STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087221	A. BUILDING: _____ B. WING _____	08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE WICHITA, KS 67208

(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 inital survey with complaint #18954 at the above named facility on 8-15-17, 8-16-17, 8-21-17, 8-22-17, and 8-23-17.	S 000		
S 110 SS=E	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: KAR 26-42-103(c) The facility identified a census of 12 residents. The sample included 3 residents. Based on record reviews and interviews for 3 (#111, #222, #333) of 3 residents sampled, the	S 110		

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

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S 110	Continued From page 1 operator/licensed nurse failed to ensure that each resident or legal representative is informed, both orally and in writing, of the following in a language the resident or resident's legal representative understands: The rights of the resident; and the rules governing resident conduct and responsibility. Findings included: - Record review for resident #111 revealed an admit date of 6-22-17. The record lacked any information in writing about resident rights and rules governing resident conduct and responsibility. - Record review for resident #222 revealed an admit date of 2-24-17. The record lacked any information in writing about resident rights and rules governing resident conduct and responsibility. - Record review for resident #333 revealed an admit date of 3-8-17. The record lacked any information in writing about resident rights and rules governing resident conduct and responsibility. Interview on 8-16-17 at 3:00 p.m. with operator/licensed nurse stated and confirmed the resident records lacked written information of resident rights and rules governing resident conduct and responsibility. For residents #111, #222, and #333 the operator/licensed nurse failed to ensure that each resident or legal representative is informed, both orally and in writing, of the following in a language the resident or resident's legal representative understands: The rights of the resident; and the	S 110		

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S 110	Continued From page 2 rules governing resident conduct and responsibility.	S 110		
S 230 SS=E	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(b)(1)(2) The facility identified a census of 12 residents. The sample included 3 residents. Based on record reviews and interview for 3 (#111, #222, and #333) of 3 residents sampled, the operator/licensed nurse failed to ensure at the time of admission, adult care home staff shall inform the resident or the resident's legal	S 230		

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S 230	Continued From page 3	S 230		

representative, in writing, of the statutes related to advance medical directives, and if a resident has an medical directive currently in effect, the facility shall keep a copy on file in the resident's clinical record.

Findings included:

- Record review on 8-15-17 at 2:25 p.m. for resident #111 revealed an admit date of 6-22-17.

- Record review on 8-16-17 at 10:30 a.m. for resident #222 revealed an admit date of 2-24-17.

- Record review on 8-16-17 at 2:55 p.m. for resident #333 revealed an admit date of 3-8-17.

The record reviews lacked information in writing from facility staff for review of statutes related to advance medical directives, or kept a current advance directive in resident's clinical record.

Interview on 8-16-17 at 3:00 with operator/licensed nurse stated did not have written documentation of review of statutes related to advance medical directives, or kept a current advance directive in the resident's clinical record.

For residents #111, #222, and #333, the operator/licensed nurse failed to ensure at the time of admission, adult care home staff shall inform the resident or the resident's legal representative, in writing, of the statutes related to advance medical directives, and if a resident has an medical directive currently in effect, the facility shall keep a copy on file in the resident's clinical record.

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S5029	Continued From page 4	S5029		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(g) The facility identified a census of 12 residents. The sample included 3 residents. Based on observations and interview for all residents, the operator/licensed nurse failed to ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. Findings included: Tour of facility on 8-15-17 11:15 a.m. revealed no notice of availability posted for policies and procedures. Interview on 8-15-17 at 1:20 p.m. with operator/licensed nurse stated he/she did not have signs posted for availability of policy and procedures related to resident services.	S5029		

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S5029	Continued From page 5 For all residents, the operator/licensed nurse failed to ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents.	S5029		
S5050 SS=F	26-42-101 (k) Ombudsman (k) Ombudsman. Each administrator or operator shall ensure the posting of the names, addresses, and telephone numbers of the Kansas department on aging and the office of the long-term care ombudsman with information that these agencies can be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the home. The administrator or operator shall ensure that this information is posted in a common area accessible to all residents and the public. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(k) The facility identified a census of 12 residents. The sample included 3 residents. Based on observations and interviews for all residents, the operator/licensed nurse failed to ensure the posting of the names, addresses, and telephone numbers of the Kansas Department on Aging and the office of the long-term ombudsman with information that these agencies can be contacted to report actual or potential abuse, neglect, or	S5050		

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S5050	Continued From page 6 exploitation of residents or to register complaints concerning the operation of the home. The operator/licensed nurse shall ensure that this information is posted in a common area accessible to all residents and the public. Findings included: - During tour of facility on 8-15-17 at 11:20 unable to locate a sign with ombudsman phone number, a phone number to Kansas Department on Aging to report actual or potential abuse, neglect, or exploitation of resident or to register complaints concerning the operator of the facility. Interview on 8-15-17 at 1:20 p.m. with operator/licensed nurse stated and confirmed he/she did not have phone numbers posted for the ombudsman or for Kansas Department on Aging to register a complaint. For all residents, the operator/licensed nurse failed to ensure the posting of the names, addresses, and telephone numbers of the Kansas Department on Aging and the office of the long-term ombudsman with information that these agencies can be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the home. The operator/licensed nurse shall ensure that this information is posted in a common area accessible to all residents and the public.	S5050		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written	S5105		

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S5105	Continued From page 7 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 26-42-202(h) The facility identified a census of 12 residents. The sample included 3 residents. Based on record reviews, interviews, and observations for 3 (#111, #222, #333) of 3 residents sampled, the operator/licensed nurse failed to ensure the development of a written Negotiated Service Agreement (NSA) based on resident's Functional Capacity Screening (FCS), service needs, and preferences. The NSA shall provide a description of the services the resident shall receive; identifications of the provider of each service; and identification of each party responsible for payment if outside resources provide a service. Findings included: - Record review on 8-15-17 at 2:25 p.m. for resident #111 revealed an admit date of 6-22-17 with diagnoses of friedreich's ataxia, cerebral	S5105		

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S5105	Continued From page 8	S5105		

vascular accident with left sided hemiplegia, functional debility, coronary artery disease, and shingles.

The FCS dated 6-22-17 recorded resident required physical assistance with bathing dressing, toileting, transfer, walking/mobility, eating, unable to manage medications/treatments, experienced incontinent bladder control, short term memory loss, memory recall, long term memory loss, memory recall, and decision making.

The NSA dated 6-22-17 recorded meals provided total dependence with bathing, toileting, dressing, transfer, mobility uses electric wheel chair, sara sit to stand lift for transfers, staff administer medications, weekly weights on Sunday's, goes to outside agency during the day. (No documentation of day's resident goes to outside agency).

The NSA lacked documentation the resident required two person transfers with sara lift, the days resident goes to outside agency, services provided, the need for side rails on bed, and assessment for use of side rails.

On 8-15-17 at 3:00 p.m. observed certified staff F and H transfer resident from motorized wheel chair to toilet using sit to stand sara lift. Canvas sling placed around resident. Resident's hands assisted to hold onto the bars when resident lifted and transferred to toilet. Resident safely transferred with assist of two staff and sit to stand lift.

Interview on 8-16-17 at 3:00 p.m. with operator/licensed nurse stated and confirmed the NSA lacked the documentation to indicate

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S5105	Continued From page 9	S5105		

resident had side rails, required two staff assist with transfer using sara lift, and dates/time resident is at outside agency.

- Record review for resident #222 revealed an admit date of 2-14-17 with diagnoses of type 2 diabetes mellitus, major depressive disorder, chronic obstructive pulmonary disease, seizures, and bi-polar disorder.

The FCS dated 2-24-17 recorded resident independent with walking/mobility, required supervision for dressing, transfer, communication, physical assistance with bathing, toileting, eating, unable to assist with management of medications/treatments, and experienced short term memory loss, memory recall, long term memory loss, decision making, and falls/unsteadiness.

The NSA dated 2-24-17 recorded resident required assistant with bathing, toileting, mobility assistance, assistance with dressing, incontinence, and transfer assistance. Staff to administer medications/treatments, check finger stick blood sugar (FSBS) and weight.

The NSA lacked documentation of who will perform blood sugar checks, provide dressing changes, administer medications, name of lab services, therapy services, and lacked services provided by physical therapy.

Interview on 8-16-17 at 3:00 p.m. with operator/licensed nurse stated and confirmed the NSA lacked documentation of services to be provided including physical therapy and a

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S5105	Continued From page 10 description of services to be provided. - Record review on 8-16-17 at 2:55 p.m. for resident #333 revealed an admit date of 3-8-17 with diagnoses of cerebral infarction, anxiety, chronic obstructive pulmonary disease and guillian barr syndrome. The FCS dated 3-8-17 recorded resident required physical assistance with dressing, walking/mobility, eating, communication, unable to assist with bathing, toileting, transfer, management of medications/treatments, bladder incontinence, experienced short term memory loss, memory recall, long term memory loss, decision making, impaired decision making, inappropriate behaviors, and falls/unsteadiness. The NSA dated 3-8-17 recorded resident on regular cholesterol diet. Family to provide diet beverages. Resident dependent on staff for bathing toileting, mobility, dressing, incontinent care, transferring, prefers speaking spanish, staff to administer medications/treatments, FSBS checks, and monthly weights. The NSA lacked documentation to identify who is to check FSBS and how many staff to assist with transfer, mobility, toileting as resident is dependent. The NSA failed to identify the resident used side rails on both sides of bed and reason for use of side rails. The record lacked an assessment for use of the side rails. Interview on 8-16-17 at 3:00 p.m. with operator/licensed nurse stated and confirmed the NSA lacked interventions to indicate who performs the FSBS checks, resident two person transfer, and use for side rails.	S5105		

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S5105	Continued From page 11 For residents #111, #222, and #333, the operator/licensed nurse failed to ensure the development of a written NSA based on resident's FCS, service needs, and preferences. The NSA shall provide a description of the services the resident shall receive; identifications of the provider of each service; and identification of each party responsible for payment if outside resources provide a service.	S5105		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) The facility identified a census of 12 residents. The sample included 3 residents. Based on record review and interview for 3 (#111, #222, #333) of 3 residents sampled, the operator/licensed nurse failed to ensure each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreement. Findings included: - Record review on 8-15-17 at 2:25 p.m. for resident #111 revealed an admit date of 6-22-17 with diagnoses of friedreich's ataxia, cerebral	S5126		

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S5126	Continued From page 12	S5126		

vascular accident with left sided hemiplegia, functional debility, coronary artery disease, and shingles.

The functional capacity screen dated 6-22-17 recorded resident required physical assistance with bathing dressing, toileting, transfer, walking/mobility, eating, unable to manage medications/treatments, experienced incontinent bladder control, short term memory loss, memory recall, long term memory loss, memory recall, and decision making.

The negotiated service agreement (NSA) dated 6-22-17 recorded meals provided total dependence with bathing, toileting, dressing, transfer, mobility uses electric wheel chair, sara sit to stand lift for transfers, staff administer medications, weekly weights on Sunday's, goes to outside agency during the day.

The NSA lacked the signature of the resident, resident's legal representative, or licensed nurse.

Interview on 8-16-17 at 3:00 p.m. with operator/licensed nurse stated and confirmed the NSA lacked the signature from the resident, resident's legal representative and licensed nurse.

- Record review for resident #222 revealed an admit date of 2-14-17 with diagnoses of type 2 diabetes mellitus, major depressive disorder, chronic obstructive pulmonary disease, seizures, and bi-polar disorder.

The functional capacity screen dated 2-24-17 recorded resident independent with walking/mobility, required supervision for dressing, transfer, communication, physical

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assistance with bathing, toileting, eating, unable to assist with management of medications/treatments, and experienced short term memory loss, memory recall, long term memory loss, decision making, and falls/unsteadiness.

The NSA dated 2-24-17 recorded resident required assistant with bathing, toileting, mobility assistance, assistance with dressing, incontinence, and transfer assistance. Staff to administer medications/treatments, check finger stick blood sugar (FSBS) and weight.

The NSA lacked a signature from resident's legal representative and licensed nurse.

Interview on 8-16-17 at 3:00 p.m. with operator/licensed nurse stated and confirmed the NSA lacked the signature from the resident, resident's legal representative and licensed nurse.

- Record review on 8-16-17 at 2:55 p.m. for resident #333 revealed an admit date of 3-8-17 with diagnoses of cerebral infarction, anxiety, chronic obstructive pulmonary disease and guillian barr syndrome.

The functional capacity screen dated 3-8-17 recorded resident required physical assistance with dressing, walking/mobility, eating, communication, unable to assist with bathing, toileting, transfer, management of medications/treatments, bladder incontinence, experienced short term memory loss, memory recall, long term memory loss, decision making, impaired decision making, inappropriate behaviors, and falls/unsteadiness.

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S5126	Continued From page 14 The NSA dated 3-8-17 recorded resident on regular cholesterol diet. Family to provide diet beverages. Resident dependent on staff for bathing toileting, mobility, dressing, incontinent care, transferring, prefers speaking spanish, staff to administer medications/treatments, FSBS checks, and monthly weights. The NSA lacked a signature from resident, resident's legal representative, and licensed nurse. Interview on 8-16-17 at 3:00 p.m. with operator/licensed nurse stated and confirmed the NSA lacked the signature from the resident, resident's legal representative and licensed nurse. For residents #111, #222, and #333, the operator/licensed nurse failed to ensure each individual involved in the development of the NSA signed the agreement.	S5126		
S5161 SS=D	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility identified a census of 14 residents. The sample included 12 residents. The sample included 3 residents. Based on record review,	S5161		

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S5161	Continued From page 15 interview, and observation for 1 (#333) of 3 residents sampled, the operator/licensed nurse failed to ensure the Negotiated Service Agreement (NSA) contained a description of the Health Care Services (HCS) to be provided. Findings included: - Record review on 8-16-17 at 2:55 p.m. for resident #333 revealed an admit date of 3-8-17 with diagnoses of cerebral infarction, anxiety, chronic obstructive pulmonary disease and guillian barr syndrome. The FCS dated 3-8-17 recorded resident required physical assistance with dressing, walking/mobility, eating, communication, unable to assist with bathing, toileting, transfer, management of medications/treatments, bladder incontinence, experienced short term memory loss, memory recall, long term memory loss, decision making, impaired decision making, inappropriate behaviors, and falls/unsteadiness. The NSA dated 3-8-17 recorded resident on regular cholesterol diet. Family to provide diet beverages. Resident dependent on staff for bathing toileting, mobility, dressing, incontinent care, transferring, prefers speaking spanish, staff to administer medications/treatments, FSBS checks, and monthly weights. The NSA lacked documentation to identify who is to check FSBS and how many staff to assist with transfer, mobility, toileting as resident is dependent. The NSA failed to identify the resident used side rails on both sides of bed and reason for use of side rails. The record lacked an assessment for use of the side rails.	S5161		

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S5161	Continued From page 16 The record lacked a HCS plan. Interview on 8-16-17 at 3:35 p.m. with licensed nurse B stated, "He/She must of missed it." For resident #333, the operator/licensed nurse failed to ensure the NSA contained a description of the HCS to be provided.	S5161		
S5165 SS=D	26-42-204 (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 26-42-204(e) The facility identified a census of 12 residents. The sample included 3 residents. Based on record review and interview for 2 (#E and #G) of 2 Certified Medication Aides (CMA) sampled, the licensed nurse failed to delegate nursing procedures (as outlined under the Kansas Nurse Practice Act 65-1124) to CMA'S related to blood glucose monitoring (FSBS). Findings included: - Personnel records reviewed on 8-16-17 at 4:10 p.m. with licensed nurse C. Personnel record review for CMA E revealed employment date of 2-10-17. The personnel record lacked	S5165		

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S5165	Continued From page 17 documentation for delegation of FSBS checks. Personnel record review for CMA G revealed employment dated of 6-26-17. The personnel record lacked documentation for delegation of FSBS checks. Interview on 8-16-17 at 4:30 p.m. with licensed nurse C stated CMA's perform FSBS checks and confirmed licensed nurse failed to appropriately delegate FSBS checks. For CMA's E and G, the licensed nurse failed to delegate nursing procedures (as outlined under the Kansas Nurse Practice Act 65-1124) to CMA'S related to FSBS checks.	S5165		
S5205 SS=J	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(a) The facility identified a census of 12 residents. The sample included 3 residents. Based on record review, interviews, and observations for 2 (#111 and #333) of 3 residents sampled, the operator/licensed nurse failed to ensure the provision of a sufficient number of staff to take residents who would require assistance in an emergency or disaster to a secure locations when	S5205		

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S5205	Continued From page 18	S5205		

only 1 staff member scheduled on duty from 10 p.m. to 6 a.m. with two residents who required two person assist for transfer. This failure placed residents in immediate jeopardy for harm, injury or death.

Findings included:

The resident roster provided on 8-15-17 at 12:30 p.m. identified 8 residents had impaired cognition and 2 residents required two person assist to transfer.

Interview on 8-15-17 at 1:20 p.m. with operator/licensed nurse stated had two certified staff on duty from 6:00 a.m. to 2:00 p.m., two certified staff on duty from 2:00 p.m. to 10:00 p.m., and one certified staff on duty from 10:00 p.m. to 6:00 a.m

- Record review for resident #111 revealed an admit date of 6-22-17 with diagnoses friedreich's ataxia, cerebral vascular accident with left sided hemiplegia, junctional debility, and coronary artery disease.

The functional capacity screen dated 6-22-17 recorded resident required physical assistance with transfer, walking/mobility, experienced impaired short term memory, memory recall, long term memory and decision making.

The negotiated service agreement dated 6-22-17 recorded resident required total assist with two staff and use of Sara lift [sit to stand lift to residents when they are unable to transition from a sitting position to a standing position on their own] for transfer and uses motorized wheelchair for mobility
The health care service plan dated 6-24-17

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S5205	Continued From page 19	S5205		

recorded resident required physical assistance of two staff and use of Sara lift for toileting and lacked documentation of interventions to address transfer and mobility needs.
On 8-15-17 at 3:00 p.m. observed certified staff F and H take resident to restroom and transfer resident #111 from motorized wheel chair to toilet using canvas sling and sara sit to stand lift. Resident was able to put hands on sara lift but unable to hold self-up. Incontinent care provided. Resident was then transferred back to motorized wheel chair using the sara sit to stand lift. Resident unable to hold self-up using the lift. Certified staff F and H both stated resident is a two person transfer using the lift and resident unable to walk or stand. Certified staff F and H stated that no staff are with other residents in evenings after supper when Resident #111 requires incontinent care/toileting or transfer.

For resident #111, the facility failed to provide sufficient staff to take the resident to a secure location in the case of an emergency. This failure placed resident #111 in immediate jeopardy for harm, injury, or death.

- Record review for resident #333 revealed admit date of 3-8-17 with diagnoses of cerebral infarction, chronic obstructive pulmonary disease, anxiety, and guillian barre' syndrome.

The functional capacity screen dated 3-8-17 recorded resident required physical assistance with walking/mobility, unable to assist with transfer, experienced impaired short term memory, memory recall, long term memory, and impaired decision making.

The negotiated service agreement dated 3-8-17 recorded resident dependent for mobility and

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S5205	Continued From page 20 transferring. The record lacked a health care service plan. On 8-16-17 observed certified staff F and G take resident to restroom to toilet. Resident required physical assistance of both staff to get up out of wheelchair. Resident grabbed safety bar to assist with standing. Resident's legs trembling and resident short of breath. The raised seated toilet was close to resident as he/she could sit down from letting go of safety bar. Certified staff F stayed in restroom with resident and notified certified staff G to come back to assist resident to get back in wheel chair. Interview on 8-16-17 at 3:35 p.m. with licensed nurse B stated resident #333 is a two person transfer and confirmed the record lacked a health care service plan. Licensed nurse B further stated resident had become weaker due to increased weight. The record contained documentation of height and weight on 3-8-17 as 5 foot 4 inches and 250 pounds. Resident #333's weight on 8-15-17 was recorded as 335 pounds. Interview on 8-16-17 at 12:50 p.m. with operator/licensed nurse and licensed nurse C stated they had not conducted an emergency evacuation with one staff on duty and further stated had 2 residents who require a two person transfer and 8 of 12 residents have impaired cognition. For residents #111 and #333, the operator/licensed failed to ensure the provision of a sufficient number of staff to take residents who would require assistance in an emergency or	S5205		

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S5205	Continued From page 21 disaster to a secure locations when only 1 staff member scheduled on duty from 10 p.m. to 6 a.m. with two residents who required two person assist for transfer. This failure placed residents in immediate jeopardy for harm, injury or death. The jeopardy was removed on 8-16-17 at 2:20 p.m. when licensed nurse C provided a written plan that recorded the following: Staffing to meet residents needs: Purpose: to ensure the care needs of residents are met at all times. To ensure safe evacuation of residents in case of emergencies. Procedures: The operator shall ensure the facility is staffed with at least two employees at all times in order to ensure residents needs are met. The operator shall update the schedules in order to ensure there are enough employees to meet the evacuation needs at all times.	S5205		
S5210 SS=F	26-42-104 (b) Written Emergency Plan b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced	S5210		

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S5210	Continued From page 22 by: KAR 26-42-104(b)(2)(3)(4)(5)(6)(7)(8)(9) The facility identified 12 residents. The sample included 3 residents. Based on record review and interview for all residents, the operator/licensed nurse failed to ensure the development of a detailed written emergency management plan to manage potential emergencies and disaster, including the following, flood; severe weather; tornado; explosion; natural gas leak; lack of electrical or water service; missing residents; and any other potential emergency situations. Findings included: - Review of emergency plan with operator/licensed nurse and licensed nurse C on 8-16-17 at 3:00 p.m. revealed a written emergency plan for fire and unable to locate written plans for flood; severe weather; tornado; explosion; natural gas leak; lack of electrical or water service; missing residents; and any other potential emergency situations. For all residents, the operator/licensed nurse failed to ensure the development of a detailed written emergency management plan to manage potential emergencies and disaster, including the following, flood; severe weather; tornado; explosion; natural gas leak; lack of electrical or water service; missing residents; and any other potential emergency situations.	S5210		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure	S5215		

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S5215	Continued From page 23 disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' 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 26-42-104(d)(3) The facility identified a census of 12 residents. The sample included 3 residents. Based on record review and interview for all residents, the operator/licensed nurse failed to ensure a quarterly review of the home's emergency management plan with employees and residents. Findings included: - Record review for the 3 sampled residents revealed admission dates of resident #222 on 2-24-17, and resident #333 on 3-8-17. Interview on 8-15-17 at 1:20 p.m. with operator/licensed nurse stated, "Had not conducted quarterly review of the disaster/emergency management plan with residents or employees."	S5215		

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S5215	Continued From page 24 For all residents and employees, the operator/licensed nurse failed to ensure a quarterly review of the home's emergency management plan with employees and residents.	S5215		
S5230 SS=F	26-42-207 (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; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility identified a census of 12 residents. The sample included 3 residents. Based on record review and interview for 3 (#111, #222, #333) of 3 residents sampled and 5 employee files reviewed, the operator failed to ensure the facility's compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-105. Findings included:	S5230		

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S5230	Continued From page 25 - Record review on 8-15-17 at 2:25 p.m. for resident #111 revealed an admit date of 6-22-17. The record lacked documentation of a two-step TB skin test. - Record review on 8-16-17 at 10:30 a.m. for resident #222 revealed an admit date of 2-24-17. The record lacked documentation of a two-step TB skin test. - Record review on 8-16-17 at 2:55 p.m. for resident #333 revealed an admit date of 3-8-17. The record lacked documentation of a two-step TB skin test. Review of personnel records with licensed nurse C revealed the following: Licensed nurse B hired on 2-20-17 lacked a two-step TB skin test. Certified staff E hired on 2-20-17 contained an initial TB skin test on 2-14-17 and read on 2-16-17. The second step of TB skin test was not completed. Certified staff F hired on 3-29-17 lacked a two-step TB skin test. Certified staff I hired on 7-11-17 lacked a two-step TB skin test. Certified staff G hired on 6-26-17 lacked a two-step TB skin test. Interview on 8-16-17 at 4:30 p.m. with licensed nurse C confirmed residents and personnel lacked a two-step TB skin test. For resident #111, #222, #333 and 5 of 5	S5230		

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S5230	Continued From page 26 employees, the operator/licensed nurse failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5250 SS=E	26-42-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f) The facility identified a census of 12 residents.	S5250		

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S5250	Continued From page 27 The sample included 3 residents. Based on record review and interview for 3 (#111, #222, and #333) of 3 residents sampled, the operator/licensed nurse failed to ensure each resident record contained an admission agreement. Findings included: - Record review on 8-15-17 at 2:25 p.m. for resident #111 revealed an admit date of 6-22-17. The record lacked an admission agreement. - Record review on 8-16-17 at 10:30 a.m. for resident #222 revealed an admit date of 2-24-17. The record lacked an admission agreement. - Record review on 8-16-17 at 2:55 p.m. for resident #333 revealed an admit date of 3-8-17. The record lacked an admission agreement. Interview on 8-16-17 at 3:00 p.m. with operator/licensed nurse stated and confirmed the resident records lacked an admission agreement and thought the negotiated service agreement was the admission agreement. For residents #111, #222, and #333, the operator/licensed nurse failed to ensure each resident record contained an admission agreement.	S5250		
S5258 SS=E	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful	S5258		

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S5258	Continued From page 28 completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2)(3)(4) The facility identified a census of 12 residents. The sample included 3 residents. Based on 3 (certified staff E, G, I) of 5 personnel records reviewed, the operator failed to ensure the records contained evidence of certification, registration, supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in a an adult care home; and supporting documentation that the individual does not have a finding of having abused, neglected or exploited any resident in an adult care home, from the nurse aide registry in each state which the individual has been known to work as a certified nurse aide.	S5258		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087221	A. BUILDING: _____ B. WING _____	08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE WICHITA, KS 67208

(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
S5258	Continued From page 29 Findings included: - Personnel records reviewed on 8-16-17 with licensed nurse C identified certified staff E, G, and I, lacked supporting evidence or documentation of certification, registration, specialized training, documentation from the Kansas nurse aide registry that the individual does not have a finding of having abuse, neglect or exploited a resident in an adult care home. Interview on 8-16-17 at 4:30 p.m. with licensed nurse C stated and confirmed the personnel records for certified staff E, G, and I, lacked nurse aide registry check, certification, and criminal back ground checks. For 3 (#E, #G, #I) of 5 personnel records reviewed, the operator/licensed nurse failed to ensure the records contained evidence of certification, registration, supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in a an adult care home; and supporting documentation that the individual does not have a finding of having abused, neglected or exploited any resident in an adult care home, from the nurse aide registry in each state which the individual has been known to work as a certified nurse aide.	S5258		