STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087062	A. BUILDING: _____ B. WING _____	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HOMESTEAD ASSISTED LIVING	1601 W MAY STREET WICHITA, KS 67213

(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 represent the findings of a resurvey for the above named assisted living facility conducted on 12/14/22 and 12/15/22.	S 000		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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 26-41-202(a)(1) The facility reported a census of 30 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure Resident (R) 115's "Negotiated Service Agreements" (NSA) described the services she received regarding	S3085		

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

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S3085	Continued From page 1	S3085		

bed rails.

Findings included:

- Record review for R115 revealed an admission date of 08/30/18 with the following diagnoses: type two diabetes mellitus and anxiety.

The 08/11/22 "Functional Capacity Screen" (FCS) identified R115 required physical assistance with bathing and dressing; supervision for management of medications and treatments; was occasionally incontinent of bladder; had short-term memory loss; and was marked for falls impaired vision, and impaired hearing.

The 08/12/22 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide R115 assistance one time a week with bathing and assistance with dressing; she self-administered medications from a pill box her family filled; staff would obtain blood glucose levels daily at bedtime; she would approach the air conditioner thermostat from a different direction to prevent falls; and she wore glasses for impaired vision and a hearing aid for impaired hearing.

R115's "NSA" lacked evidence bed rails would be provided.

The 12/14/22 "Resident Roster" provided by the facility documented R115 used bed rails.

On 12/15/22 at 11:18 AM Licensed Nurse B confirmed R115 had a bed rail attached to her bed.

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S3085	Continued From page 2 On 12/15/22 at 11:24 AM Licensed Nurse B confirmed bed rails were not addressed on R115's "NSA." The administrator failed to ensure R115's "NSA" described the services she received regarding bed rails.	S3085		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 30 residents with three included in the sample. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint for Residents (R) 115 and R116.	S3155		

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S3155	Continued From page 3 Findings included: - Record review for R115 revealed an admission date of 08/30/18 with the following diagnoses: type two diabetes mellitus and anxiety. The 08/11/22 "Functional Capacity Screen" (FCS) identified R115 required physical assistance with bathing and dressing; supervision for management of medications and treatments; was occasionally incontinent of bladder; had short-term memory loss; and was marked for falls impaired vision, and impaired hearing. The 08/12/22 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide R115 assistance one time a week with bathing and assistance with dressing; she self-administered medications from a pill box her family filled; staff would obtain blood glucose levels daily at bedtime; she would approach the air conditioner thermostat from a different direction to prevent falls; and she wore glasses for impaired vision and a hearing aid for impaired hearing. R115's record lacked evidence of a bed rails assessment. The 12/14/22 "Resident Roster" provided by the facility documented R115 used bed rails. - Record review for R116 revealed an admission date of 03/03/22 with the following diagnoses: Parkinson's Disease, anxiety, and weakness. The 07/2/22 annual "FCS" identified R116	S3155		

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S3155	Continued From page 4	S3155		

required physical assistance with dressing, toileting, transfers; supervision with management of medications and treatments; was usually understandable and understands during communication; and was marked for falls and impaired decision making.

The 10/12/22 combined "NSA/HCP" identified facility would provide R116 assistance with toileting as needed; stand-by assistance with toileting and walking/mobility as needed; they would remind her to take her medications; she had no treatments; was able to make her needs known during communication; would encourage her to position herself near the back of chairs and keep her walker close to prevent falls; and she had a DPOA for impaired decision making.

R116's record lacked documentation of a bed rails assessment.

The 12/14/22 "Resident Roster" provided by the facility documented R116 used bed rails.

Observation on 12/15/22 at 12:07 PM revealed bed rails were attached to R116's bed.

On 12/15/22 at 10:37 AM Licensed Nurse B confirmed there was no bed rail assessment in R116's record.

On 12/15/22 at 11:18 AM Licensed Nurse B confirmed R115 had a bed rail attached to her bed.

On 12/15/22 at 11:24 AM Licensed Nurse B confirmed there was no bed rail assessment in R115's record.

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S3155	Continued From page 5 The administrator failed to ensure a licensed nurse completed an assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint for R115 and R116.	S3155		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (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 nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; 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 have worked as a certified nurse aide.	S3248		

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S3248	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1) The facility reported a census of 30 residents. Based on interview and record review the administrator failed to ensure evidence of certification for four out of four sampled certified staff was completed upon hire. Findings included: - Record review for four employees revealed the following: Certified Medication Aide (CMA) C's employee record revealed a hire date of 04/08/22. The employee record lacked a date the registry was contacted to check certification status. CMA D's employee record revealed a hire date of 08/27/22. The employee record lacked a date the registry was contacted to check certification status. CMA E's employee record revealed a hire date of 10/12/22. The employee record lacked a date the registry was contacted to check certification status. CMA's employee record revealed a hire date of 09/28/22. The employee record lacked a date the registry was contacted to check certification status. On 10/11/22 at approximately 11:53 AM Administrative Staff A confirmed CMA's C, D, E, and F's employee records lacked registry check dates.	S3248		

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S3248	Continued From page 7 The administrator failed to provide evidence of certification checks for four out of four certified staff was completed upon hire.	S3248		