STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087216	A. BUILDING: _____ B. WING _____	12/08/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN BOOMERS HOME PLUS, LLC	6953 E KENTFORD CIRCLE WICHITA, KS 67226

(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 of the above home plus facility on 12/6/16, 12/7/16, and 12/8/16.	S 000		
S5028 SS=E	26-42-101 (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 home 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 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 26-42-101(f)(3)	S5028		

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

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S5028	Continued From page 1 The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 2 (#300 and #400) of 3 residents sampled, the operator failed to report potential allegations of abuse and/or neglect to the department within 24 hours of each incident. Findings included: - Record review for resident #300 revealed an admission date of 9/30/16 and diagnoses of hypertension and type 2 diabetes mellitus. The functional capacity screen dated 9/30/16 indicated resident required physical assistance with toileting, transferring, and ambulation; experienced impaired decision-making ability; experienced impaired vision; and was at risk for falls. The negotiated service agreement/health care service plan dated 9/30/16 recorded the services of physical assistance with toileting every 2 hours, physical assistance to walk with walker; and physical assistance with transferring. The interdisciplinary progress notes contained the following entries: 11/29/16 at 12:53 p.m. licensed nurse F documented resident experienced a fall in the bathroom on 11/26/16 at approximately 2:00 p.m. The certified staff member was assisting another resident at the time of the fall. Resident #300 received an abrasion to left knee. Then at approximately 7:30 p.m. certified staff called nurse to report resident fell in bedroom while certified staff assisting another resident. Resident #300 stated he/she was trying to walk to	S5028		

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S5028	Continued From page 2 bedroom and lost balance when turning the corner. Resident received a "scratch" to right forearm. 12/3/16 at 10:00 a.m. licensed nurse C documented (operator D) notified nurse resident had fallen. Licensed nurse C documented an assessment. The entry lacked the time and location of fall. According to the department the operator did not report these falls when resident was not assisted with toileting and ambulation. At 1:10 p.m. on 12/7/16, licensed nurse C confirmed the resident ' s fall on 12/3/16 was not reported to the department. Licensed nurse C provided an "Investigation" form with documentation by a certified staff member dated 12/3/16 that resident had been sitting on edge of bed and was assisted to back into bed and then heard resident fall. The operator failed to report potential allegations of abuse and/or neglect involving resident #300 to the department within 24 hours of each incident. - Record review for resident #400 revealed an admission date of 8/3/16 and diagnoses of Alzheimer's dementia, hypertension, and end-stage congestive heart failure. The functional capacity screen dated 8/3/16 indicated resident required physical assistance with toileting, transferring, mobility, and experienced impaired short-term memory, long-term memory, decision-making ability, and memory recall. The negotiated service agreement/health care	S5028		

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S5028	Continued From page 3 service plan dated 8/3/16 recorded the services of physical assistance with toileting every 2 hours, 2-person transfer assistance with gait belt, and physical assistance with mobility in wheelchair. Interventions of 2 hour visual checks, personal alarm on at all times and assistance of 1 to 2 staff with gait belt and walker at all times listed as interventions due to resident's risk for falling. The interdisciplinary notes contained an entry by licensed nurse F on 10/29/16 at 11:01 a.m. that he/she was notified by staff at approximately 6:30 p.m. on 10/28/16 that resident had fallen hitting head on piano. Certified staff had left resident standing alone with walker when resident tripped and fell. According to the department the operator did not report this incident of potential neglect. The operator failed to report a potential allegation of neglect involving resident #400 to the department within 24 hours of the incident.	S5028		
S5127 SS=D	26-42-202 (i) NSA Services Received (i) Each administrator or operator shall ensure that each resident receives services according to the provisions of that resident ' s negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(i) The facility reported a census of 5 residents. The sample included 3 residents. Based on record	S5127		

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S5127	Continued From page 4 review, observation, and interview for 1 (#400) of 3 residents sampled, the operator failed to ensure the resident received a service specified in the negotiated service agreement. Findings included: - Record review for resident #400 revealed an admission date of 8/3/16 and diagnoses of Alzheimer's dementia, hypertension, and end-stage congestive heart failure. The functional capacity screen dated 8/3/16 indicated the resident required physical assistance with transferring; mobility; and experienced impaired short-term memory, long-term memory, decision making, and memory recall. The negotiated service agreement/health care service plan dated 8/3/16 documented resident to have personal alarm on at all times. At 12:05 p.m. on 12/6/16, observed certified staff G transfer resident from recliner in living room to wheelchair and then wheel resident to table in dining room. Observed that resident did not have a personal alarm. During an interview at 1:40 p.m. on 12/7/16, licensed nurse C stated resident did not have a personal alarm. The operator failed to ensure resident #400 received a service specified in the negotiated service agreement.	S5127		
S5171 SS=E	26-42-204 (i) Health Care Services Standards of Practice	S5171		

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S5171	Continued From page 5 (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(i) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 2 (#400 and #300) of 3 residents sampled, the operator failed to ensure heath care services were provided to residents by qualified staff in accordance with acceptable standards of practice. Findings included: - Record review for resident #400 revealed an admission date of 8/3/16 and diagnoses of Alzheimer's disease, hypertension, and end-stage congestive heart failure. The functional capacity screen dated 8/3/16 indicated the resident was unable to perform management of medications and treatments. The negotiated service agreement/health care service plan dated 8/3/16 recorded the service of medication and treatment management by licensed staff and administration by staff. The November 2016 medication administration record (MAR) recorded medication administration by certified medication aides. Comparison of the MAR and written medical care provider's orders revealed the lack of orders signed by the medical care provider for the following:	S5171		

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S5171	Continued From page 6 Vitamin E 400 international units one capsule by mouth daily for supplement Lisinopril 40 milligrams (mg) one tablet by mouth every day for hypertension Coenzyme Q-10 100 mg one capsule by mouth every day for Alzheimer's disease Lorazepam 0.5 mg one tablet by mouth every 4 hours as needed for anxiety Potassium chloride extended release 20 milliequivalents one tablet by mouth 2 times a day Namenda 10 mg one tablet by mouth 2 times a day for Alzheimer's disease Magnesium oxide 400 mg one tablet by mouth 2 times a day for supplement Depakote 250 mg one tablet by mouth 2 times a day for persistent mood disorder Tylenol 325 mg two tablets by mouth every 6 hours as needed for pain/fever Triamcinolone 0.1% cream apply to rash topically every 12 hours as needed for rash Lorazepam intensol 2 mg/milliliter give 0.5 milliliter (1 mg) by mouth every 2 hours as needed for anxiety Lorazepam 1 mg/milliliter topical apply 0.5 milliliter (0.5 mg) to top of back every 4 hours as needed for agitation/anxiety Seroquel 50 mg 1 tablet by mouth every evening for mood swings	S5171		

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S5171	Continued From page 7 At 3:05 p.m. on 12/6/16, licensed nurse C confirmed certified medication aides administered the above medications to resident without an order for medications signed by the medical care provider. The operator failed to ensure heath care services were provided to resident #400 by qualified staff in accordance with acceptable standards of practice. - Record review for resident #300 revealed an admission date of 9/30/16 and diagnoses of hypertension and type 2 diabetes mellitus. The functional capacity screen dated 9/30/16 indicated the resident was unable to perform management of medications and treatments. The negotiated service agreement/health care service plan dated 9/30/16 recorded the service of medication and treatment management by licensed staff and administration by staff. The November 2016 medication administration record (MAR) recorded medication administration by certified medication aides. Comparison of the MAR and written medical care provider's orders revealed the lack of orders signed by the medical care provider for the following: Vitamin D 1000 international units one tablet daily by mouth for supplement Atorvastatin 20 milligrams (mg) one tablet by mouth every day for cholesterol Lidocaine 5% patch apply above left knee topically every morning and remove at bedtime	S5171		

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S5171	Continued From page 8 for pain Hydralazine 25 mg one tablet by mouth 2 times a day for hypertension Benazepril 10 mg one tablet by mouth every 12 hours for hypertension Accuchek (to check blood sugar with glucometer) fasting and 2 hours after meals Knee high TED hose (compression stockings) on in a.m. and off in p.m. Miralax powder mix 17 grams with 8 ounces of water administer by mouth every 24 hours as needed for constipation The record contained a rehabilitation facility's medication list signed by a medical care provider for these medications and treatments. At 3:15 p.m. on 12/6/16, licensed nurse C stated the signature was not the resident's medical care provider. The operator failed to ensure heath care services were provided to resident #300 by qualified staff in accordance with acceptable standards of practice.	S5171		
S5185 SS=E	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement	S5185		

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S5185	Continued From page 9 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 26-42-206(c) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review, observation, and interview for 2 (#400 and #300) of 2 residents sampled whose negotiated service agreement included the provision of a therapeutic diet, the operator failed to ensure the diet was prepared according to instructions from a medical care provider or licensed dietitian. Findings included: - Record review for resident #400 revealed an admission date of 8/3/16 and diagnoses of Alzheimer's disease, hypertension, and end-stage congestive heart failure. Functional capacity screen dated 8/3/16 indicated resident required supervision with eating. The negotiated service agreement dated 8/3/16 recorded resident to receive a low sodium diet. The interdisciplinary progress notes contained an entry by licensed nurse F on 11/18/16 of resident decline due to dementia and medical care provider order to change to pureed diet. The record contained a signed medical care provider's	S5185		

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S5185	Continued From page 10 order dated 8/22/16 for a low sodium diet due to hypertension and an order 11/18/16 for pureed diet. At 12:15 p.m. on 12/6/16, observed resident #400 sitting in wheelchair at dining room table. Resident fed self a lettuce salad. Certified staff E stated the lettuce salad also had chicken, carrots, and tomatoes. At 1:50 p.m. on 12/6/16, when asked to provide the instructions to prepare a low sodium diet, certified staff G stated he/she would ask the nurse for this. Certified staff E stated he/she was not aware of an order for a pureed diet for the resident. At 1:55 p.m. on 12/6/16, licensed nurse C stated facility did not have instructions for preparation of therapeutic diets and mechanically altered diets. For resident #400, the operator failed to ensure the diet was prepared according to instructions from a medical care provider or licensed dietitian. - Record review for resident#300 revealed an admission date of 9/30/16 and a diagnosis of hypertension and type 2 diabetes mellitus. The functional capacity screen dated 9/30/16 indicated the resident was independent with eating. The negotiated service agreement dated 9/30/16 recorded resident to receive a low sodium diet. At 1:55 p.m. on 12/6/16, licensed nurse C stated facility did not have instructions for preparation of therapeutic diets. For resident #300, the operator failed to ensure the diet was prepared according to instructions	S5185		

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S5185	Continued From page 11 from a medical care provider or licensed dietitian.	S5185		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (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 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)(4) The facility reported a census of 5 residents. The sample included 3 residents. Based on interview and record review for all residents and employees, the operator failed to ensure disaster and emergency preparedness by conducting a quarterly review of the facility's emergency management plan with employees and residents and an emergency drill with staff and residents that included evacuation of the residents to a secure location. Findings included:	S5215		

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S5215	Continued From page 12 - At 1:10 p.m. on 12/6/16, registered nurse consultant B stated the operator had not conducted a quarterly review of the emergency management plan with residents and staff and had not conducted an emergency drill with residents and staff. Review of resident records for admission dates revealed resident #100 admitted 7/11/16, resident #200 admitted 7/20/16, resident #300 admitted 9/30/16, resident #400 admitted 8/3/16, and resident #500 admitted 8/3/16. For all residents and employees, the operator failed to ensure disaster and emergency preparedness by conducting a quarterly review of the facility's emergency management plan with employees and residents and an emergency drill with staff and residents that included evacuation of the residents to a secure location	S5215		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2)	S5380		

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S5380	Continued From page 13 The facility reported a census of 5 residents. The sample included 3 residents. Based on observation, interview, and record review for all residents living in the facility, the operator failed to ensure a hot water temperature range between 98 degrees Fahrenheit (F) and 120 degrees F at showers and lavatories accessible to residents. Findings included: - At 2:30 p.m. on 12/6/16, began measuring hot water temperatures and obtained a reading of 126.5 degrees F from the sink in bathroom #1, 127.5 degrees F from sink in bathroom #2, and 119.1 from kitchen sink. Informed registered nurse consultant B and licensed nurse C of the hot water temperature readings at 2:40 p.m. on 12/6/16. Licensed nurse C readjusted thermostat on hot water tank to decrease the hot water temperature and texted operator D for documentation of monitoring hot water temperatures. Operator D texted that he/she did not record hot water temperature readings. At 4:45 p.m. on 12/6/16, obtained a hot water temperature reading of 108.6 degrees F from sink in bathroom #1 and 109.9 degrees F from the sink in bathroom #2. On 12/7/16 at 11:17 a.m. obtained a hot water temperature reading of 69.8 degrees F from sink in bathroom #1, 67.8 degrees F from sink in bathroom #2, and 68.3 degrees F from the kitchen sink. At 11:25 a.m. on 12/7/16, certified staff E stated he/she noticed water got cool when he/she finished assisting resident #500 with a shower	S5380		

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GOLDEN BOOMERS HOME PLUS, LLC	6953 E KENTFORD CIRCLE WICHITA, KS 67226

(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
S5380	Continued From page 14 around 8:00 a.m. this morning. During an interview at 11:28 a.m. on 12/7/16, licensed nurse C stated he/she measured hot water temperature last night and water was cold so he/she adjusted the thermostat. When he/she measured the temperature again the water was at 119 degrees F and lowered the thermostat before leaving facility. Licensed nurse C stated he/she would notify operator of inability to maintain hot water temperature in range and staff to be instructed to measure hot water temperature before assisting a resident with a shower. During time in the facility on 12/6/16 and 12/7/16 observed resident #100 and resident #200 independent with ambulation and toileting. Resident roster recorded resident #100 independent with bathing and remaining 4 residents required assistance with bathing. For all residents living in the facility, the operator failed to ensure a hot water temperature range between 98 degrees F and 120 degrees F at showers and lavatories accessible to residents.	S5380		