| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B087245 | A. BUILDING: _____ B. WING _____ | 10/03/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AGAPE HOME PLUS LLC | 6322 E PEACH TREE LANE WICHITA, KS 67218 |

| (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 represent the findings of a resurvey for the above named home plus facility conducted on 09/29/22 and 10/03/22. | S 000 | | |
| S 135 SS=E | 26-39-103 (h) Resident Right Notification of Changes<br><br>(h) Notification of changes.<br>(1) The administrator or operator shall ensure that designated facility staff inform the resident, consult with the resident's physician, and notify the resident's legal representative or designated family member, if known, upon occurrence of any of the following:<br>(A) An accident involving the resident that results in injury and has the potential for requiring a physician's intervention;<br>(B) a significant change in the resident's physical, mental, or psychosocial status;<br>(C) a need to alter treatment significantly; or<br>(D) a decision to transfer or discharge the resident from the adult care home.<br>(2) The administrator or operator shall ensure that a designated staff member informs the resident, the resident's legal representative, or authorized family members whenever the designated staff member learns that the resident will have a change in room or roommate assignment.<br><br>This STANDARD is not met as evidenced by:<br>KAR 26-39-103(h)(1)(B)(C)(D)<br><br>The facility reported a census of seven residents | S 135 | | |

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

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| S 135 | Continued From page 1 | S 135 | | |

with three current residents and one closed record review included in the sample. Based on interview and record review the operator failed to ensure that Resident (R) 929's physician was consulted and the designated family member was notified upon occurrence of a significant change in her physical status, need to alter treatment, and decision to transfer her to the hospital for excessive vomiting; and that R930's designated family member was notified of a significant change in her mental status and need to alter treatment for increased anxiety.

Findings included:

- Record review for R929 revealed an admission date of 03/22/22 with the following diagnoses: dementia, anxiety/agitation, depression, and aggressive behavior.

The 04/28/22 significant change "Functional Capacity Screen" (FCS) identified R929 required supervision for bathing and dressing, was independent for toileting, transfers, walking/mobility, and eating; she was unable to perform management of medications; had short-term and long-term memory loss, memory/recall, and decision-making difficulties; was sometimes understandable and usually understands others when communicating; and was marked for impaired decision making, wandering, and inappropriate behavior.

The 03/22/22 (most recent) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide R929 management of medications and treatments; and structured, meaningful

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| S 135 | Continued From page 2 | S 135 | | |

activities, reassurance, and window alarm for impaired decision making, wandering, and inappropriate behavior.

The 09/19/22 "Resident Note" by Certified Nurse Aide (CMA) B documented R929 experienced vomiting and unstable walking. Facility staff notified Administrative Staff A who advised them to send R929 to the hospital.

R929's record lacked evidence that her physician was consulted, or family was notified of the vomiting, unstable walking, and decision to take her to the hospital.

- Record review for R930 revealed an admission date of 12/28/20 with the following diagnoses: Parkinson's disease, anxiety, depression, and diabetes mellitus type two.

The 05/19/22 significant change "FCS" identified R930 required physical assistance for bathing; supervision for dressing, toileting, transfers, walking/mobility, and eating; was unable to perform management of medications and treatments; was frequently incontinent of bladder; had no cognitive difficulties; was usually understandable and usually understood others when communicating; and was marked for falls, impaired vision, and impaired decision making.

The 04/01/21 (most recent) combined "NSA/HCP" identified facility or home health staff would provide R930 assistance twice a week with bathing; facility staff would provide minimal assistance with dressing; she took herself to the bathroom for toileting, transferred without assistance for transfers, ambulated

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| S 135 | Continued From page 3<br>independently with a walker for walking/mobility, and fed herself for eating; facility staff managed medications; she was able to communicate without intervention; had glasses for impaired vision and durable power of attorney (DPOA) for impaired decision making.<br><br>The 09/15/22 "Resident Note" by Licensed Nurse (LN) C documented the Advanced Practice Registered Nurse (APRN) was notified and new orders received for R930's increased anxiety.<br><br>R930's record lacked evidence that her family was notified of the significant change in her mental status and increase in anti-anxiety medication.<br><br>On 10/03/22 at approximately 03:22 PM during the final concerns meeting, Administrative Staff A confirmed the lack of documentation that a physician was consulted and family were notified when R929 went to the hospital and that family were notified when R930 had increased anxiety and her medication was changed.<br><br>The operator failed to ensure that R929's physician was consulted and the designated family member was notified of excessive vomiting, need to alter treatment, and decision to transfer her to the hospital; and that R930's designated family member was notified of increased anxiety and the need to alter treatment by increasing her anti-anxiety medication. | S 135 | | |
| S5085 SS=D | 26-42-201 (c) Functional Capacity Screen Reassessment<br><br>(c) Designated staff shall conduct a screening to | S5085 | | |

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| S5085 | Continued From page 4<br>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)(1)<br><br>The facility reported a census of seven residents with three current residents and one closed record review included in the sample. Based on observation, interview, and record review the operator failed to conduct a screening for Resident (R) 930 to determine her individual functional capacity based on her needs and preferences every 365 days.<br><br>Findings included:<br><br>- Record review for R930 revealed an admission date of 12/28/20 with the following diagnoses: Parkinson's disease, anxiety, depression, and diabetes mellitus type two.<br><br>The 04/01/21 admission "Functional Capacity Screen" (FCS) identified R930 required supervision for bathing and transfers; was unable to perform management of medications and treatments; was usually continent of bladder; had short-term memory loss; and was marked for falls, impaired vision, and impaired decision making. | S5085 | | |

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| S5085 | Continued From page 5<br><br>The 05/19/22 significant change "FCS" identified R930 required physical assistance for bathing; supervision for dressing, toileting, transfers, walking/mobility, and eating; was unable to perform management of medications and treatments; was frequently incontinent of bladder; had no cognitive difficulties; was usually understandable and usually understood others when communicating; and was marked for falls, impaired vision, and impaired decision making.<br><br>The 04/01/21 (most recent) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility or home health staff would provide R930 assistance twice a week with bathing; facility staff would provide minimal assistance with dressing; she took herself to the bathroom for toileting, transferred without assistance for transfers, ambulated independently with a walker for walking/mobility, and fed herself for eating; facility staff managed medications; she was able to communicate without intervention; had glasses for impaired vision and durable power of attorney (DPOA) for impaired decision making.<br><br>R930's record lacked evidence of an "FCS" completed within 365 days of the admission FCS on 04/01/21. Between the admission FCS on 04/01/21 and the significant change FCS on 05/19/22 was 414 days which was 49 days passed due.<br><br>Observation on 10/03/22 at 03:17 PM revealed R930 laid in bed covered in blankets. She was awake and cheerful. She stated the staff took good care of her and said she did not want to get | S5085 | | |

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| S5085 | Continued From page 6<br>up to play Bingo at this time.<br><br>On 10/03/22 at approximately 03:22 PM Administrative Staff A confirmed an "FCS" was not completed within 365 days for R930.<br><br>The operator failed to conduct a screening to determine R930's individual functional capacity based on her needs and preferences every 365 days. | 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 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)(3)<br><br>The facility reported a census of seven residents with three current residents and one closed | S5105 | | |

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| S5105 | Continued From page 7 | S5105 | | |

record review included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 929's and R930's "Negotiated Service Agreements" (NSA) described the services they would receive based on their "Functional Capacity Screens" (FCS) and R930's NSA identified the party responsible for payment for hospice.

Finding included:

- Record review for R929 revealed an admission date of 03/22/22 with the following diagnoses: dementia, anxiety/agitation, depression, and aggressive behavior.

The 04/28/22 significant change "FCS" identified R929 required supervision for bathing and dressing, was independent for toileting, transfers, walking/mobility, and eating; she was unable to perform management of medications; had short-term and long-term memory loss, memory/recall, and decision-making difficulties; was sometimes understandable and usually understands others when communicating; and was marked for impaired decision making, wandering, and inappropriate behavior.

The 03/22/22 combined "NSA/HCP" identified facility staff would provide R929 management of medications and treatments; and structured, meaningful activities, reassurance, and window alarm for impaired decision making, wandering, and inappropriate behavior.

R929's "NSA" failed to identify the services she would receive for cognitive difficulties and communication.

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| S5105 | Continued From page 8<br><br>- Record review for R930 revealed an admission date of 12/28/20 with the following diagnoses: Parkinson's disease, anxiety, depression, and diabetes mellitus type two.<br><br>The 05/19/22 significant change "FCS" identified R930 required physical assistance for bathing; supervision for dressing, toileting, transfers, walking/mobility, and eating; was unable to perform management of medications and treatments; was frequently incontinent of bladder; had no cognitive difficulties; was usually understandable and usually understood others when communicating; and was marked for falls, impaired vision, and impaired decision making.<br><br>The 04/01/21 combined "NSA/HCP" identified facility or home health staff would provide R930 assistance twice a week with bathing; facility staff would provide minimal assistance with dressing; she took herself to the bathroom for toileting, transferred without assistance for transfers, ambulated independently with a walker for walking/mobility, and fed herself for eating; facility staff managed medications; she was able to communicate without intervention; had glasses for impaired vision, a durable power of attorney (DPOA) for impaired decision making and was admitted to Hospice.<br><br>R930's "NSA" failed to identify the services she would receive for toileting, transfers, walking/mobility, eating, management of treatments, bladder incontinence, and communication.<br><br>R930's "NSA" failed to identify the party | S5105 | | |

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| S5105 | Continued From page 9<br>responsible for payment of Hospice services.<br><br>On 10/03/22 at approximately 03:22 PM during the final concerns meeting Administrative Staff A confirmed services provided to R929 and R930 were not identified on their "NSA's" and that the party responsible for payment for hospice was not identified on R930's "NSA."<br><br>The operator failed to ensure R929's and R930's "NSA's" described the services they would receive based on their "FCS's" and R930's "NSA" identified the party responsible for payment for hospice. | S5105 | | |
| S5116 SS=F | 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)(1)(2) | S5116 | | |

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| S5116 | Continued From page 10<br><br>The facility reported a census of seven residents with three current residents and one closed record review included in the sample. Based on observation, interview, and record review the operator failed to ensure the review and if necessary, revision of the "Negotiated Service Agreement" (NSA) for Residents (R) 931 and R929 following a significant change in condition; and for R930 following a significant change in condition and once every 365 days.<br><br>Findings included:<br><br>- Record review for R931 revealed an admission date of 05/13/21 with the following diagnoses: dementia and congestive heart failure.<br><br>The 08/09/22 significant change for readmission "Functional Capacity Screen" (FCS) identified R931 required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; was independent with eating; was unable to perform management of medications and treatments; was incontinent of bladder; was usually understandable and usually understood others when communicating; and was marked for falls, impaired vision, and impaired decision making.<br><br>The 03/15/22 (most recent) combined "NSA/Healthcare Service Plan" (HCP) identified facility staff would provide R931 assistance with transfers; she was independent with a walker for walking/mobility and independent with eating; facility staff would provide management of medications; reminders and assistance to the restroom, ensure non-skid footwear was in place, floors were kept clean and dry, call button was | S5116 | | |

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kept within reach, remain in the bathroom when assisting her, and ensure she used a walker to prevent falls; and she wore glasses for impaired vision.

R931's record revealed significant change "FCS's" on 05/13/22 and 08/09/22.

R931's record lacked evidence of an "NSA" following a significant change on 05/13/22 and 08/09/22 based on the significant change "FCS's."

Observation on 09/29/22 at 03:38 PM revealed physical therapy (PT) staff was in the facility working with R931. She walked with a walker from the dining area to the far side of her room and sat down in a chair with supervision by PT staff. She appeared winded and oxygen per nasal cannula was applied by PT staff.

- Record review for R929 revealed an admission date of 03/22/22 with the following diagnoses: dementia, anxiety/agitation, depression, and aggressive behavior.

The 04/28/22 significant change "FCS" identified R929 required supervision for bathing and dressing, was independent for toileting, transfers, walking/mobility, and eating; she was unable to perform management of medications; had short-term and long-term memory loss, memory/recall, and decision-making difficulties; was sometimes understandable and usually understands others when communicating; and was marked for impaired decision making, wandering, and inappropriate behavior.

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| S5116 | Continued From page 12<br><br>The 03/22/22 (most recent) combined "NSA/HCP" identified facility staff would provide R929 management of medications and treatments; and structured, meaningful activities, reassurance, and window alarm for impaired decision making, wandering, and inappropriate behavior.<br><br>R929's record revealed a significant change "FCS" on 04/28/22.<br><br>R929's record lacked evidence of an "NSA" following a significant change on 04/28/22 based on the significant change "FCS."<br><br>Observation on 10/03/22 at 03:14 PM revealed R929 stood beside her bed in her room with non-skid shoes on. Administrative Staff A introduced state surveyor to R929 who appeared confused. She did not audibly speak but nodded her head in response to questions.<br><br>- Record review for R930 revealed an admission date of 12/28/20 with the following diagnoses: Parkinson's disease, anxiety, depression, and diabetes mellitus type two.<br><br>The 05/19/22 significant change "FCS" identified R930 required physical assistance for bathing; supervision for dressing, toileting, transfers, walking/mobility, and eating; was unable to perform management of medications and treatments; was frequently incontinent of bladder; had no cognitive difficulties; was usually understandable and usually understood others when communicating; and was marked for falls, impaired vision, and impaired decision making. | S5116 | | |

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| S5116 | Continued From page 13<br><br>The 04/01/21 (most recent) combined "NSA/HCP" identified facility or home health staff would provide R930 assistance twice a week with bathing; facility staff would provide minimal assistance with dressing; she took herself to the bathroom for toileting, transferred without assistance for transfers, ambulated independently with a walker for walking/mobility, and fed herself for eating; facility staff managed medications; she was able to communicate without intervention; had glasses for impaired vision and durable power of attorney (DPOA) for impaired decision making.<br><br>R930's record revealed a significant change "FCS" on 05/19/22.<br><br>R930's record lacked evidence of an "NSA" following a significant change on 05/19/22 based on the significant change "FCS."<br><br>R930's lacked evidence of an "NSA" since 04/01/22 which at the time of survey was 546 days, which was 181 days passed the requirement to complete an NSA every 365 days.<br><br>Observation on 10/03/22 at 03:17 PM revealed R930 laid in bed covered in blankets. She was awake and cheerful. She stated the staff took good care of her and said she did not want to get up to play Bingo at this time.<br><br>On 10/03/22 at approximately 03:22 PM during the final concerns meeting, Administrative Staff A confirmed the required NSA's were not present in R931, R929, and R930's records.<br><br>The operator failed to ensure the review and if | S5116 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B087245 | A. BUILDING: _____ B. WING _____ | 10/03/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AGAPE HOME PLUS LLC | 6322 E PEACH TREE LANE WICHITA, KS 67218 |

| (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 |
|---|---|---|---|---|
| S5116 | Continued From page 14<br>necessary, revision of the "NSA" for R931 and R929 following a significant change in condition; and for R930 following a significant change in condition and once every 365 days. | S5116 | | |
| S5251 SS=D | 26-42-105 (f) (11) Resident Records Documentation of Incidents<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-105(f)(11)<br><br>The facility reported a census of seven residents with three current residents and one closed record review included in the sample. Based on interview and record review the operator failed to ensure staff provided adequate documentation of symptoms which indicated illness or injury including dates, times, and results of the actions when Resident (R) 929 developed vomiting and unstable walking which led to a transfer to the hospital.<br><br>Findings included:<br><br>- Record review for R929 revealed an admission date of 03/22/22 with the following diagnoses: dementia, anxiety/agitation, depression, and aggressive behavior.<br><br>The 04/28/22 significant change "Functional | S5251 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| S5251 | Continued From page 15 | S5251 | | |

Capacity Screen" (FCS) identified R929 required supervision for bathing and dressing, was independent for toileting, transfers, walking/mobility, and eating; she was unable to perform management of medications; had short-term and long-term memory loss, memory/recall, and decision-making difficulties; was sometimes understandable and usually understands others when communicating; and was marked for impaired decision making, wandering, and inappropriate behavior.

The 03/22/22 (most recent) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide R929 management of medications and treatments; and structured, meaningful activities, reassurance, and window alarm for impaired decision making, wandering, and inappropriate behavior.

The 09/19/22 "Resident Note" by Certified Nurse Aide (CMA) B documented R929 experienced vomiting and unstable walking. Facility staff notified Administrative Staff A who advised them to send R929 to the hospital.

R929's record lacked documentation of vomiting and unstable walking including dates, times, actions, and results of the actions by a licensed nursing staff member.

On 10/03/22 at approximately 03:22 PM Administrative Staff A confirmed lack of documentation in R929's record regarding symptoms of illness, time, date, action taken, and results of the action when R929 experienced vomiting and unstable walking.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| S5251 | Continued From page 16<br><br>The operator failed to ensure staff provided adequate documentation of symptoms which indicated illness including dates, times, and results of the actions when R929 developed vomiting and unstable walking which led to a transfer to the hospital. | S5251 | | |