STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B077001	A. BUILDING: _____ B. WING _____	04/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHEAT HAVEN HOME LLC	304 MARION AVE MC DONALD, KS 67745

(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 at the above named home plus facility conducted on 04/04/23.	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) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review and interview for 1 resident (R)1, Operator/ Certified Medication Aide (CMA) A failed to ensure the review, and if necessary, revision of the Negotiated Service Agreement (NSA) at least once every 365 days. Findings included:	S5116		

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

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S5116	Continued From page 1 - The "Resident Roster" obtained on 04/04/23 identified two residents as having a bed assistive device. Record review for R1 revealed she admitted to the facility on 07/20/21 with diagnoses of altered mental status, hypertension and hypothyroidism. R1's current "Functional Capacity Screen" (FCS) dated 01/10/23 recorded the resident required physical assistance with bathing, dressing, toileting, transfers, walk/mobility and eating and was unable to manage medications and treatments. The FCS recorded R1 had impaired short-term memory, memory/recall impaired, impaired decision-making skills and usually understandable/ usually understood. R1 was at risk for falls and had impaired vision and hearing. The resident's "Negotiated Service Agreement" (NSA) dated 07/20/21 recorded staff assisted R1 with bathing, dressing, toileting, catheter care and walk/mobility. The resident's "Negotiated Service Agreement Addendum" dated 12/08/21 recorded R1 self-administered some medications and certified staff administered medications. Record lacked an NSA since 07/20/21. The resident's "Plan of Care" dated 11/07/22 recorded facility staff assisted R1 with bathing, dressing, toileting and transfer. Interview on 04/04/23 at 12:27 PM with Licensed Nurse B confirmed R1's records lacked a NSA every 365 days.	S5116		

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S5116	Continued From page 2 Operator/ Certified Medication Aide (CMA) A failed to ensure the review, and if necessary, revision of the Negotiated Service Agreement (NSA) at least once every 365 days.	S5116		
S5171 SS=D	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (i) The census totaled 8 residents. The sample included 3 residents. Based on observation, interview and record review, Operator/ Certified Medication Aide (CMA) A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 of 3 sampled residents (R)1. Findings included: - The "Resident Roster" obtained on 04/04/23 identified two residents as having a bed assistive device. Record review for R1 revealed she admitted to the facility on 07/20/21 with diagnoses of altered mental status, hypertension and hypothyroidism.	S5171		

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S5171	Continued From page 3	S5171		

R1's current "Functional Capacity Screen" (FCS) dated 01/10/23 recorded the resident required physical assistance with bathing, dressing, toileting, transfers, walk/mobility and eating and was unable to manage medications and treatments. The FCS recorded R1 had impaired short-term memory, memory/recall impaired, impaired decision-making skills and usually understandable/ usually understood. R1 was at risk for falls and had impaired vision and hearing.

The resident's "Negotiated Service Agreement" (NSA) dated 07/20/21 recorded staff assisted R1 with bathing, dressing, toileting, catheter care and walk/mobility.

The resident's "Negotiated Service Agreement Addendum" dated 12/08/21 recorded R1 self-administered some medications and certified staff administered medications.

The resident's "Plan of Care" dated 11/07/22 recorded facility staff assisted R1 with bathing, dressing, toileting and transfer.

Record review lacked an annual assessment of the resident to confirm the device was not a restraint, an assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment.

Observation on 04/04/23 at 12:40 PM of R1's room revealed a bed assist device to the right side of the bed and a trapeze bar over top of

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S5171	Continued From page 4 R1's bed. Interview on 04/04/23 at 10:56 AM with Licensed Nurse B confirmed no safety checks or bed assistive device assessments completed on R1 since 12/14/21. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Operator/CMA A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice which met the needs of R1 regarding use of a bed assistive device.	S5171		