STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087144	A. BUILDING: _____ B. WING _____	11/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS AT PARK WEST PLAZA	515 N MAIZE ROAD WICHITA, KS 67212

(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 for the above named Home Plus facility conducted on 11/2/22.	S 000		
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 five residents. Based on observations and interview the executive director failed to ensure staff stored all foods under safe and sanitary conditions. Findings included: - Observations on 11/2/22 at 09:22 AM, during initial tour of the kitchen revealed the following concerns related to food storage: Surveyor opened the refrigerator and in the bottom drawer were three zip-lock bags with meat in them. Two bags had sausage patties, the other had slices of bacon. The bags did not have a label or date on them.	S5195		

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

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S5195	Continued From page 1 On the door of the refrigerator, bottom shelf were six cartons of mighty shakes. None of the cartons had a date opened or a discard date on them. On the carton of Mighty Shake, it directs user to "use within 14 days of being thawed". On 11/02/22 at 09:23 AM "Certified Medication Aide" C acknowledged the sausage and bacon should have been dated and labeled as well as the Mighty Shakes should have had a date when they were thawed. The executive director failed to ensure all foods raw meats and Mighty Shakes were stored in a safe manner.	S5195		
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	S5215		

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S5215	Continued From page 2 by: KAR 26-42-104 (d)(3)(4) The facility reported a census of five residents. Based on record review and interview for all resident's and staff, the executive director failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan with employees. Findings included: - Surveyor entered the facility on 11/02/22 and emailed request for evidence of the quarterly reviews of the emergency management plan with employees and residents since the last survey and evidence of the last two-yearly evacuation drills for 2021 and 2022. On 11/02/22 at 02:25 PM "Administrative Staff" B provided in-service training for facility staff on 07/20/22 for reviewing the emergency management plan. He acknowledged the electronic training they do is based on the facility's emergency management plan, but it is only scheduled once a year in November. He reported they had looked for additional in-services and could not find them for employee review of the emergency management plan. The executive director failed ensure the emergency management plan was reviewed on a quarterly basis with facility staff.	S5215		
S5313 SS=D	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may	S5313		

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S5313	Continued From page 3 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: KAR 26-42-205(g)(3) The facility reported a census of five residents. Based on observation and interviews for all residents regarding over-the-counter medications, the executive director failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each package or bottle of over-the-counter medications. Findings included: - On 11/02/22 at 09:40 AM "Certified Medication Aide" C unlocked the medication cart for inspection. Observation revealed a jar of Mineral boost supplement, a jar of greens and probiotics supplement and a bottle of essential nutrients each of which had a resident room number on them but no name. There were also 2 bottles of	S5313		

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S5313	Continued From page 4 melatonin and a bottle of stool softener that had a resident's first initial and last name. On 11/2/22 at 09:41 AM "Certified Medication Aide" C acknowledged they did not have their full name on them and thought they just needed to have their room number on the bottle. On 11/2/22 at 10:02 AM "Administrative Licensed Nurse" D reported all OTC medications need to have the residents full name on them. The executive director failed to ensure all over-the-counter medications were labeled with the resident's full name.	S5313		