STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087195	A. BUILDING: _____ B. WING _____	10/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE CARE HOMES	5319 S SPRUCE STREET WICHITA, KS 67216

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S 000	INITIAL COMMENTS The following represent the findings of an initial survey for the above named home plus facility conducted on 10/17/22.	S 000		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement 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: (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(a)(1)(2) The facility reported a census of three residents with all included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 117, R118, and R119's "Negotiated Service Agreements" (NSA) described the services they would receive based on their "Functional Capacity Screens" (FCS) and to ensure R117's NSA identified the provider	S5105		

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

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S5105	Continued From page 1 of physical therapy/occupational therapy (PT/OT) services. Finding included: - Record review for R117 revealed an admission date of 09/02/2 with a diagnosis of stroke. The 08/27/22 "FCS" identified R117 was marked for falls and impaired vision. The 08/27/22 "NSA" failed to identify the services he would receive to address falls and impaired vision. R117's NSA documented he received therapy services for PT/OT but failed to identify the provider of the services. - Record review for R118 revealed an admission date of 03/07/22 with the following diagnoses: bipolar two disorder, mild neurocognitive disorder, and mild degenerative joint disease in left hip. The 03/07/22 "FCS" identified R118 was marked for falls and impaired vision. The 03//07/22 "NSA" failed to identify the services he would receive to address falls and impaired vision. - Record review for R119 revealed an admission date of 12/27/21 with the following diagnoses: paranoid schizophrenia, anxiety, major depressive disorder, and obsessive-compulsive disorder.	S5105		

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S5105	Continued From page 2 The 12/27/21 "FCS" identified R119 was marked for falls, impaired vision, and impaired decision making. The 03//07/22 "NSA" failed to identify the services he would receive to address falls, impaired vision, and impaired decision making. On 10/17/22 at approximately 05:40 PM during the final concerns meeting Administrative Staff A confirmed services provided to R117, R118, and R119 to address falls and impaired vision were not identified on their "NSA's" and that services provided to R119 to address impaired decision making was not addressed on his NSA. The operator failed to ensure R117, R118, and R119's "NSA's" described the services they would receive based on their "FCS's."	S5105		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of three residents. The facility had a main kitchen where food was	S5195		

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S5195	Continued From page 3	S5195		

stored and prepared. Based on observation, interview. and record review the operator failed to document food storage temperatures of the refrigerator and freezer to ensure foods were stored under safe conditions for nine days out of 16 total days for the month of October.

Findings included:

- Observation on 10/17/22 at 11:43 AM during initial tour revealed a side-by-side refrigerator and freezer located in the facility's main kitchen.

Review of the facility's October 2022 "Daily Temperature Log" revealed refrigerator and freezer temperatures were not documented for the following dates: 10/05/22, 10/06/22, 10/08/22, 10/09/22, 10/10/22, 10/13/22, 10/14/22, 10/15/22, and 10/16/22.

Instructions at the bottom of the of the "Daily Temperature Log" read: "Refrigerator should be 36 degrees to 40 degrees, call Administrative Staff A if temperature reads less than 41 degrees."

There were nine days out of 16 total days in October foods used for cooking and serving to the residents was potentially unsafe.

On 10/18/22 at 12:31 PM Administrative Staff A confirmed food storage temperatures were not documented.

The operator failed to document food storage temperatures of the refrigerator and freezer in the main kitchen to ensure foods were stored under safe conditions.

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S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of three residents with all included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 117's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management of select medications. Findings included: - Record review for R117 revealed an admission date of 09/02/22 with a diagnosis of stroke. The 08/27/22 "Functional Capacity Screen" (FCS) identified R117 required physical assistance for management of medications. The 08/27/22 "NSA identified facility staff would provide management of medications. The 08/27/22 "NSA" failed to identify who was	S5286		

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S5286	Continued From page 5 responsible for the management and administration of select medications for R929. The 09/05/22 "Self-Administration of Medication (SAM) Assessment Tool" documented R117 may self-inject insulin pen. On 10/17/22 at approximately 05:40 PM Administrative Staff A confirmed R117's NSA lacked documentation of who was responsible for the management and administration of select medications. The operator failed to ensure R117's "NSA" identified who was responsible for the administration and management of select medications.	S5286		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by:	S5313		

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S5313	Continued From page 6 KAR 26-42-205(g)(3) The facility reported a census of three residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package and the container, bottle, or tube if it could be removed from the original package of over-the-counter (OTC) medications. Findings included: - Observation on 10/17/22 at 11:31 AM revealed Certified Medication Aid (CMA) B unlocked and opened the medication cart where the medications were stored. The cart contained the following over-the-counter medications that were not labeled with a resident's name: acetaminophen (pain/fever) tablets 500 milligrams (mg) chest rub emu oil two oz (supplement) mucus relief 10 tablets antacid tablets Bayer low dose aspirin tablets (pain/fever) ibuprofen 200 mg tablets (pain/fever) allergy relief tablets Oragel (tooth pain) antifungal cream triple antibiotic ointment cortisone cream (allergy) On 10/17/22 at approximately 05:40 PM Administrative Staff A confirmed the OTC medications were not labeled with residents full names.	S5313		

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S5313	Continued From page 7 The operator failed to ensure all OTC medications were labeled with the residents' full names.	S5313		