STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087137	A. BUILDING: _____ B. WING _____	02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLSPRINGS OF WICHITA LLC	6311 E MARJORIE ST WICHITA, KS 67208

(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 home plus facility conducted on 02/17/23.	S 000		
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. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(1)(2) The facility reported a census of six residents with three included in the sample. Based on interview and record review the operator failed to ensure the review and if necessary, revision of the "Negotiated Service Agreement" (NSA) for Resident (R) 216 following a significant change in condition. Findings included:	S5116		

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

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S5116	Continued From page 1 - Record review for R216 revealed an admission date of 06/12/20 with the following diagnoses: dementia and lack of coordination. The 12/26/22 "Functional Capacity Screen" (FCS) identified R216 was independent with transfers and walking/mobility. The 12/26/22 "NSA" identified R216 was fully dependent on facility staff for transfers and facility staff would provide moderate assistance with ambulation with a walker or can as she chose. On 02/16/23 at 02:26 PM Administrative Staff A confirmed facility staff did not complete a significant change NSA for R216 when she returned from the hospital and had a significant change in improvement. The operator failed to ensure the review and if necessary, revision of the "NSA" for R216 following a significant change in condition.	S5116		
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	S5192		

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S5192	Continued From page 2 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 six 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 temperatures to ensure potentially hazardous foods were served at safe temperatures. Findings included: On 02/16/23 at approximately 11:33 AM a food temperature log was requested from the facility. The facility failed to provide a food temperature log. On 02/16/23 at approximately 11:33 AM Certified Medication Aide (CMA) B confirmed there was no food temperature log. On 02/16/23 at 11:36 AM Administrative Staff A confirmed facility staff did record the temperatures of food served to the residents. The operator failed to provide evidence of documentation of food temperatures to ensure potentially hazardous foods were served at safe temperatures.	S5192		

Kansas Department on Aging

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