures), hypotension (low blood pressure), and anxiety. The "Quarterly Minimum Data Set (MDS)," dated 06/30/2026, documented R1 had a Brief Interview for	F0600	"Past Noncompliance - no plan of correction required"	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0600 SS = D	Continued from page 1 Mental Status (BIMS) score of 15, which indicated intact cognition. The MDS documented R1 had physical impairment on both sides of her lower extremities and was dependent on staff for most of her ADLs. The MDS lacked any documentation that R1 took anticoagulant (a class of medications used to prevent the blood from clotting) medication but did document that R1 took antiplatelet (a class of medication used to stop blood cells from sticking together) medication. The “Functional Abilities Care Area Assessment (CAA),” dated 10/25/2026, documented R1 had a history of muscle wasting, skin issues, and impaired mobility. The CAA documented staff would assist R1 to the extent necessary to complete tasks. The “Care Plan,” initiated 10/17/2026, documented R1 required maximum assistance from staff for bathing and dressing, was dependent on staff for personal hygiene, and required the assistance of two staff for transfer with a mechanical lift. The care plan documented R1 required the assistance of one staff for bed mobility. The “Skin Evaluation Note,” dated 07/06/2026, documented R1 had current skin issues. R1 had bruising to her left forearm which measured 3.5 centimeters (cm) by 3.5 cm, and 2.25 cm by 2.25 cm. R1 had bruising to her left elbow which measured 1 cm by 1 cm and another bruise on the left elbow which measured 1 cm by 1 cm. The note documented that R1’s left wrist on the ulnar side had swelling. The “Social Services Progress Note,” dated 07/07/2026, documented Social Services Staff X met with R1 for a psychosocial follow-up regarding the allegation of abuse involving a staff member. R1 reported she was doing well. R1 reported she felt safe in the facility and denied any feelings of fear, distress, or concerns related to the incident. The “Nursing Progress Note,” dated 07/08/2026, documented a bruise to her left forearm. The “Social Services Progress Note,” dated 07/10/2026, documented R1 had elected to pursue criminal charges against Certified Nurse Aide (CNA) M regarding the alleged incident. Social Services Staff X continued to monitor and provide support to R1 as needed. The “Facility Incident Report,” dated 07/09/2026, documented on 07/06/2026 at approximately 08:00 PM, documented that Licensed Nurse (LN) G assisted	F0600		

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F0600 SS = D	Continued from page 2 R1 with care and noted several bruises to R1's left forearm which measured 3.5 cm by 3.5 cm, 2.25 cm by 2.25 cm, and 1cm by 1cm. LN G asked R1 where the bruises came from, and R1 stated the night before she received care from CNA M and CNA N. CNA N stepped out of the room and left CNA M to finish cares. R1 stated she tried to redirect CNA M regarding her care, and CNA M stated, "I know what I am doing." R1 stated CNA M proceeded to grab her left arm, turn her, and pull her up. R1 stated she told CNA M that it hurt, and CNA M stated, "That did not hurt. I did not hurt you. I know you hate me," and left the room. R1 stated she did not report this at the time of the incident because she did not want to make a big deal of it. The incident report documented that no staff could recall CNA M being alone in the room with R1, that no staff recalled witnessing any abuse by CNA M or other staff, and that CNA M stated the only time she was in the room alone with R1 was when she gave R1's roommate water. The facility terminated CNA M after several write-ups in her file for attendance and other non-care-related issues, and the facility felt CNA M did not uphold the organization's values. On 08/03/2026 at 10:00 AM, R1 sat in a wheelchair in the hallway. She had a pressure-relieving boot on her left foot and looked at her phone in her lap. On 08/03/2026 at 10:05 AM, R1 stated CNA M and CNA N had come in to get her up in the lift and put her to bed the night she obtained the bruises to her left arm. R1 showed her left arm and said, "They are all healed now." R1 said CNA N left the room and left her alone with CNA M. CNA M grabbed her left arm, and since her skin was so loose, her skin rolled when CNA M grabbed her and moved her while in bed. R1 stated she told CNA M what she had done had hurt, and CNA M told her she had not hurt her. R1 stated she had not reported it because she did not want to make a big deal out of it, but after talking to her family, she realized if she did not do anything, CNA M could get away with what she had done and do it to someone else, so she decided to press criminal charges. R1 stated she felt safe at the facility, and since CNA M was gone, she had nothing bad to report about any staff. On 08/03/2026 at 01:00 PM, Administrative Staff A stated there was no proof that any abuse had happened. Administrative Staff A stated R1 was easily bruised from medication. Administrative Staff A stated CNA M was terminated after the incident, but not because of the alleged incident but because of a general attitude.	F0600		

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F0600 SS = D	Continued from page 3 The facility's "Abuse Policy," revised August 2024, documented all allegations of abuse including physical, mental, emotional, verbal, and/or sexual abuse, neglect, exploitation, misappropriation of resident property, mistreatment, and/or injuries of unknown source and any reasonable suspicion of a crime shall be promptly reported to local, state, and federal agencies and thoroughly shall be investigated by facility management. The administrator will ensure that any further potential abuse or mistreatment is prevented.	F0600		