STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087240	A. BUILDING: _____ B. WING _____	02/13/2023

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HARMONY HOUSE HOME PLUS LLC	400 N PETERSON AVE WICHITA, KS 67207

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S 000	INITIAL COMMENTS The following citations represent the findings of the initial survey with attached complaint #168023 at the above named home plus conducted on 02/09/23 and 02/13/23.	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) The facility reported a census of four residents with three included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R) 209 described the services he would receive for cognition and the "NSA" for R210 described the services she	S5105		

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

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S5105	Continued From page 1	S5105		

would receive for cognition and communication.

Finding included:

- Review of R209's record revealed an admission date of 01/11/22 with the following diagnoses: dementia and bilateral sensory hearing loss.

The 01/11/23 "Functional Capacity Screen" (FCS) identified R209 had short-term and long-term memory, memory/recall, and decision-making impairments.

The 01/11/23 "NSA" for R209 lacked evidence of the services facility staff would provide to manage his cognitive impairments.

- Review of R210's record revealed an admission date of 12/16/21 with the following diagnoses: bipolar disorder, major depressive disorder, and seizures.

The 12/16/22 "FCS" cognition section was left blank and identified R210 was sometimes understandable and usually understood during communication.

The 12/16/22 "NSA" for R210 lacked evidence of the services facility would provide to manage her cognition and communication.

On 02/013/23 at 10:29 AM Administrative Staff A confirmed cognition was not addressed on R209's "NSA."

On 02/13/23 at 10:36 AM Administrative Staff A confirmed cognition and communication were not

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S5105	Continued From page 2 addressed on R210's "NSA." The operator failed to ensure the "NSA" for R209 described the services he would receive for cognition and the "NSA" for R210 described the services she would receive for cognition and communication.	S5105		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(e) The facility reported a census of four residents. The facility had a main kitchen where food was stored and prepared for all residents. Based on record review and interview the operator failed to provide evidence of documentation of food	S5192		

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S5192	Continued From page 3 temperatures to ensure potentially hazardous foods were served at safe temperatures. Findings included: Record review of the facility's food temperature log for the month of February 2023 revealed the log was entirely blank. On 02/09/23 at approximately 11:03 AM Certified Medication Aide (CMA) B stated she had been logging food temperatures before serving food to the residents. On 02/13/23 at approximately 10:17 AM Administrative Staff A confirmed the food temperature log was blank for the month of February 2023. The operator failed to provide evidence of documentation of food temperatures to ensure potentially hazardous foods were served at safe temperatures.	S5192		
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:	S5195		

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S5195	Continued From page 4 KAR 26-42-206(f) The facility reported a census of four residents. The facility had a main kitchen where food was stored and prepared for all residents. Based on observation and interview the operator failed to date mark opened containers of food to ensure foods were stored under safe conditions. Findings included: - Observation on 02/09/23 at 11:03 AM revealed a refrigerator was in the facility's main kitchen with the following items that were not date marked inside: Two round plastic containers with a white substance inside One round plastic container with what appeared to be green beans One rectangular container with unrecognized substance inside One large bowel with orange substance inside One 64-ounce (oz) bottle of prune juice, opened with approximately one-third prune juice missing The August 2017 Kansas Department of Agriculture's "Focus on Food Safety" booklet documented food items must be date marked after the original container is opened and held under refrigeration for seven days in adequate refrigeration. On 02/09/23 at 11:11 AM Certified Medication Aide (CMA) B confirmed there were food items in the refrigerator that were not date marked. On 02/13/23 at approximately 10:45 AM	S5195		

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S5195	Continued From page 5 Administrative Staff A confirmed there were items in the refrigerator that were not date marked. The operator failed to date mark opened containers of food to ensure foods were stored under safe conditions.	S5195		
S5258 SS=F	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 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)(1)	S5258		

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S5258	Continued From page 6 The facility reported a census of four residents. Based on interview and record review the operator failed to ensure evidence of certification for all five of sampled staff was completed upon hire. Findings included: - Record review for five employees revealed the following: Certified Medication Aide (CMA) B's employee record revealed a hire date of 03/17/22. The employee record lacked evidence the registry was contacted to check certification status. Certified Nurse Aide (CNA) C's employee record revealed a hire date of 04/15/22. The employee record lacked a date the registry was contacted to check certification status. CMA D's employee record revealed a hire date of 09/15/21. The employee record lacked a date the registry was contacted to check certification status. CNA E's employee record revealed a hire date of 05/17/22. The employee record lacked a date the registry was contacted to check certification status. CNA F's employee record revealed a hire date of 11/01/22. The employee record lacked a date the registry was contacted to check certification status. On 02/13/23 at approximately 10:45 AM	S5258		

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S5258	Continued From page 7 Administrative Staff A confirmed staff records lacked dates the registry was checked to confirm their certification status. The operator failed to ensure evidence of certification for all five of sampled staff was completed upon hire.	S5258		
S5335 SS=E	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a) The facility reported a census of four residents with two that were independently mobile. Based on interview and record review the operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area. Findings included: - Observation on 02/09/23 at 11:03 AM of kitchen during initial tour of the facility revealed two 64-ounce (oz) plastic bottles of bleach and	S5335		

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S5335	Continued From page 8 one one-gallon jug of Member's Mark floor cleaner were in the unlocked cabinet under the kitchen sink. On 02/09/23 at 11:11 AM Certified Medication Aide B confirmed chemicals were stored in a cabinet under the kitchen sink that was not locked. She stated there two residents were independently mobile with mild confusion. On 02/13/23 at approximately 10:45 AM Administrative Staff A confirmed chemicals were stored in a cabinet under the kitchen sink that was not locked. The operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area.	S5335		