STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087201	A. BUILDING: _____ B. WING _____	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING HEARTS LLC	2311 W WESTPORT ST WICHITA, KS 67203

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S 000	INITIAL COMMENTS The following citations represent the findings or a resurvey with complaint investigations #170419, #171547, #172985, and #176708 at the above named Home Plus facility conducted on 12/14-15/2022.	S 000		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of six residents (R). The sample included three residents. Based on observation, interview and record review the operator failed to ensure designated staff completed one (R3) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability at the time staff completed the screen. Findings Included: - Review of R3's medical record revealed he moved into the facility on 05/03/21 with diagnosis of schizoaffective disorder. R3's "Functional Capacity Screen" (FCS) dated	S5095		

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

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S5095	Continued From page 1 04/16/22 lacked identification of inappropriate behaviors. R3's "Negotiated Service Agreement" Dated 05/12/22 identified behaviors would be managed by a local mental health company. Review of R3's "Nursing Progress Notes" included documentation of yelling at staff, cursing, racial slurs and throwing things prior to the completion of the "Functional Capacity Screen" dated 04/16/22. On 12/15/22 at 02:12 PM "Administrative Certified Medication Aide" acknowledged the resident did have inappropriate behaviors and it should have been identified on the FCS. The operator failed to ensure designated staff completed R226's FCS to include his inappropriate behaviors.	S5095		
S5258 SS=E	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas	S5258		

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S5258	Continued From page 2 nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(2) The facility reported a census of six residents. Based on record review and interview, the operator failed to ensure the required employee criminal background checks were completed upon hire which had the potential to affect all residents. Findings included: - Review of the list of newly hired employees since the last survey revealed "Certified Nurse Aide" B hired onto the facility on 03/04/22. Review of his employee file lacked evidence of completion of the required criminal background check. On 12/14/22 at 02:04 PM "Administrative Staff" A reported she sent off to have the Criminal Background check completed but could not print out the results. Staff A looked for the receipt for submission and was not able to find it.	S5258		

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S5258	Continued From page 3 The operator failed to ensure newly hired employee records contained evidence the required criminal background checks were completed upon hire.	S5258		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the 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 six residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure that one (R3) of three sampled residents whom the facility was responsible for the administration of their medications, received their medications and biologicals in accordance	S5300		

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S5300	Continued From page 4 with a medical care provider's written order and professional standards of practice. Findings included: Review of R3's medical record revealed he moved into the facility on 05/03/21 with a diagnosis of schizoaffective disorder. R3's "Functional Capacity Screen" dated 04/16/22 identified the resident was unable to perform the task of management of his medications. R3's "Negotiated Service Agreement" dated 05/12/22 revealed administration / management of medications and medical treatments would be completed by certified and licensed staff. The resident's Physician's orders signed 12/14/22 included orders for Hydrodiuril (diuretic) 25 milligrams (mg) daily for hypertension and Lisinopril (antihypertensive) 10 mg daily for hypertension. Both orders included parameters to hold if "Systolic Blood Pressure" (SBP) is greater than 200 or less than 80. Review of R3's "Medication Administration Record" (MAR) for December 2022 revealed the Hydrodiuril and Lisinopril were held on the following dates with the coordinating blood pressures: 12/01/22 - blood pressure 141/78 12/02/22 - blood pressure 112/72 12/05/22 - blood pressure 113/75 12/06/22 - blood pressure 110/61 12/07/22 - blood pressure 116/74 12/12/22 - blood pressure 125/78	S5300		

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S5300	Continued From page 5 12/13/22 - blood pressure 118/76 12/14/22 - blood pressure 110/70 On 12/15/22 at 02:11 PM "Administrative Certified Medication Aide" A stated the above dosages were held because the bottom number was less than 80. Staff A confirmed the "SBP reading is the top number of a blood pressure reading. She reviewed the parameter orders and acknowledged the medications should not have been held because the SBP was not outside the administration parameters. On 12/15/22 at 02:43 PM "Licensed Nurse" C acknowledged the blood pressure should not have been held according to the readings. The operator failed to ensure facility staff administered R3's blood pressure medications according to physicians written order.	S5300		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart.	S5315		

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S5315	Continued From page 6 Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1) The facility reported a census of six residents. Based on observation, interview, and record review the operator failed to ensure staff stored medications that required refrigeration securely in a locked medication room and/or a locked refrigerator to ensure only licensed nurses and medication aides had access to the stored medications. Findings included: - On 12/14/22 at 01:06 PM observation of the garage had a small unlocked refrigerator sitting on top of the freezer. The refrigerator contained	S5315		

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S5315	Continued From page 7 a prescription bottle with three unopened vials of Ativan, (a controlled antianxiety), an unopened vial of TB solution, and a plastic container labeled TB tests with a prefilled syringe that is not labeled or dated. It also contained 15 prefilled syringes with Seroquel (antipsychotic) ointment. On 12/14/22 at 01:17 PM "Administrative Staff" A acknowledged she needed to get a new lock for the refrigerator. The operator failed to ensure medications were store securely to ensure only "Licensed Nurses" and "Certified Medication Aides" had access to medications and biologicals.	S5315		