| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B049001 | A. BUILDING: _____ B. WING _____ | 09/15/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOME AGAIN SENIOR LIVING LLC | 321 N MAIN STREET HAVILAND, KS 67059 |

| (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 |
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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of resurvey for the above named Home Plus facility conducted on 09/15/22. | S 000 | | |
| S5085 SS=D | 26-42-201 (c) Functional Capacity Screen Reassessment<br><br>(c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements:<br>(1) At least once every 365 days;<br>(2) following any significant change in condition as defined in K.A.R. 26-39-100; and<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-201 (c)(2)<br><br>The facility reported a census of eight residents(R). The sample included three residents. Based on observation, interview and record review the operator failed to ensure designated staff completed a resident "Functional Capacity Screen" for one (R916) of three sampled residents following a significant change in condition.<br><br>Findings Included:<br><br>- Review of R916's medical record revealed she moved into the facility on 12/18/22 with diagnosis of dementia. | S5085 | | |

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

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| S5085 | Continued From page 1<br><br>R916's "Functional Capacity Screen" (FCS) dated 12/07/21 revealed the resident was unable to perform the task of transferring, and that she used assistive device for mobility including a brace, wheelchair, and walker.<br><br>Observation on 09/15/22 at 11:56 AM "Certified Nurse Aide" (CNA) C got the resident up for lunch. CNA C put a gait belt on the resident and set her front wheeled walker in front of her. CNA C explained to the resident they were going to get ready for breakfast and guided the resident to put her hands on the walker and the resident stood with staff assistance. The resident then walked into the restroom and staff held onto the walker helping to guide it. The resident wore nonskid socks but did not have on any type of brace on her left foot.<br><br>On 09/15/22 at 02:33 PM "Certified Medication Aide" D reported the resident no longer wore a soft brace, used the walker for walking, and no longer had a baby monitor for safety.<br><br>On 09/15/22 at 03:25 PM "Administrative Staff" A reviewed the resident's FCS and acknowledged it should have been redone when the resident no longer wore a brace and transferred with staff assistance.<br><br>The operator failed to ensure designated staff reviewed and revised R916's FCS when she had a significant change in status. | S5085 | | |
| S5105 SS=E | 26-42-202 (a) Negotiated Service Agreement<br><br>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 2<br>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:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-202(a)(1)<br><br>The facility reported a census of eight residents(R). The sample included three residents. Based on interview, and record review for two (R914 and R916) of three sampled residents the operator failed to ensure the written "Negotiated Service Agreement" was based on the resident's "Functional Capacity Screen", service needs, and preferences.<br><br>Findings included:<br><br>- Review of R914's medical record revealed he moved into the facility on 05/09/22 with diagnosis of diabetes type II.<br><br>R914's "Functional Capacity Screen" dated 05/03/22 identified the resident had impaired | S5105 | | |

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| S5105 | Continued From page 3<br>cognition related to decision making abilities.<br><br>R914's "Negotiated Service Agreement" dated 05/06/22 failed to identify services to be provided related to impaired cognition/impaired decision making as identified in the "Functional Capacity Screen"<br><br>On 09/15/22 at 11:15 AM "Administrative staff" A and "Licensed Nurse" B reviewed R914's "Negotiated Service Agreement" and acknowledged it did not address service needs related to impaired cognition/decision making abilities as identified in the resident's "Functional Capacity Screen".<br><br>The operator failed to ensure designated staff developed the written "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and service needs.<br><br>- Review of R916's medical record revealed she moved into the facility on 12/18/22 with diagnosis of dementia.<br><br>R916's "Functional Capacity Screen" dated 12/07/21 revealed the resident had a score of 4 for cognition indication she had short- and long-term memory deficit as well as impaired memory recall and impaired decision-making ability.<br><br>R916's "Negotiated Service Agreement dated 12/07/21 failed to identify services to be provided related to impaired cognition/ impaired decision-making abilities as identified in R916's "Functional Capacity Screen". | S5105 | | |

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| S5105 | Continued From page 4<br>The operator failed to ensure designated staff developed the written "Negotiated Service Agreement" based on the resident's "Functional capacity Screen" and service needs. | S5105 | | |
| S5116 SS=D | 26-42-202 (d) NSA revisions<br><br>(d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:<br>(1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100;<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and<br>(4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-202(d)(2)<br><br>The facility reported a census of eight residents (R). The sample included three residents. Based on observation, interview and record review the operator failed to ensure staff reviewed and revised one (R916) of three resident's "Negotiated Service Agreement" following a significant change in condition.<br><br>Findings Included: | S5116 | | |

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| S5116 | Continued From page 5<br>- Review of R916's medical record revealed she moved into the facility on 12/18/22 with diagnosis of dementia.<br><br>R916's "Functional Capacity Screen" dated 12/07/21 revealed the resident was unable to perform the task of transferring, and that she used assistive device for mobility including a brace, wheelchair, and walker.<br><br>R916's "Negotiated Service Agreement" (NSA) dated 12/07/21 identified the resident had wound care daily and as needed (PRN), and staff needed to assist the resident with transfers using a wheelchair and gait belt. It also included the resident had a baby monitor in room for resident safety and staff were to always keep the brace on her left foot.<br><br>Staff hand wrote the following changes to her NSA:<br>01/03/22 - Left leg toe-touch with boot and discontinue on 02/25/22<br>02/25/22 - Discontinue boot and start soft brace<br><br>The resident's NSA failed to be reviewed and revised when the resident no longer wore a soft brace, discontinued wound care,<br>used a walker and no longer had a baby monitor in her room for safety.<br><br>Observation on 09/15/22 at 11:56 AM "Certified Nurse Aide" (CNA) C went to get the resident for lunch. CNA C put a gait belt on the resident and set her front wheeled walker in front of her. CNA C explained to the resident they were going to get ready for breakfast and guided the resident to put her hands on the walker and the resident | S5116 | | |

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| S5116 | Continued From page 6<br>stood with staff assistance. The resident then walked into the restroom and staff held onto the walker helping to guide it. The resident wore nonskid socks but did not have on any type of brace on her left foot.<br><br>On 09/15/22 at 2:33 PM "Certified Medication Aide" D reported the resident no longer wore a soft brace, used the walker for walking, and no longer had a baby monitor for safety.<br><br>On 09/15/22 at 03:25 PM "Administrative Staff" A reviewed the resident's NSA and acknowledged it should have been revised when the resident no longer wore a brace, no longer used the baby monitor, started using the walker, and no longer required wound care services.<br><br>The operator failed to ensure designated staff reviewed and revised R916's NSA when she had a significant change in status. | S5116 | | |