STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

(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 a licensure resurvey for the above named facility conducted on 03/07/23, 03/08/23, and 03/09/23.	S 000		
S3080 SS=E	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The facility reported a census of 57 residents(R). The sample included three residents. Based on interview and record review the administrator failed to ensure three (R3, R4, R5) of three sampled residents had a "Functional Capacity Screen" completed by designated staff on or before admission to the assisted living facility to determine the resident's functional capacity.	S3080		

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

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S3080	Continued From page 1 Findings included: - Review of R3's "Electronic Medical Record" (EMR) revealed he moved into the facility on 01/30/23 with diagnoses of diabetes and congestive heart failure. R3's EMR included an admission "Functional Capacity Screen" (FCS) that was created on 02/01/23, the day after admission into the facility. On 03/8/23 at 4:49 PM Administrative Licensed Nurse B reported she goes out before the resident moves in and does an admission assessment on paper. After the resident has been here for 24 hours, she goes over it again with the nurses to see if it is still accurate or if change needed to be made. Administrative Licensed Nurse B stated she thought they had 24 hours to do them. The administrator failed to ensure designated staff completed an admission Functional Capacity Screen for R3, on or before admission to the facility. - Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 08/02/22 with diagnoses of amyotrophic lateral sclerosis (ALS - a progressive nervous system disease), hypothyroidism, restless legs syndrome, and depression. R4's EMR included an admission "Functional Capacity Screen" created on 08/03/22, the day after admission. On 03/8/23 at 4:49 PM Administrative Licensed	S3080		

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S3080	Continued From page 2	S3080		

Nurse B reported she goes out before the resident moves in and does an admission assessment on paper. After the resident has been here for 24 hours, she goes over it again with the nurses to see if it is still accurate or if change needed to be made. Administrative Licensed Nurse B stated she thought they had 24 hours to do them.

The administrator failed to ensure designated staff completed an admission Functional Capacity Screen for R4, on or before admission to the facility.

- Review of R5's "Electronic Medical Record" (EMR) revealed he moved into the facility on 09/01/21 with diagnoses of coronary artery disease and Alzheimer's dementia.

The EMR included an admission "Functional Capacity Screen" created on 09/02/21, the day after admission into the facility.

On 03/8/23 at 4:49 PM Administrative Licensed Nurse B reported she goes out before the resident moves in and does an admission assessment on paper. After the resident has been here for 24 hours, she goes over it again with the nurses to see if it is still accurate or if change needed to be made. Administrative Licensed Nurse B stated she thought they had 24 hours to do them.

Review of the "Evaluation Process" policy last approved on 11/21 revealed the evaluation for functional, medical, and psychocial needs will be completed prior to or upon move-in to the facility.

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S3080	Continued From page 3 The administrator failed to ensure designated staff completed an admission Functional Capacity Screen for R5, on or before admission to the facility.	S3080		
S3081 SS=E	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: KAR 26-41-201 (c)(2) The facility reported a census of 57 residents (R). The sample included three residents. Based on observation, interview and record review the administrator failed to ensure staff completed a "Functional Capacity Screen" for three (R3, R4, R5) of three sampled residents who experienced a significant change in condition. Findings Included: - Review of R3's "Electronic Medical Record" (EMR) revealed he moved into the facility on 01/30/23 with diagnoses of diabetes and congestive heart failure.	S3081		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3081	Continued From page 4 R3's "Functional Capacity Screen" (FCS) created on 03/08/23 back dated 02/28/23 revealed the resident needed physical assistance of staff with bathing, supervision with transfers, walking/mobility and independent with dressing. Review of R3's "Interdisciplinary notes" revealed the following: The resident had falls on 02/04/23, 02/12/23 and two falls on 02/13/23. There were no injuries identified with these falls. On 02/15/23 and 02/16/23 The resident called for assistance with transfers and staff noted the resident being unstable and having a hard time standing and transferring. On 02/16/23 R3 went to local hospital for a treatment to open clogged arteries and returned on 02/28/23. On 02/28/23 the resident returned to Assisted Living with an order for physical and occupational therapy to evaluate and treat. On 02/28/23 physical therapy worked with the resident and his gait is still not good. Staff educated R3 not to get up without help. He needs two staff to assist with transfers. On 03/23/23 R3 called for assistance and 12:30 AM and two staff needed to assist the resident to the restroom. On 03/08/23 staff noted the resident had difficulty standing up and transferring even with the help of two staff. On 03/07/23 at 03:01 PM R3 sat in his wheelchair in his room. He reported the staff helped him with showers and getting in and out of the wheelchair into his recliner.	S3081		

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S3081	Continued From page 5 On 03/07/23 at 02:02 PM Certified Medication Aide (CMA) D reported R3 required assistance of one staff with dressing, transfers with a gait belt and uses his walker, we transfer him to the toilet and to the wheelchair. Staff also help him with showers. One person can do it but when he is ready to get out of the shower, we have two with him just for safety. On 03/09/23 at 08:41AM CMA D reported staff help R3 with transfers and push him to and from meals and activities in his wheelchair. On 03/08/23 at 02:44 PM Administrative Licensed Nurse B acknowledged the resident had a significant change in condition when he returned from the hospital and needed to have a new FCS completed upon return to identify the change in condition. Review of the "Evaluation Process" policy last approved on 11/21 revealed the evaluation for functional, medical, and psychocial needs will be completed as soon as possible following a significant change in the resident's condition. The administrator failed to ensure designated staff completed a FCS for R3 when he returned from the hospital having a significant change in condition. - Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 08/02/22 with diagnoses of amyotrophic lateral sclerosis (ALS - a progressive nervous system disease), hypothyroidism, restless legs syndrome, and depression.	S3081		

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S3081	Continued From page 6	S3081		

R4's "Functional Capacity Screen" (FCS) dated 01/30/23 identified the resident needed supervision with eating.

R4's "Interdisciplinary Notes" revealed on 12/09/22 R4 returned to the facility post peg tube (feeding tube) insertion.

A physician's order dated 02/22/23 identified an order for Jevity (a type of nutritional supplement) through R4's feeding tube three times per day.

Review of the February and the March 2023 "Medication Administration Record" identified staff administered the resident's nutritional via her feeding tube as well as she self-administered her feeding.

On 03/09/23 at 09:24 AM Administrative Licensed Nurse B acknowledged a new FCS should have been completed when the residents started getting the nutritional supplements through her feeding tube.

Review of the "Evaluation Process" policy last approved on 11/21 revealed the evaluation for functional, medical, and psychocial needs will be completed as soon as possible following a significant change in the resident's condition.

The administrator failed to ensure designated staff completed a FCS for R4 when the physician initiated nutritional supplementation three times a day through the residents feeding tube.

- Review of R5's "Electronic Medical Record" (EMR) revealed he moved into the facility on 09/01/21 with diagnoses of coronary artery

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3081	Continued From page 7	S3081		

disease and Alzheimer's dementia.

Review of R5's EMR on 03/07/23 revealed the most current "Functional Capacity Screen dated 08/26/22 identified the resident was independent with toileting, transfers, walking/mobility and needed supervision with dressing. It also identified the residents used a walker and had a prosthesis her used.

Review of R5's "Interdisciplinary Notes" revealed the following:
On 01/30/23 the resident had a fall in his apartment and went to local hospital via emergency management system for further evaluation.
On 01/30/23 R5's daughter called and stated he broke his ankle and would have surgery in the morning.
On 02/02/23 R5's (per skilled note) - "resident is NWB (non weight bearing) to RLE (right lower extremity) for six weeks."
On 02/21/23 resident returned to assisted living in wheelchair.
On 02/22/23 resident seemed to get confused easily and required assistance of two staff this morning.

Observation on 03/07/23 at 03:09 PM Certified Medication Aide (CMA) H was in with the resident and helping him to transfer from the wheelchair to his recliner. When surveyor arrived, the resident was already standing up holding onto his walker getting ready to sit down on the chair. He had ahold of his walker moved his left foot a little more to get directly in front of the recliner while holding his right foot up off the floor. He then reached down for the recliner and

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S3081	Continued From page 8	S3081		

sat in the chair. CMA H held onto the resident's walker during this process.

On 03/07/23 at 03:11 PM the resident stated staff helped him with transfers, in and out of the wheelchair and help him to the restroom and help with showers.

On 03/07/23 at 02:02 PM, CMA F reported R5 used the wheelchair for going places and needed one person to transfer him in and out of the wheelchair because he is no weight bearing on his right leg. Staff stated he is currently working with physical therapy as he used to walk with his walker before he broke his ankle.

On 03/09/23 at 09:41 AM, CMA D reported staff had to help R5 with getting dressed now and had to help with all transfers since he is no weight bearing.

On 03/09/23 at 09:15 AM, Administrative Licensed Nurse B acknowledged the resident should have had a new FCS completed when he returned from the skilled care after having fractured his ankle and having a significant change in status.

Review of the "Evaluation Process" policy last approved on 11/21 revealed the evaluation for functional, medical, and psychocial needs will be completed as soon as possible following a significant change in the resident's condition.

The administrator failed to ensure designated staff completed a FCS for R5 when he returned from skilled care on therapy services and having a significant change in condition.

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S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(1)(2)(3) The facility reported a census of 57 residents (R). The sample included three residents. Based on observation, record review and interview, the administrator failed to ensure designated staff completed the "Negotiated Service Agreement" for one (R4) of three sampled residents based on the resident's "Functional Capacity Screen" and service needs, which included a description of the services the resident received and the provider of each service related to R4 having a feeding tube.	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3085	Continued From page 10	S3085		

Findings included:

- Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 08/02/22 with diagnoses of amyotrophic lateral sclerosis (ALS - a progressive nervous system disease), hypothyroidism, restless legs syndrome, and depression.

R4's "Functional Capacity Screen dated 01/30/23 revealed the resident needed supervision with eating. It also identified the resident had a feeding tube in anticipated advancement of ALS and affecting her ability to swallow.

R4's "Negotiated Service Agreement/Service Plan" (NSA/SP) dated 01/30/23 failed to include services related to services for care of the resident's feeding tube.

R4's EMR included an Interdisciplinary note dated 12/09/22 that the resident had a feeding tube inserted into her stomach.

Review of the December 2022 "Medication Administration Record" included documentation that staff changed the feeding tube dressing and to flushed it starting on 12/09/22.

On 03/07/23 at 03:33 PM R4 sat in her recliner crocheting and watching TV. She stated she has ALS and is getting weaker, and her voice is changing. She stated she tried to take good care of the feeding tube and lifted her shirt to reveal the feeding tube and insertion site. The insertion site had no irritation or redness.

On 03/09/23 at 09:22 AM Administrative

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	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3085	Continued From page 11 Licensed Nurse B acknowledged the NSA/SP should have included that she had a feeding tube and services related to it. The administrator failed to ensure designated staff developed an NSA/SP based on the resident's FCS and service needs.	S3085		
S3090 SS=E	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c) The facility reported a census of 57 residents(R). The sample included three residents. Based on interview and record review the administrator failed to ensure three (R3, R4 and R5) of three sampled residents had an initial "Negotiated Service Agreement" completed at admission. Findings included: - Review of R3's "Electronic Medical Record" (EMR) revealed he moved into the facility on 01/30/23 with diagnoses of diabetes and congestive heart failure. On 03/07/23 at 01:10 PM Administrative Licensed Nurse B reported the Negotiated	S3090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3090	Continued From page 12 Service Agreement and Service Plan were one document. R3's EMR included a "Negotiated Service Agreement/Service Plan" created on 02/01/23, the day after admission to the facility. On 03/08/23 at 04:49 PM Administrative Licensed Nurse B reported she goes out before the resident moves in and does an admission assessment on paper. After the resident has been here for 24 hours, she goes over it again with the nurses to see if it is still accurate or if change needed to be made. Administrative Licensed Nurse B stated she thought they had 24 hours to complete the Negotiated Service Agreement. . Review of the "Service Agreement/Service Plan" policy last approved on 06/22 revealed the NSA/SP should be developed prior to move-in or at admission. The administrator failed to ensure designated staff completed an initial negotiated service agreeent for R3, at admission to the facility. - Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 08/02/22 with diagnoses of amyotrophic lateral sclerosis (ALS - a progressive nervous system disease), hypothyroidism, restless legs syndrome, and depression. On 03/07/23 at 01:10 PM Administrative Licensed Nurse B reported the Negotiated Service Agreement and Service Plan were one document.	S3090		

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S3090	Continued From page 13 R4's EMR included a "Negotiated Service Agreement/Service Plan" created on 08/05/22, three days after admission to the facility. On 03/08/23 at 04:49 PM Administrative Licensed Nurse B reported she goes out before the resident moves in and does an admission assessment on paper. After the resident has been here for 24 hours, she goes over it again with the nurses to see if it is still accurate or if change needed to be made. Administrative Licensed Nurse B stated she thought they had 24 hours to complete the Negotiated Service Agreement. Review of the "Service Agreement/Service Plan" policy last approved on 06/22 revealed the NSA/SP should be developed prior to move-in or at admission. The administrator failed to ensure designated staff completed an initial negotiated service agreement for R4, at admission to the facility. - Review of R5's "Electronic Medical Record" (EMR) revealed he moved into the facility on 09/01/21 with diagnoses of coronary artery disease and Alzheimer's dementia. On 03/07/23 at 01:10 PM Administrative Licensed Nurse B reported the Negotiated Service Agreement and Service Plan were one document. R5's EMR included a "Negotiated Service Agreement/Service Plan" created on 09/02/22, the day after admission to the facility.	S3090		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

(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
S3090	Continued From page 14 On 03/08/23 at 04:49 PM Administrative Licensed Nurse B reported she goes out before the resident moves in and does an admission assessment on paper. After the resident has been here for 24 hours, she goes over it again with the nurses to see if it is still accurate or if change needed to be made. Administrative Licensed Nurse B stated she thought they had 24 hours to complete the Negotiated Service Agreement. Review of the "Service Agreement/Service Plan" policy last approved on 06/22 revealed the NSA/SP should be developed prior to move-in or at admission. The administrator failed to ensure designated staff completed an initial negotiated service agreement for R5, at admission to the facility.	S3090		
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	S3092		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3092	Continued From page 15 family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d)(1)(2) The facility reported a census of 57 residents (R). The sample included three residents. Based on observation, interview, and record review the administrator failed to ensure staff reviewed and revised the "Negotiated Service Agreement/Service Plan" if necessary, for three (R3, R4, and R5) of three sampled residents who experienced a significant change in status related to increased need for assistance with daily health care services. Findings included: - Review of R3's "Electronic Medical Record" (EMR) revealed he moved into the facility on 01/30/23 with diagnoses of diabetes and congestive heart failure. R3's "Functional Capacity Screen" (FCS) created on 03/08/23 and back dated 02/28/23 revealed the resident needed physical assistance of staff with bathing, supervision with transfers, walking/mobility and independent with dressing. R3's "Negotiated Service Agreement/Service Plan" (NSA/SP) created on 03/08/23 and back dated 02/28/23. The record lacked a NSA/SP completed upon return from local hospital and skilled nursing stay when the resident required increased assistance with all transfers, the need for staff to escort resident to and from meals and	S3092		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3092	Continued From page 16	S3092		

activities using his wheelchair, services related to falls, and that he received physical therapy services from an outside resource.

Review of R3's "Interdisciplinary notes" revealed the following:
The resident had falls on 02/04/23, 02/12/23 and two falls on 02/13/23. There were no injuries identified with these falls.
On 02/15/23 and 02/16/23 The resident called for assistance with transfers and staff noted the resident being unstable and having a hard time standing and transferring.
On 02/16/23 R3 went to local hospital for a treatment to open clogged arteries and returned on 02/28/23.
On 02/28/23 the resident returned to Assisted Living with an order for physical and occupational therapy to evaluate and treat.
On 02/28/23 physical therapy worked with the resident and his gait is still not good. Staff educated R3 not to get up without help. He needs two staff to assist with transfers.
On 03/23/23 R3 called for assistance and 12:30 AM and two staff needed to assist the resident to the restroom.
On 03/08/23 staff noted the resident had difficulty standing up and transferring even with the help of two staff.

On 03/07/23 at 03:01 PM R3 sat in his wheelchair in his room. He reported the staff helped him with showers and getting in and out of the wheelchair into his recliner.

On 03/07/23 at 2:02 PM Certified Medication Aide (CMA) D reported R3 required assistance of one staff with dressing, transfers with a gait belt

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3092	Continued From page 17	S3092		

and uses his walker, we transfer him to the toilet and to the wheelchair. Staff also help him with showers. One person can do it but when he is ready to get out of the shower, we have two with him just for safety.

On 03/09/23 at 08:41AM CMA D reported staff help R3 with transfers and push him to and from meals and activities in his wheelchair.

On 03/08/23 at 02:44 PM Administrative Licensed Nurse B acknowledged the resident had a significant change in condition when he returned from the hospital and needed to have a new NSA/SP completed upon return to identify the change in condition.

Review of the "Amended Servuce Agreement" policy last approved on 11/21 revealed an "Amended Negotiated Service Agreement" will be implemented when the resident's needs change due to a change in condition, when the resident requests a change in services, or when the provider of a particular service changes.

The administrator failed to ensure designated staff reviewed and revised R3's NSA/SP when he returned from the hospital having a significant change in condition.

- Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 08/02/22 with diagnoses of amyotrophic lateral sclerosis (ALS - a progressive nervous system disease), hypothyroidism, restless legs syndrome, and depression.

R4's "Functional Capacity Screen dated 01/30/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3092	Continued From page 18	S3092		

revealed the resident needed supervision with eating. It also identified the resident had a feeding tube in anticipated advancement of ALS and affecting her ability to swallow.

R4's "Negotiated Service Agreement/Service Plan" (NSA/SP)dated 01/30/23 lacked services related to care of the resident's feeding tube.

Review of R4's February and March "Medication Administration Record" revealed that facility staff administered the residents nutritional tube feedings and the resident also self administered some of them.

On 03/08/23 at 11:40 AM the resident reported the nurses do the tube feeding in the mornings and family does it for me at noon and evening. Family was in the room and nodded in agreement.

On 03/08/23 at 11:48 AM CMA I reported sometimes the resident or her family will administer the nutritional supplement feedings and sometimes facility staff do it. CMA I stated she (staff) administered the feeding this morning. She also reported there were times when the family could not be in the facility in the evening, so staff do it on those days as well.

On 03/09/23 at 09:22 AM Administrative Licensed Nurse B acknowledged the NSA/SP had not been revised to include that the resident self-administered her nutritional supplement or family would administer it when they could.

Review of the "Amended Servuce Agreement" policy last approved on 11/21 revealed an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3092	Continued From page 19 "Amended Negotiated Service Agreement" will be implemented when the resident's needs change due to a change in condition, when the resident requests a change in services, or when the provider of a particular service changes. The administrator failed to ensure designated staff reviewed and revised R4's NSA/SP to identify services related to administration of nutritional supplementation through her feeding tube. - Review of R5's "Electronic Medical Record" (EMR) revealed he moved into the facility on 09/01/21 with diagnoses of coronary artery disease and Alzheimer's dementia. Review of R5's EMR on 03/07/23 revealed the most current "Functional Capacity Screen dated 08/26/22 identified the resident was independent with toileting, transfers, walking/mobility and needed supervision with dressing. It also identified the residents used a walker and had a prosthesis her used. Review of R5's most current "Negotiated Service Agreement/Service Plan" dated 08/06/22 revealed the resident needed supervision with dressing, independent with toileting, transfers, and mobility. The record lacked a NSA/SP completed upon return from local hospital and skilled nursing stay when the resident required increased assistance with dressing, all transfers, toileting, the need for staff to escort resident to and from meals and activities using his wheelchair, and that he received physical therapy services from an outside resource.	S3092		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3092	Continued From page 20	S3092		

Observation on 03/07/23 at 03:09 PM Certified Medication Aide (CMA) H was in with the resident and helping him to transfer from the wheelchair to his recliner. When surveyor arrived, the resident was already standing up holding onto his walker getting ready to sit down on the chair. He had ahold of his walker moved his left foot a little more to get directly in front of the recliner while holding his right foot up off the floor. He then reached down for the recliner and sat in the chair. CMA H held onto the resident's walker during this process.

On 03/07/23 at 02:02 PM, CMA F reported R5 used the wheelchair for going placed and needed one person to transfer him in and out of the wheelchair because he is no weight bearing on his right leg. Staff stated he is currently working with physical therapy as he used to walk with his walker before he broke his ankle.

On 03/09/23 at 09:41 AM, CMA D reported staff had to help R5 with getting dressed now and had to help with all transfers since he is no weight bearing.

On 03/09/23 at 09:15 AM, Administrative Licensed Nurse B acknowledged the resident should have had a new NSA/SP completed when he returned from the skilled care after having fractured his ankle and having a significant change in status.

Review of the "Amended Servuce Agreement" policy last approved on 11/21 revealed an "Amended Negotiated Service Agreement" will be implemented when the resident's needs change due to a change in condition, when the resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3092	Continued From page 21 requests a change in services, or when the provider of a particular service changes. The administrator failed to ensure designated staff reviewed and revised R4's NSA when he returned from skilled services and required increased assistance with daily health care services.	S3092		
S3166 SS=D	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR-26-41-204 (e) The facility reported a census of 57 residents. Based on interview and record review of four Certified Medication Aides (CMA) employee records, revealed the administrator failed to ensure the delegation of the nursing procedure of providing nutritional supplement through a feeding tube (tube for introducing high calorie fluids into the stomach) to four of four CMA's according to the Kansas nurse practice act, K.S.A.65-1124 and amendments thereto. Findings included:	S3166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

(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
S3166	Continued From page 22	S3166		

- Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 08/02/22 with diagnoses of amyotrophic lateral sclerosis (ALS - a progressive nervous system disease), hypothyroidism, restless legs syndrome, and depression.

R4's current "Functional Capacity Screen" (FCS) dated 01/30/23 identified the resident required supervision with eating meals. This FCS was completed prior to the resident's use of her feeding tube.

R4's current "Negotiated Service Agreement/Service Plan" dated 01/30/23, lacked any mention of the resident having a feeding tube for nutritional supplementation.

Review of the resident's record included a physician's order dated 02/22/23 for Jevity (liquid supplement) 1.5 cal. liquid give one can through feeding tube three times a day and provide 50 milliliters of water before and after each can.

Review of R4's February 2023 "Medication Administration Record" (MAR), revealed the following:
Certified Medication Aide (CMA) D administered the resident her tube feeding one time.
CMA G administered the residents tube feeding eight times.
CMA H administered the residents tube feeding five times.

Review of the March 2023 MAR revealed the following:
CMA G administered the resident her tube feeding six times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3166	Continued From page 23 CMA I administered the resident her tube feeding once. Review of the CMA "Observation of Medication Administration Competency" papers provided by Administrative Licensed Nurse on 03/08/23 a section regarding proper tube feeding technique demonstrated: Feeding tube checked for replacement Tube flushed before and after medication administration Medications administered completely and accurately Medications not forcibly pushed through tube. The competency failed to include standards of practice for administration of nutritional supplement through a feeding tube such as, gathering supplies prior to, washing hands thoroughly, elevating the head of bed or have resident sitting in upright position if able, how much to flush before and after with for specific to this residents' orders. It also included for the CMA to check for placement of the feeding tube which is an assessment and according to the Kansas Nurse Practice Act a CMA cannot "assess". On 03/08/23 at 01:55 PM Administrative Licensed Nurse B stated the facility had not developed a check off /competency specifically for nutritional supplementation through a peg tube. On 03/08/23 at 04:06 PM Administrative Licensed Nurse B reported providing the nutritional supplement via feeding tube would have been something that the License Nurse	S3166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3166	Continued From page 24 delegated to the CMA and had to ensure staff are able to complete the task properly. Review of the Kansas Department on Aging Delegation of Nursing Tasks to Medication Aides and Nurse Aides Position Statement dated 06/02/2009 revealed: Delegation of nursing tasks (beyond tasks identified in state approved curriculums) to designated medication aides and nurse aides in adult care homes shall comply with the following: (c) Specialized nursing tasks such as, but not limited to, catheterization, ostomy care, and administration tube feedings, care of skin with damaged integrity, shall be assessed and delegated as appropriate. (d) The selected nursing task shall not require the designated nurse aide or medication aide to exercise nursing judgment or intervention such as assessment. (f) The designated nurse aide or medication aide to whom the nursing task is delegated shall be adequately identified by name, in writing, for each delegated task. (g) The licensed nurse shall orient and instruct the nurse aide or medication aide in the performance of the nursing task. The nurse aide's or medication aide's demonstration of the competency necessary to perform the delegated task shall be documented in writing. The designated nurse aide or medication aide shall co-sign the documentation indicating the person's concurrence with this competency evaluation... Documentation related to the delegation of nursing tasks must be found in the resident's plan of care or individual program plan and in the personnel file of the designated nurse aide or	S3166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

(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
S3166	Continued From page 25 medication aide. The administrator failed to ensure the delegation of the nursing procedure of nutritional supplementation via feeding tube to CMAs who administered the supplementation according to the Kansas nurse practice act, K.S.A.65-1124 and amendments thereto.	S3166		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 57 residents. The sample included three residents. Based on	S3175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3175	Continued From page 26	S3175		

interview and record review the administrator failed to ensure designated staff completed a medication self-administration assessment for one (R4) of three sampled residents prior to their self-administration of medications.

Findings included:

- Review of R4's "Electronic Medical Record" (EMR) on 03/07/23 revealed she moved into the facility on 08/02/22 with diagnoses of amyotrophic lateral sclerosis (ALS - a progressive nervous system disease), hypothyroidism, restless legs syndrome, and depression.

R4's "Functional Capacity Screen dated 01/30/23 revealed the resident was unable to manage her medications and medical treatments.

R4's "Negotiated Service Agreement/Service Plan" (NSA/SP) dated 01/30/23 identified staff administer the residents medications and completed her blood sugars.

The EMR included a "Self-Administration Medication Evaluation" dated 01/25/23 that identified the resident self administered Relyviro. The record lacked a self-administration assessment for administering Neosporin topically to feeding tube insertion site, Imodium as needed for loose stool, and self-administration of nutritional supplemental tube feeding.

On 03/08/23 at 11: 40 AM the resident reported the nurses do the tube feeding in the mornings and family does it for me at noon and evening. Family was in the room and nodded in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3175	Continued From page 27	S3175		

agreement. She also stated that she had some Neosporin she puts on her skin where the tube goes in and has some Imodium she can take if needed.

On 03//07/23 at 01:59 PM Certified Medication Aide (CMA) I reported staff give the resident her medications, but she does have some Imodium in her room that she can take herself.

On 03/08/23 at 11:48 AM CMA I reported sometimes the resident, or her family will administer the nutritional supplement feedings and sometimes facility staff do it. CMA I stated she (staff) administered the feeding this morning. She also reported there were times when the family could not be in the facility in the evening, so staff do it on those days as well.

On 03/09/23 at 09:20 AM Administrative Licensed Nurse B acknowledged the resident should have a self-administration assessment completed for all of her medication that she did her self and one if she was doing her nutritional supplement feedings herself to ensure that she could accurately and safely administer the feeding.

Review of the "Self-Administration of Medication" policy last approved on 02/22 revealed the nurse will assess each resident's mental and physical abilities, to determine whether self-administering medications is clinically appropriate for the resident.

The administrator failed to ensure designated staff completed a resident self-administration medication assessment prior to R4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3175	Continued From page 28 self-administering Imodium, Neosporin, and nutritional supplemental feedings.	S3175		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (b) The facility reported a census of 57 residents(R). The sample included three residents. Based on record review and interview the administrator failed to ensure two (R3 and R4) of three sampled residents who self-administered some of their medications/medical treatments had a Negotiated Service Agreement that identified the responsible person for the administration and management of selected medications/treatments. Findings included: - R3's "Functional Capacity Screen" (FCS) created on 03/08/23 and back dated 02/28/23	S3186		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3186	Continued From page 29	S3186		

revealed the resident could not manage his medications or medical treatments.

R3's "Negotiated Service Agreement/Service Plan" (NSA/SP) created on 03/08/23 and back dated 02/28/23 identified certified medication aide and licensed nurse would administer the resident's medications and assist with special medications and treatments. It also identified the Certified Medication Aide and Certified Nurse Aide will monitor blood sugars. The NSA/SP failed to identify that the CMA prepared and dialed the resident's insulin pen to the ordered dosage and then the resident self-injected the insulin pen.

Observation on 03/07/23 at 07:49 PM Certified Medication Aide H prepared R3's Levemir insulin pen and dialed it to nine units. She stated the CMAs always dial the pen to the correct dosage because he doesn't see that well, and then he will inject the pen. CMA H handed the resident an alcohol wipe and he wiped the right side of his abdomen. She then handed him the pen and he self injected the nine units where he had cleaned with the alcohol wipe. R3 handed her back the pen and CMA H discarded the needle properly and put the pen back in storage container.

On 03/08/23 at 02:51 PM Administrative Licensed Nurse B acknowledged the NSA/SP did not include resident self-injection of his insulin pen. She reported it did not include the CMA preparing and dialing the insulin pen because the resident was supposed to be doing all the self-administration related to his insulin, including putting a needle on and dialing his insulin pen to the ordered dosage.

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	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

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VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3186	Continued From page 30 The operator failed to ensure R3's Negotiated Service Agreement identified that the resident self injected his insulin pen and who needed to prepare the pen for self injection. - Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 08/02/22 with diagnoses of amyotrophic lateral sclerosis (ALS - a progressive nervous system disease), hypothyroidism, restless legs syndrome, and depression. R4's "Functional Capacity Screen dated 01/30/23 revealed the resident needed supervision with eating. It also identified the resident had a feeding tube in anticipated advancement of ALS and affecting her ability to swallow. R4's "Negotiated Service Agreement/Service Plan" (NSA/SP) dated 01/30/23 failed to identify the resident kept Neosporin in her room and applied it to the feeding tube insertion site and change her own dressing. It also failed to identify that she was self-administering her nystatin powder. R4's EMR included an Interdisciplinary note dated 12/09/22 that the resident had a feeding tube inserted into her stomach. Review of R4's "Medication Administration Record" (MAR) included the following documentation: December 2022 MAR included an order to apply Nystatin powder topical three times a day for yeast. For the 08:00 AM administration time the	S3186		

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	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3186	Continued From page 31 resident self administered it 21 out of 31 times. She self administered the 02:00 PM dose 28 out of 31 times and the 08:00 PM dose one out of 31 times. January 2023 MAR identified the resident self administered her nystatin powder 23 out of 31 times for the 08:00 AM and PM times and 25 out of 31 times for her 02:00 PM administration. On 03/07/23 at 03:33 PM R4 reported the only medication that she keeps in her room is the Neosporin that she puts on her skin around the feeding tube. On 03/09/23 at 09:22 AM Administrative Licensed Nurse B acknowledged the NSA/SP did not identify the resident was self administering her nystatin powder and the Neosporin ointment and facility staff administered the rest of the resident's medications. The administrator failed to ensure designated staff developed an NSA/SP based that identified what medications the resident self-administered and what ones the resident self administered.	S3186		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s	S3200		

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	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3200	Continued From page 32 recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) The facility reported a census of 57 residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure facility staff administered medications according to standards of practice for two (R4, and R5) of three sampled residents whom the facility was responsible for administering medications. Findings included: - Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 08/02/22 with diagnoses of amyotrophic lateral sclerosis (ALS - a progressive nervous system disease), hypothyroidism, restless legs syndrome, and depression. R4's "Functional Capacity Screen dated 01/30/23 revealed the resident was unable to manage her medications and needed physical assistance with her medical treatments.	S3200		

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	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3200	Continued From page 33 R4's "Negotiated Service Agreement/Service Plan" (NSA/SP) dated 01/30/23 identified staff would administer and order medications and assist resident with special treatments. Review of R4's February 2023 "Medication Administration Record" revealed certified staff administered the resident's Tylenol Arthritis 650 milligrams, two tablets 40 times for pain and only documented effectiveness of the medication six times. Staff also administered Ropinirole 1mg tablet for restless legs at bedtime 11 times with any follow up for effectiveness. Review of R4's March 2023 "Medication Administration Record" revealed as of 03/08/23 certified staff had administered the resident her Tylenol Arthritis 650 milligrams, two tables 13 times and staff followed up for effectiveness only 6 times. They also administered the resident her Ropinirole 5 times with no follow up for effectiveness. On 03/09/23 at 09:43 AM Certified Medication Aide D reported when we give a medication as needed (PRN) we call the nurse and document in the record that we gave it and go back in after awhile and document if the medication was effective or not. On 03/09/23 at 09:20 AM Administrative staff B acknowledged facility staff had not consistently documented in the record if the PRN medication was effective or not. Review of the Documentation of medication Administration policy last approved on 01/2022	S3200		

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	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3200	Continued From page 34 included documentation needed to include the resident's response to the medication, if applicable (e.g., prn, pain medication). The administrator failed to ensure Certified Medication Aides followed up on the effectiveness of PRN medications when administered. - Review of R5's "Electronic Medical Record" (EMR) revealed he moved into the facility on 09/01/21 with diagnoses of coronary artery disease and Alzheimer's dementia. Review of R5's EMR on 03/07/23 revealed the most current "Functional Capacity Screen dated 08/26/22 identified the resident was unable to manage his medications of medical treatments. Review of R5's most current "Negotiated Service Agreement/Service Plan" dated 08/06/22 revealed staff administered medications and provided occasional assistance with special medications and treatments. Review of R5's February 2023 "Medication Administration Record" revealed the staff administered Melatonin 5 milligrams at hour of sleep as needed 11 times with staff follow up for effectiveness zero times. Staff also administered Norco (a narcotic pain medication) 4 times and was never followed up for effectiveness. Review of R5's March 2023 "Medication Administration Record" revealed staff administered his Melatonin 5 milligrams as needed 7 times with no follow up for effectiveness.	S3200		

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	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3200	Continued From page 35 On 03/09/23 at 09:43 AM Certified Medication Aide D reported when we give a medication as needed (PRN) we call the nurse and document in the record that we gave it and go back in after awhile and document if the medication was effective or not. On 03/09/23 at 09:20 AM Administrative staff B acknowledged facility staff had not consistently documented in the record if the PRN medication was effective or not. Review of the Documentation of medication Administration policy last approved on 01/2022 included documentation needed to include the resident's response to the medication, if applicable (e.g., prn, pain medication). The administrator failed to ensure Certified Medication Aides followed up on the effectiveness of PRN medications when administered.	S3200		
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	S3310		

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	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3310	Continued From page 36 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 57 residents(R). Based on interview and record review for five newly hired employees and three sampled residents, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for three (R3, R4, R5) of three sampled residents and five of five newly hired employees. Findings included: - Review of R3's "Electronic Medical Record" (EMR) revealed he moved into the facility on 01/20/23 with diagnosis of diabetes. Review of his EMR on 03/07/23 lacked evidence of completion of a TB symptom screen within 7 days of admission. - Review of R4's EMR revealed she moved into the facility on 08/02/22 with diagnosis of hypothyroidism. Review of her EMR on 03/07/23 lacked evidence of completion of a TB symptom screen within 7 days of admission.	S3310		

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	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3310	Continued From page 37 - Review of R5's EMR revealed he moved into the facility on 09/01/23 with diagnosis of coronary artery disease. Review of R5's EMR on 03/07/23 lacked evidence of completion of a TB symptom screen within 7 days of admission. On 03/08/23 at 01:23 PM Administrative Licensed Nurse B reported the facility did a two-step TB skin test upon admission and then did a TB symptom screen annually. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" dated June 2013 revealed each resident shall receive a TB symptom screen and a two-step skin test within seven days of admission. For R3, R4, and R5, the administrator failed to ensure compliance with the department's TB guidelines for adult care homes. - Review of five newly hired employee files revealed the following: Certified Nurse Aide C hired on 01/17/23 failed to have evidence of completing a TB symptoms screen within 7 days of hire. Certified Medication Aide D hired on 11/01/22 failed to have evidence of completing a TB symptoms screen within 7 days of hire. Certified Nurse Aide E hired on 05/31/22 failed to have evidence of completing a TB symptoms screen within 7 days of hire.	S3310		

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	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3310	Continued From page 38 Certified Medication Aide F hired on 01/18/22 failed to have evidence of completing a TB symptoms screen within 7 days of hire. Certified Medication Aide G hired on 08/03/21 failed to have evidence of completing a TB symptoms screen within 7 days of hire. On 03/08/23 at 01:23 PM Administrative Licensed Nurse B reported the facility did a two-step TB skin test upon hire and then did a TB symptom screen annually. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" dated June 2013 revealed each resident shall receive a TB symptom screen and a two-step skin test within seven days of admission. For five of five newly hired employees, the administrator failed to ensure compliance with the department's TB guidelines for adult care homes.	S3310		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including	S3320		

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	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3320	Continued From page 39	S3320		

the state fire marshal.

(c) New construction, modifications and equipment shall conform to the following codes and standards:

(1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and

(2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.

This REQUIREMENT is not met as evidenced by:
KAR 28-39-254 (a)

The facility reported a census of 57 residents(R). Based on observation and interview the administrator failed to ensure staff secured all chemicals to maintain the safety of all residents, personnel, and the public.

Findings included:

- Review of the resident roster provided by Administrative Licensed Nurse on 03/07/23 identified 18 out of 57 residents with impaired cognition.

Observations on 03/07/23 during initial tour, revealed the following unsecured chemicals:

At 10:40 AM in the east open concept kitchenette, in an unlocked cabinet under the skin were spray bottles of foam free oven

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	N087057	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

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S3320	Continued From page 40 cleaner, a gallon jug of descaler and a bottle of Oxivir disinfectant, all of which had warning labels on them. At 10:48 AM the east laundry room was ajar and a bottle of softener was on the cabinet with a warning label on it. At 10:53 AM in the west kitchenette in an unlocked cabinet included multiple spray bottles of foam free oven cleaner, bottle of stainless-steel polish, can of Brody disinfectant spray, and a bottle of rinse aide, all of which contained warning labels. At 11:09 AM in the unlocked upstairs laundry room: a spray bottle of shout, bottle of fabric softener on the washer and in the unlocked cabinet was a bottle of bleach, container of germicidal wipes and bottle of laundry, all of which contained warning labels. On 03/07/23 at 10:55 AM Administrative Licensed Nurse acknowledged all chemicals were supposed to be locked and not accessible to residents. Review of the "Safety and Supervision of Residents" policy last approved on 01/22 revealed storage areas for chemicals should be locked while unattended. The administrator failed to ensure facility staff kept all chemicals secured to maintain safety of all residents, staff, and visitors in the facility.	S3320		