STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087042	A. BUILDING: _____ B. WING _____	07/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF WICHITA	12221 W MAPLE ST WICHITA, KS 67235

(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 resurvey with the following complaint investigations: #161128, #161961, #163557, #163724, #164353, #167667, #167685, #168805, #169552, #169679, #170141, #170203, #170202, #170531, #170526, #170620, #170726, #172718, and #172745 for the above named facility conducted on 7/5/22, 7/6/22, 7/11/22 and 7/12/22 which resulted in the following citations.	S 000		
S 190 SS=E	26-39-102 (e) Admission, Transfer, Discharge (e) Before a resident is transferred or discharged involuntarily, the administrator or operator, or the designee, shall perform the following: (1) Notify the resident, the resident ' s legal representative, and if known, a designated family member of the transfer or discharge and the reasons; and (2) record the reason for the transfer or discharge under any of the circumstances specified in paragraphs (d) (1) through (4) in the resident ' s clinical record, which shall be substantiated as follows: (A) The resident's physician shall document the rationale for transfer or discharge in the resident ' s clinical record if the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met by the adult care home; (B) the resident's physician shall document the rationale for transfer or discharge in the resident ' s clinical record if the transfer or discharge is appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services provided by the adult	S 190		

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

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S 190	Continued From page 1 care home; and (C) a physician shall document the rationale for transfer or discharge in the resident ' s clinical record if the transfer or discharge is necessary because the health or safety of other individuals in the adult care home is endangered. This REQUIREMENT is not met as evidenced by: KAR 26-39-102 (e)(1)(2)(C) The facility reported a census of 42 residents (R). The sample included 3 residents, 6 focused reviews, and 4 discharged resident record reviews. Based on interview and record review of 1 (R103) discharged resident, and 1 (R113) focused review who received a 30-day discharge notice, the operator failed to have the resident's physician document the rationale for transfer or discharge in the resident's medical record prior to discharge from the facility. Findings included: - R103's medical record revealed the resident moved into the facility on 03/04/22 with diagnoses of vascular dementia with behavioral disturbance and Alzheimer's disease. On 06/22/22 the facility discharged the resident to the emergency room (ER) at a local hospital and when EMS brought R103 back to the facility, due to not meeting the criteria for in-house behavior treatment, the facility would not accept the resident back.	S 190		

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S 190	Continued From page 2 R103's "Functional Capacity Screen/ Negotiated Service Agreement" (FSC/NSA) dated 03/04/22 identified a score of four for cognition indicating impaired cognition. He also had impaired decision-making abilities and had wandering behaviors. The FCS/NSA did not identify the resident had any inappropriate behaviors. R103's "Health Care Service Plan" (HCSP) did not identify any services related to inappropriate behaviors and how staff were to help the resident if he became angry or aggressive with staff. The resident's record lacked review/revision of the FCS/NSA or the HCSP to identify the resident had a change in behaviors, which indicated his placement in the facility was not appropriate. Review of the letter provided by Administrative Staff A on 06/27/22, addressed to the resident's Durable Power of Attorney (DPOA) failed to include a reason for the 30-day notice. Review of information provided by Administrative Staff A on 06/27/22 at 01:19 PM included a physicians order dated 06/23/22, (the day after the resident discharged) "This resident's continued physical aggression and impulsivity puts him as a danger to himself and other residents in the community." The facility was unable to meet the resident's needs or maintain the safety of the other residents, necessitating an immediate discharge to a higher level of care or to the DPOA. Review of the undated "Discharge Criteria	S 190		

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Policy" included that before a resident is transferred or involuntarily discharged the director would "Notify the resident and the resident's legal representative of the transfer or discharge and the reasons ..."

The operator failed to ensure prior to R103's being discharged, the resident's physician documented the rationale for transfer or discharge in the resident's medical record specifically related to the facility not being able to meet the residents needs and for the safety of other individuals in the facility. The facility also failed to notify the residents legal representative of the reason for the discharge.

- Review of R113's medical record revealed the resident moved into the facility on 04/01/22 with diagnoses of major depressive disorder. alcohol induced mood disorder, and type 2 diabetes.

R113's "Functional Capacity Screen/ Negotiated Service Agreement" (FCS/NSA) dated 04/01/22 identified the resident had bladder incontinence and did not have any inappropriate behaviors. It also identified the resident as his own responsible party with no family or designated contact person address.

R 113's "Health Care Service Plan" (HCSP) dated 04/01/22 included the following health care services all initiated on 04/14/22, 13 days after admission to the facility: "urinates in his clothing and refuses to wear incontinent products; resident urinates in various areas in the community... Behaviors...has frequent periods of anger when he does not get what he wants,...may cause verbalized behaviors or

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S 190	Continued From page 4 urination behaviors... has behaviors asking/demanding others (res, staff, visitors) to give/buy him cigarettes. ...has behaviors of eating bites of food and leaving it in random places, behaviors of refusing to perform self cares, such as showering and being free of odors..." The resident's record lacked review/revision of the FCS/NSA to identify the resident had a change in behaviors and services needed that made the resident no longer appropriate to living in the facility. Review of the "Notice of Termination of Lease" letter given to the resident on 06/06/22 failed to identify the reason for the discharge. Review of the undated discharge criteria policy included that before a resident is transferred or involuntarily discharged the director would notify the resident and the resident's legal representative of the transfer or discharge and the reasons for such. The operator failed to ensure the 30-day involuntary discharge notice given to R113 on 06/06/22 included the reasons for the discharge.	S 190		
S 200 SS=E	26-39-102 (g) Written Discharge Notice Requirements (g) Each written transfer or discharge notice shall include the following: (1) The reason for the transfer or discharge; (2) the effective date of the transfer or discharge; (3) the address and telephone number of the complaint program of the Kansas department on	S 200		

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S 200	Continued From page 5	S 200		

aging where a complaint related to involuntary transfer or discharge can be registered;
(4) the address and telephone number of the state long-term care ombudsman; and
(5) for residents who have developmental disabilities or who are mentally ill, the address and telephone number of the Kansas advocacy and protection organization.

This REQUIREMENT is not met as evidenced by:
KAR 26-39-102 (g)(1)(3)(4)

The facility reported a census of 42 residents. The sample included 3 residents, 6 focused reviews and 4 discharged resident record reviews. Based on interview and record review of 1 (R103) discharged resident, and 1 (R113) focused review who received a 30-day "Notice of Termination of Lease", the operator failed to ensure the notice of discharge included the required information.

Findings included:

- R103's medical record revealed the resident moved into the facility on 03/04/22 with diagnoses of vascular dementia with behavioral disturbance and Alzheimer's disease.

R103's "Functional Capacity Screen/ Negotiated Service Agreement" (FSC/NSA) dated 03/04/22 identified a score of four for cognition indicating impaired cognition. He also had impaired decision-making abilities and had wandering

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S 200	Continued From page 6	S 200		

behaviors. The FCS/NSA did not identify the resident had any inappropriate behaviors.

R103's "Health Care Service Plan" (HCSP) did not identify any services related to inappropriate behaviors and how staff were to help the resident if he became angry or aggressive with staff.

Review of the "Notice of Termination of Lease" discharge letter addressed to R103's DPOA failed to include the following:
1. The reason for the discharge.
2. The address and telephone number of the complaint program of the Kansas Department for Aging and Disabilities where a complaint related to the involuntary discharge could be registered.
3. The address and telephone number of the state long-term ombudsman.

Review of the undated discharge criteria policy revealed Each written transfer or discharge notice shall include the following:
1. The reason for the transfer or discharge.
2. The effective date of the transfer or discharge.
3. The address and telephone number of the complaint program of the appropriate state agency where a complaint related to involuntary transfer or discharge can be registered; and,
4. The address and telephone number of the state long-term care ombudsman or ternate advocate (or other appropriate state advocate representative).

The operator failed to ensure R103's "notification of Termination of Lease" letter included the required information.

- Review of R113's medical record revealed the

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resident moved into the facility on 04/01/22 with diagnoses of major depressive disorder. alcohol induced mood disorder, and type 2 diabetes.

R113's "Functional Capacity Screen/ Negotiated Service Agreement" (FCS/NSA) dated 04/01/22 identified the resident had bladder incontinence and did not have any inappropriate behaviors.

R 113's "Health Care Service Plan" (HCSP) dated 04/01/22 included the following health care services all initiated on 04/14/22, 13 days after admission to the facility: "urinates in his clothing and refuses to wear incontinent products; resident urinates in various areas in the community... Behaviors...has frequent periods of anger when he does not get what he wants,...may cause verbalized behaviors or urination behaviors... has behaviors asking/demanding others (res, staff, visitors) to give/buy him cigarettes. ...has behaviors of eating bites of food and leaving it in random places, behaviors of refusing to perform self cares, such as showering and being free of odors..."

Review of the "Notice of Termination of Lease" discharge letter addressed to R113 failed to include the following:
1. The reason for the discharge.
2. The address and telephone number of the complaint program of the Kansas Department for Aging and Disabilities where a complaint related to the involuntary discharge could be registered.
3. The address and telephone number of the state long-term ombudsman.

Review of the undated discharge criteria policy

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S 200	Continued From page 8 revealed Each written transfer or discharge notice shall include the following: 1. The reason for the transfer or discharge. 2. The effective date of the transfer or discharge. 3. The address and telephone number of the complaint program of the appropriate state agency where a complaint related to involuntary transfer or discharge can be registered; and, 4. The address and telephone number of the state long-term care ombudsman or ternate advocate (or other appropriate state advocate representative). The operator failed to ensure R113's "Notification of Termination of Lease" letter included the required information.	S 200		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if	S3028		

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S3028	Continued From page 9 the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3) The facility reported a census of 42 residents (R). The sample included 3 residents, 6 focused reviews and 4 discharged resident record reviews. Based on record review and interview the Operator failed to ensure each allegation of abuse, neglect or exploitation was reported to the Kansas Department for Aging and Disabilities (KDADS) within 24 hours for R106. Findings included: - Review of R106's medical record revealed she moved into the facility on 01/23/20 with a diagnosis of dementia. R106's "Functional Capacity Screen/Negotiated Service Agreement" dated 04/14/22 identified the resident needed physical assistance with activities of daily living except for eating and had cognitive impairment. It identified staff were to assist the resident with toileting 1-4 times per	S3028		

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S3028	Continued From page 10 day and she had an indwelling catheter. Review of the facility's investigation signed 07/02/21 revealed on Friday, 06/25/22 during morning shift change, "Certified Nurse Aide" (CNA) D reported to CNA E and CNA F that F6 had pulled out her indwelling catheter. When CNA E and CNA F went into the resident's room that morning, her soiled brief and catheter were on the floor, the resident had dried BM on her, and the bed sheets were soiled and saturated with urine. Review of the KDADS intake information received from the facility revealed it noted the department received the reported allegation on 06/28/21, three days after the allegation was known by the facility. On 07/07/22 at 11:00 AM via electronic interview Administrative Staff A reported Once she receive the report of an allegation she started the investigation. If an alleged perpetrator could be identified, that person was suspended to protect the resident and other residents and then the Regional Nurse and Regional Vice President were notified for further guidance. The operator failed to ensure an allegation of Abuse, Neglect, or Exploitation was reported to KDADS within 24 hours.	S3028		
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	S3081		

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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)(1)(2)

The facility reported a census of 42 residents (R). The sample included 3 residents, 6 focused reviews, and 4 discharged resident record reviews. Based on record review and interview the administrator failed to ensure designated staff completed a screening to determine the functional capacity for 1 (R108) of 3 sampled residents, 1 (R113) of 6 focused record reviews and for 1 (R103) of 4 discharged residents record review at least once every 365 days and following a significant change in condition as defined in KAR 26-39-100.

Findings included:

- R103's medical record revealed the resident moved into the facility on 03/04/22 with diagnoses of vascular dementia with behavioral disturbance and Alzheimer's disease.

R103's "Functional Capacity Screen/ Negotiated Service Agreement" (FSC/NSA) dated 3/4/22 identified a score of four for cognition indicating impaired cognition. He also had impaired decision-making abilities and had wandering

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behaviors. The FCS/NSA did not identify the resident had any inappropriate behaviors.

Review of the residents "Progress Notes" revealed the following:
03/24/22 included documentation of the resident urinating in random places, combative when staff provide redirection, swinging at staff, balling up his fist and kicked and punched CMA in the jaw.
04/19/22 included documentation of the resident grabbing the nurse's wrist and squeezing it while taking her down the hall. It also included documentation of the resident grabbing a direct care staff by the arm and not letting go.
04/20/22 the medical provider informed of new behaviors and medication orders noted.
05/15/22 resident hit staff with a closed fist.
05/19/22 the resident had hold of another female resident's hand and when staff intervened the resident grabbed the nurse.
05/20/22 the resident very aggressive and grabbing staff and yelling at staff and other resident's.

The resident's record lacked the completion of a new FCS/NSA when the resident began to have inappropriate behaviors.

On 07/06/22 at 3:10 PM Administrative Staff A acknowledged a FCS/NSA should have been completed when the resident started having behaviors.

The operator failed to ensure designated staff completed a FSC/NCA when the resident began having inappropriate behaviors which identified a significant change for R103 as defined in KAR 26-39-100.

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- Review of R108's medical record revealed she moved into the facility with diagnoses of hypertension, atrial fibrillation, and edema.

R108's "Functional Capacity Screen/Negotiated Service Agreement" (FCS/NSA) dated 04/28/21 identified the resident required physical assistance with bathing and dressing, management of medications and medical treatments and had impaired cognition.

The record lacked completion of a FCS/NSA on or before 04/28/22 in order to have the FCS completed at least once every 365 days.

On 07/06/22 at 2:06 PM administrative licensed nurse B acknowledged R 108's FCS/NSA had not been completed in the appropriate time frame.

The operator failed to ensure R 108's FCS/NSA was completed at least every 365 days.

- Review of R113's medical record revealed the resident moved into the facility on 04/01/22 with diagnoses of major depressive disorder, alcohol induced mood disorder, and type 2 diabetes.

R113's "Functional Capacity Screen/ Negotiated Service Agreement" (FCS/NSA) dated 4/1/22 identified the resident had bladder incontinence and did not have any inappropriate behaviors.

The residents "Health Care Service Plan" dated 4/1/22 included the following revisions initiated on 04/14/22 - urinates in clothing and refuses to wear incontinent products, urinates in various

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S3081	Continued From page 14 areas in the community, resident takes antipsychotic medication to help control bheaviors, resident goes into other resident rooms and takes their belongings, notify nurse of any behaviors noted so nurse can address and followup with medical provider. On 07/6/22 at 3:10 PM Administrative staff A reported the facility did not know the resident had any behaviors when he was admitted to the facility and acknowledged the FCS/NSA should have been completed when inappropriate behaviors were identified. The operator failed to ensure designated staff completed a FSC/NCA when the resident began having inappropriate behaviors which identified a significant change for R113 as defined in KAR 26-39-100	S3081		
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.	S3092		

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This REQUIREMENT is not met as evidenced by:
KAR 26-41-202 (d)(1)(2)

The facility census totaled 42 residents. The sample included 3 residents, 6 focused reviews and 4 discharged resident record reviews. Based on interview and record review the operator failed to ensure designated staff reviewed and if necessary, revised the resident's "Negotiated Service Agreement" for two (R108 and R109) of 3 sampled residents and 1 (113) of 6 focused reviews and 1 (R103) of 4 discharged residents.

Findings included:

- R103's medical record revealed the resident moved into the facility on 03/04/22 and on 06/22/22 the resident went to the emergency room (ER) at a local hospital and was not allowed to return when EMS brought R300 back to the facility due to not meeting the criteria for in-house behavior treatment. The resident's record included diagnoses of vascular dementia with behavioral disturbance and Alzheimer's disease.

R103's "Functional Capacity Screen/ Negotiated Service Agreement" (FSC/NSA) dated 03/04/22 identified a score of four for cognition indicating impaired cognition. He also had impaired decision-making abilities and had wandering behaviors. The FCS/NSA did not identify the resident had any inappropriate behaviors.

Review of the residents progress notes revealed

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the following:
03/24/22 included documentation of the resident urinating in random places, combative when staff provide redirection, swinging at staff, balling up his fist and kicked and punched CMA in the jaw.
04/19/22 included documentation of the resident grabbing the nurse's wrist and squeezing it while taking her down the hall. It also included documentation of the resident grabbing a direct care staff by the arm and not letting go.
04/20/22 the medical provider infomred of new behaviors and medication orders noted.
05/15/22 resident hit staff with a closed fist.
05/19/22 the resident had ahold of another female resident's hand and when staff intervened the resident grabbed the nurse.
05/20/22 the resident very aggressive and grabbing staff and yelling at staff and other resident's.

The resident's record lacked review/revision of the FCS/NSA or the HCSP to identify the resident had a change in behaviors that were inappropriate to living in the facility.

On 07/06/22 at 03:10 PM Administrative Staff A acknowledged a FCS/NSA should have been completed when the resident started having behaviors.

The operator failed to ensure designated staff revised R013's FCS/NSA when he had a change in behaviors that were inappropriate.

- Review of R108's medical record revealed she moved into the facility with diagnoses of hypertension, atrial fibrillation, and edema.

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R108's "Functional Capacity Screen/Negotiated Service Agreement" (FCS/NSA) dated 04/28/21 identified the resident required physical assistance with bathing and dressing, management of medications and medical treatments and had impaired cognition.

Review of the resident's "Health Care Service Plan" initiated on 04/28/21 had an update on 10/18/21 that the residents used a front wheeled walker for ambulation. It also had a revision dated 04/08/22 that the resident received home health services from a local agency. On 05/24/22 Administrative Licensed Nurse B revised the HCSP to identify the resident started Hospice services from the same home health company the resident had used.

Review of the resident's "Progress Notes" revealed the first mention of the resident receiving Hospice services was on 04/26/22.

On 07/05/22 at 03:59 PM Certified Nurse Aide I reported the resident was always in bed and staff repositioned her every 2 hours, she needed help eating and help with showers.

On 07/06/22 at 11:33 AM Certified Medication Aide (CMA) K reported the resident was pretty much "bed fast" and staff checked and changed her throughout the shift.

On 07/06/22 at 02:53 PM CMA L reported the resident was not on pain management/comfort care and staff check and change her during the shift. She stated the resident had not been able to get out of bed for a very long time.

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S3092	Continued From page 18 On 07/06/22 at 02:10 PM Administrative Licensed Nurse B reported the resident started Hospice services on 05/15/22 and acknowledged she should have had her FCS/NSA revised when she needed more cares and started Hospice services and that it had not been completed within the 265 days. The Operator failed to ensure designated staff revised the residents FCS/NSA when she had a significant change in status. - Review of R113's medical record revealed the resident moved into the facility on 04/01/22 with diagnoses of major depressive disorder. alcohol induced mood disorder, and type 2 diabetes. R113's "Functional Capacity Screen/ Negotiated Service Agreement" (FCS/NSA) dated 4/1/22 identified the resident had bladder incontinence and did not have any inappropriate behaviors. The residents "Health Care Service Plan" dated 4/1/22 included the following revisions initiated on 04/14/22 - urinates in clothing and refuses to wear incontinent products, urinates in various areas in the community, resident takes antipsychotic medication to help control bheaviors, resident goes into other resident rooms and takes their belongings, notify nurse of any behaviors noted so nurse can address and followup with medical provider. The resident's record lacked review/revision of the "FCS/NSA" to identify the resident had a change in behaviors and services needed to manage his inappropriate behaviors even though staff had to revise the resident "Health Care	S3092		

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S3092	Continued From page 19 Service Plan". On 07/6/22 at 3:10 PM Administrative Staff A reported the facility did not know the resident had any behaviors when he was admitted to the facility and acknowledged the FCS/NSA should have been completed when inappropriate behaviors were identified. The operator failed to ensure designated staff reviewed/revised the FCS/NSA when the resident started having behaviors that were not identified on admission.	S3092		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 42 residents. The sample included 3 residents, 6 focused reviews and 4 discharged resident record reviews. Based on interview and record review the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury for two (R108 and R109) of 3 sampled residents.	S3261		

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S3261	Continued From page 20 Findings included: - Review of R108's medical record revealed she moved into the facility with diagnoses of hypertension, atrial fibrillation, and edema. R108's "Functional Capacity Screen/Negotiated Service Agreement" (FCS/NSA) dated 04/28/21 identified the resident required physical assistance with bathing and dressing, management of medications and medical treatments and had impaired cognition. Review of the resident's progress notes revealed: On 04/16/22 at 04:50 PM staff notified the nurse the resident had slight pain and terrible itching to shingles rash on her abdomen and back. Orders for calamine lotion to "shingles rash" four times a day and the last Famcyclovir administration was given this day. The record lacked documentation of when staff first identified the "shingles rash", when the Famcyclovir was initiated and any follow up as to the effectiveness of the medication until 04/26/22. On 04/26/22 the progress notes revealed the Hospice nurse in the facility and assessed the resident. The resident's record lacked documentation of when the resident started on Hospice services. On 07/06/22 at 02:06 PM Administrative Licensed nurse B acknowledged the resident's record should have included documentation regarding when the resident's shingles initially	S3261		

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started and that the Famcyclovir was started and effectiveness of the medication.

The operator failed to ensure designated staff documented all incidents, symptoms, and other indications of illness including the date and time of occurrence, action taken, and results of the action.

- Review of R109's medical record revealed she moved into the facility on 04/22/21 with diagnoses of dementia with behavioral disturbance, major depressive disorder and hypertension.

Review of R109's "Functional Capacity Screen/Negotiated Service Agreement" dated 04/22/22 revealed the resident required physical assistance with all activities of daily living except for eating in which she needed supervision. She could not manage her own medications and medical treatments and needed facility staff to administer medications and treatments.

Review of the resident's "Progress Notes" revealed on 02/28/22 the resident had a fall, which resulted in a fractured clavicle. The medical provider was notified and ordered an immobilizer for the resident. The resident's record lacked any documentation regarding any increased needs the resident may have had related to the fractured clavicle or the need to wear an immobilizer.

On 07/07/22 at 11:00 AM via Electronic Interview Administrative Staff A reported during the time the resident had fractured her clavicle and was to wear the immobilizer she worked with Hospice

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S3261	Continued From page 22 and was non-compliant with using the immobilizer. Staff A acknowledged the information regarding the immobilizer and resident status after the clavicle fracture was not in the resident record documentation. The operator failed to ensure designated staff included documentation of all incidents, symptoms, and other indications of illness of injury including the date, time of occurrence, action taken, and results of the action.	S3261		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)(4)	S3280		

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S3280	Continued From page 23 The facility reported a census of 24 residents. Based on record review and interview the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with all residents. Findings included: - On 06/27/22 at 1:30 PM review of the resident council minutes which were provided by Administrative staff A as evidence of completing the emergency plan reviews with residents revealed the following: On 07/29/21 disaster training reviewed with 9 residents. On 08/27/21 disaster training reviewed with 11 residents. On 01/28/22 disaster training reviewed with 8 residents. On 02/21/22 disaster training reviewed with 10 residents. On 07/07/22 at 09:28 AM Administrative staff A reported attendance is taken at the resident council and emergency procedures are reviewed with those in attendance and with other residents but did not have evidence of reviewing with residents not in attendance. The administrator failed to ensure designated staff performed quarterly reviews of potential emergencies and disasters with all residents who lived in the facility.	S3280		
S3290 SS=D	26-41-206 (a) (b) Dietary Services	S3290		

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S3290	Continued From page 24 (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (a) The facility reported a census of 42 residents (R). The sample included 3 residents, 6 focused reviews, and 4 discharged resident record reviews. Based on observation, interview, and	S3290		

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S3290	Continued From page 25	S3290		

record review the operator failed to ensure 1 (R109) of 3 sampled residents received a mechanically altered diet according to the residents "Negotiated Service Agreement" and physicians orders.

Findings included:

- Review of R109's medical record revealed she moved into the facility on 04/22/21 with diagnoses of dementia with behavioral disturbance, major depressive disorder, and hypertension.

Review of R109's "Functional Capacity Screen/Negotiated Service Agreement" revealed the resident required supervision with eating and received a mechanically altered diet with thickened liquids.

Observation on 06/27/22 at 03:45 PM on the kitchen wall was a note with resident names and type of altered diets. It included R109's name to receive ground meat. Dietary staff G confirmed the resident was to receive a diet with ground meat.

Observation on 07/06/22 at 10:11 AM R109 sat at the dining room table with a bowl of malt-o-meal, scrambled eggs, and a whole sausage patty.

Interview with "Certified Medication Aide" (CMA) H revealed she thought the resident was to receive ground meat for her meals but was not for sure. She looked at her computer and stated the resident was on a regular diet with ground meat. She then asked her co-worker to remove

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S3290	Continued From page 26 the whole sausage patty from the resident's plate and call the kitchen. On 07/11/11 Administrative Staff A reported the residents order for ground meat was initiated on 06/22/22. The operator failed to ensure dietary staff served R109 a ground meat diet as ordered.	S3290		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 42 residents.	S3298		

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S3298	Continued From page 27 The operator failed to ensure staff prepared food using safe methods that conserve the nutritive value, flavor and appearance and ensure staff served it at the proper temperature as evidenced by record review and interview for all residents in the facility. Findings included: - During initial tour on 06/27/22 at 03:54 PM review of the food temperature logs revealed the following: April 2022 logs lacked temperatures recorded prior to the last week of April. Logs on 04/24/22 lacked temperatures of any meals, the 25th through the 30th lacked food temperatures for breakfast or lunch. May 2022 logs revealed the only logs for May were 5/1 with no others noted until7/22. Logs lacked temperatures for lunch meals and food temperatures for breakfast on the 5th, 6th, or 7th. June 2022 logs revealed multiple pages missing and the current week did not have any food temperatures logged for the 27th. On 06/27/22 at 04:00 PM Dietary Staff M looked in the cabinets for additional food temperature logs and could not find any. She then reviewed the ones that they had and confirmed record lacked food temperatures for multiple days. - Observation on 07/05/22 at 04:50 PM Dietary Staff M had plates sitting on the unused portion of the steam table that she was fixing for hamburger, cucumber salad, and potato	S3298		

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S3298	Continued From page 28 triangles. She only had a few more to deliver and after delivering all the hamburgers surveyor asked her to take the temperature of the potatoes triangles and they were 90 degrees Fahrenheit (F) and then she took the temperature of the hamburgers, and they were 120 degrees. The hamburgers were in a pan on the steam table and the steam table was on. The potatoes were on a cookie sheet on the grill. Dietary Staff M stated the hamburgers were 147 degrees prior to fixing the plates and said they just cooled down when she took the lid off. She also stated that if they fixed one plate at a time then the residents complain that it takes too long to serve the food. On 07/05/22 at 05:10 PM surveyor asked residents if the food was hot enough and four residents said it was not hot, but just lukewarm and another said it was OK. Review of the "Focus on Food Safety" guidance from 2017 noted the minimum hot holding temperature for foods to served hot is 135 degrees F. The operator failed to ensure foods were cooked and served at the proper temperatures.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.	S3299		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF WICHITA	12221 W MAPLE ST WICHITA, KS 67235

(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
S3299	Continued From page 29 This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 42 residents. Based on observation and interview the operator failed to ensure dietary staff store all food under safe and sanitary conditions. Findings included: - During initial tour on 06/27/22 at 03:54 PM the double freezer had a bag of egg rolls broken and laying on the bottom of the freezer, bag of manicotti open and not sealed or labeled. There were 2 bags of chicken that were not in their original bag that had not been labeled or dated, a bag of fish that was torn open not sealed or dated. In the refrigerator was a bowl with pudding, a bowl of chopped tomatoes, container or red colored drink, bag of chicken and noodles, bag of sliced ham and 4 sandwiches all lacked dates. Dietary staff M acknowledged the food should all have the date on them when they are put into the refrigerator. The operator failed to ensure designated staff stored all food under safe and sanitary conditions.	S3299		
S3420 SS=E	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements.	S3420		

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S3420	Continued From page 30 (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be	S3420		

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S3420	Continued From page 31 equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256(c)(2)(B) The facility reported a census of 42 residents. Based on observation and interview the facility failed to ensure the temperature of hot water ranged between 98 degrees Fahrenheit (F) and 120 degrees F at sinks and lavatories in resident use areas. Findings included: - On 06/27/22 at 10:26 AM after getting hot water sink temperature readings in locked public restrooms rooms greater then 127 F surveyor proceeded to check hot water temperatures on the memory care unit with Administrative Staff A. Resident room sink temperatures read as followed: Resident rooms " E1's sink read 124.3 F, E2's sink read 125.6 F, E4's sink read 124.1 F, E5's sink read 125.0 F, E6's sink read 126.5 F, F2's sink read 123.6 F, F3's sink read 124.2 F, F5's sink read 126.8 F and F6's read 125.2 F. On 06/27/22 at 10:32 AM Surveyor and Administrative staff A then checked the hot water in the dining room sink which read 128.4. On 06/27/22 at 11:49 AM Maintenance Staff C stated when he came in this AM, he checked the hot water heater settings, and they were set a	S3420		

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S3420	Continued From page 32 little higher than he normally had them set so he turned them down. He also stated he checked some of the rooms on Memory care and got readings between 122- and 129-degrees F. The operator failed to ensure hot water temperatures were between 98 F and 120 F in resident use areas.	S3420		