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 _____	10/26/2022

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

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S 000	INITIAL COMMENTS The following citation represent the findings of a resurvey for the above named Home Plus facility conducted on 10/25-26/2022.	S 000		
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 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)(3) The facility reported a census of eight residents(R). The sample included three residents. Based on observation, interview, and record review for three (R125, R126, R127) of three sampled residents the operator failed to ensure the written "Negotiated Service Agreement" NSA include a description of all the services the resident would receive, 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 those services, and the party responsible for payment if outside resources provided a service for the resident. Findings included: - Review of R125's medical record revealed she moved into the facility on 07/11/16 and had current diagnoses of depressive disorder, anxiety and right humerous fracture. On 0/25/22 at 12:20 PM "Licensed Nurse" (LN) B stated the "Functional Capacity Screen", "Negotiated Service Agreement", and the "Health Service Plan" (FCS/NSA/HSP) were all one document. She also stated if there was a need to revise the FCS/HSA/HSP they had a separate document for addendums. R125's FCS/NSA/HSP dated 09/11/22 revealed the resident needed physical assistance with bathing, dressing, and toileting and needed supervision with transfers, walking/mobility, and eating. The FCS/NSA/HSP failed to identify the resident received podiatry and physical therapy services through an outside source. On 10/25/22 at 03:31 PM Licensed Nurse B reviewed the resident's FCS/NSA/HSP and acknowledged it did not include outside provider services, the service being provided, or who paid for that service. For R125, the operator failed to ensure designated staff developed the FCS/NSA/HSP to include all services being provided, who provided the service and if provided by an outside source who was the responsible party for payment.	S5105		

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S5105	Continued From page 2 - Review of R126's medical record revealed she moved into the facility on 03/26/18 with diagnoses of chronic obstructive pulmonary disease, congestive heart failure, and paranoid schizophrenia. On 0/25/22 at 12:20 PM "Licensed Nurse" (LN) B stated the "Functional Capacity Screen", "Negotiated Service Agreement", and the "Health Service Plan" (FCS/NSA/HSP) were all one document. R126's FCS/NSA/HSP failed to identify the resident received podiatry services through an outside provider. On 10/25/22 at 03:31 PM Licensed Nurse B reviewed the resident's FCS/NSA/HSP and acknowledged it did not include outside provider services for podiatry, the service being provided, or who paid for that service. For R126, operator failed to ensure designated staff developed the FCS/NSA/HSP to include all services being provided, who provided the service and if provided by an outside source who was the responsible party for payment. - Review of R127's medical record revealed she moved into the facility on 03/26/21 with diagnoses of cerebral vascular accident with mild expressive aphasia and rheumatoid arthritis. On 0/25/22 at 12:20 PM "Licensed Nurse" (LN) B stated the "Functional Capacity Screen", "Negotiated Service Agreement", and the "Health Service Plan" (FCS/NSA/HSP) were all one	S5105		

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S5105	Continued From page 3 document. R127's FCS/NSA/HSP revealed the resident could not perform any of her activities of daily living, including management of medications and medical treatments. It failed to identify the resident received Hospice services through an outside source and Podiatry services through an outside source. On 10/25/22 at 03:31 PM Licensed Nurse B reviewed the resident's FCS/NSA/HSP and acknowledged it did not include outside provider services, the service being provided, or who paid for that service. For R127, operator failed to ensure designated staff developed the FCS/NSA/HSP to include all services being provided, who provided the service and if provided by an outside source who was the responsible party for payment.	S5105		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (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.	S5116		

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S5116	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2) 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 the review and if necessary the revision of each negotiated service agreement for one (R125) of three sampled residents following any significant change in condition, as defined in KAR 26-39-100. Findings Included: - Review of R125's medical record revealed she moved into the facility on 07/11/16 and had current diagnoses of depressive disorder, anxiety and right humerous fracture. On 0/25/22 at 12:20 PM "Licensed Nurse" (LN) B stated the "Functional Capacity Screen", "Negotiated Service Agreement", and the "Health Service Plan" (FCS/NSA/HSP) were all one document. She also stated if there was a need to revise the FCS/HSA/HSP they had a separate document for addendums. R125's FCS/NSA/HSP dated 06/21/22 revealed the resident needed physical assistance with all activities of daily living and was unable to manage her medications or medical treatments. It revealed that facility nursing staff would provide assistance for the resident in completion	S5116		

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S5116	Continued From page 5 of ADLs and medication management. R125's FCS/NSA/HSP dated 09/11/22 revealed the resident had an improvement in functional ability. She just needed supervision with transfers, walking/mobility, and eating. Review of the resident's physician orders revealed her medical provider ordered Physical Therapy (PT) to evaluate and treat on 05/23/22. The resident's record lacked documentation of PT visits and who provided those visits. On 10/26/22 at 09:24 AM "Licensed Nurse" B reported the resident started on PT through a local Home Health agency on 05/25/22 and was discharged from services on 09/23/22. She also acknowledged that she did not complete an addendum to the FCS/NSA/HSP when she started or stopped Home Health services for PT. Review of the Negotiated Service Agreement policy dated 08/01/22 revealed staff would complete NSA with a significant change. The operator failed to ensure the review and if necessary the revision of each negotiated service agreement for one (R125) of three sampled residents following any significant change in condition, as defined in KAR 26-39-100.	S5116		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the	S5300		

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S5300	Continued From page 6 administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of eight residents (R). The sample included three residents. Based on record review and interview for two (R126 and R127) of three sample residents who had their medications administered from facility staff, the operator failed to ensure staff administered all medications in accordance with a medical providers written order and as needed (PRN) medications according to standards of practice. Findings included: - Review of R126's medical record revealed she moved into the facility on 03/26/18 with diagnoses of chronic obstructive pulmonary disease, congestive heart failure, and paranoid	S5300		

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S5300	Continued From page 7 schizophrenia. On 0/25/22 at 12:20 PM "Licensed Nurse" (LN) B stated the "Functional Capacity Screen", "Negotiated Service Agreement", and the "Health Service Plan" (FCS/NSA/HSP) were all one document. R126's FCS/NSA/HSP revealed the resident scored a two for cognition and had mild cognitive impairment which required staff to provide cueing and reminders throughout the day. She also was unable to manage her medications and medical treatments and facility nursing staff would manage and administer her medications. Review of hospital discharge orders dated 10/13/22 included the following medications were to be discontinued: Haldol (an antipsychotic medication) 0.5 mg BID. Lorazepam (an antianxiety medication) 0.5mg daily and every 4 hours as needed (PRN) for anxiety. Morphine Sulfate (a narcotic pain medication) 100/5ml - 0.25 milliliter every 4 hours PRN due to allergic to medication. Review of the resident's October 2022 "Medication Administration Record" (MAR) revealed staff still administered the scheduled Haldol and Lorazepam after the resident returned from the hospital. They also administered the PRN Lorazepam on 10/15/22 and had not discontinued the Morphine from the MAR resulting in a potential for staff to administer her Morphine which she was allergic to.	S5300		

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S5300	Continued From page 8 On 10/26/22 at 09:57 AM LN B acknowledged the above medications were ordered to be discontinued upon her return from the hospital and were not discontinued from the October 2022 MAR. The operator failed to ensure all medications for R126 were administered in accordance with a medical care provider's written order. - Review of R127's medical record revealed she moved into the facility on 03/26/21 with diagnoses of cerebral vascular accident with mild expressive aphasia and rheumatoid arthritis. On 0/25/22 at 12:20 PM "Licensed Nurse" (LN) B stated the "Functional Capacity Screen", "Negotiated Service Agreement", and the "Health Service Plan" (FCS/NSA/HSP) were all one document. R127's FCS/NSA/HSP revealed the resident could not perform any of her activities of daily living, including management of medications and medical treatments. It revealed facility nursing staff would provide total assistance with activities of daily living and would manage and administer the medications. Review of the September signed "Physicians Order Sheet" included the following orders: Aspercreme Lidocaine (topical pain medication) 4% cream topically to both hands four times a day as needed (PRN) for pain. Morphine Sulfate(a narcotic pain medication) 100 milligrams (mg)/5 milliliter (ML) 0.25 ml every	S5300		

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S5300	Continued From page 9	S5300		

hour as needed for pain or air hunger which was increased to 0.5ml on 09/8/22.
Milk of Magnesia (laxative) 30 ml PRN daily for constipation or no BM in 3 days.
Lorazepam (an antianxiety medication) 0.5 mg every 4 hours PRN for anxiety.
Ondansetron HCL 4 mg every 4 hours PRN for nausea/vomiting.

Review of the September 2022 "Medication Administration Record" (MAR) revealed Certified Medication Aides (CMAs) documented the administration of the Morphine Sulfate 15 times, the Aspercream 6 times, the Milk of Magnesia once, and the Lorazepam once after notifying the nurse, but failed to follow up on the results of the administration the medication.

Review of the October 2022 MAR revealed CMAs documented the following PRN medications: Milk of Magnesia twice, Aspercreme twice, Morphine sulfate six times, and the Ondansetron HCL 3 times after notifying the nurse but failed to follow up on the results of the administration of the medication.

On 10/25/22 at 02:49 PM CMA D reported to give a PRN medication: we call the nurse and tell them what is going on and she will either tell us to give it or try something else. The CMA documented she gave it and notified the nurse and then she is to go back and see if it helped and documents that on, the back of the MAR to show if it worked or not.

On 10/25/22 at 03:31 PM LN B acknowledged the CMAs needed to follow up on the results of the PRN medication after they gave it. LN B

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S5300	Continued From page 10 reviewed the MARs and acknowledged that staff had not followed up on the results of the PRN medication given. The Operator failed to ensure certified staff administered PRN medications according to standards of practice.	S5300		