STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089101	A. BUILDING: _____ B. WING _____	04/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE HOMES PLUS	1920 SW 32ND ST TOPEKA, KS 66611

(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 represents the findings of an Initial-Licensure Survey with complaint investigations 171059 and 174331 for the above named Home Plus facility conducted on 04/25/23 and 04/26/23.	S 000		
S 110 SS=E	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: KAR 26-39-103(c)(1)(B) The facility reported a census of seven residents.	S 110		

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

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S 110	Continued From page 1 The sample included three residents. Based on interview and record review the operator failed to ensure two (R3 and R4) of three sampled residents or their legal representative were informed, both orally and in writing, of the rules governing resident conduct and responsibility prior to admission to the facility. Findings included: - Review of R3s medical record revealed he moved into the facility on 08/30/21 with diagnoses of Alzheimer's, congestive heart failure, hypertension, and weight loss. Review of R3's medical record lacked evidence that he/or his legal representative was informed orally and in writing of the rules of resident conduct and responsibility. On 04/26/23 at 07:47 AM, Administrative Licensed Nurse A reported the "Admission Agreement", "Negotiated Service Agreement" and the "Health Care Service Plan" were all one document titled "[facility name] Negotiated Service Agreement". She stated since opening the facility, this agreement has gone through a few revisions to include different information that needed to be included in information provided to residents. Administrative Licensed Nurse A reviewed the packet information provided before admission and acknowledged neither the agreement nor the resident's rights information included the rules governing resident conduct and responsibility. The operator failed to ensure R3, or their legal representative were informed, both orally and in	S 110		

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S 110	Continued From page 2 writing, of the rules governing resident conduct and responsibility prior to admission to the facility. - Review of R4's medical record revealed she moved into the facility on 08/30/21 with diagnosis of dementia, diabetes type II, and hypertension. Review of R4's medical record lacked evidence that he/or his legal representative was informed orally and in writing of the rules of resident conduct and responsibility. On 04/26/23 at 07:47 AM, Administrative Licensed Nurse A reported the "Admission Agreement", "Negotiated Service Agreement" and the "Health Care Service Plan" were all one document titled "[facility name] Negotiated Service Agreement". She stated since opening the facility, this agreement has gone through a few revisions to include different information that needed to be included in information provided to residents. Administrative Licensed Nurse A reviewed the packet information provided before admission and acknowledged neither the agreement nor the resident's rights information included the rules governing resident conduct and responsibility. The operator failed to ensure R4, or their legal representative were informed, both orally and in writing, of the rules governing resident conduct and responsibility prior to admission to the facility.	S 110		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home	S5105		

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S5105	Continued From page 3 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 seven residents(R). The sample included three residents. Based on interview and record review for two (R3, R4,) of three sampled residents the operator failed to ensure designated staff developed a "Negotiated Service Agreement" that included what services would be provided based on the "Functional Capacity Screen" and the resident's service needs and the provider of services. Findings included: - Review of R3s medical record revealed he moved into the facility on 08/30/21 with diagnoses of Alzheimer's, congestive heart	S5105		

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S5105	Continued From page 4	S5105		

failure, hypertension, and weight loss.

R3's "Functional Capacity Screen" (FCS) dated 08/24/22 identified the resident required physical assistance with all activities of daily living except for supervision with eating. It also identified he had impaired decision making.

On 04/26/23 at 07:47 AM, Administrative Licensed Nurse A reported the "Admission Agreement", "Negotiated Service Agreement" and the "Health Care Service Plan" were all one document titled "[facility name] Negotiated Service Agreement".

R3's "[facility name] Negotiated Service Agreement" dated 10/20/22 identified "staff " will encourage the resident to shower twice a week, he showers with one-to-one assistance and cueing. It also identified he needed assistance with dressing. The "[facility name] Negotiated Service Agreement" failed to identify services related to fall risk, impaired decision making, and weight loss. It also failed to identify "who" would provide the services.

R3's medical record and nurses notes identified the resident's spouse would tell him he did not need to eat and discourage him from eating which resulted in the resident having weight loss.

On 04/25/23 at 03:10 PM Administrative Licensed Staff A acknowledged R3's "[facility name] Negotiated Service Agreement" did not include that certified staff provided assistance with bathing, dressing, toileting, or mobility. She also acknowledged the NSA/HCSP did not identify the resident was at risk for falls as

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S5105	Continued From page 5 identified in the FCS or that he had lost weight and remained at risk for additional weight loss. The operator failed to ensure R3's Negotiated Service Agreement was developed based on his service needs and identified what service would be provided, who provided the service. - Review of R4's medical record revealed she moved into the facility on 08/30/21 with diagnosis of dementia, diabetes type II, and hypertension. R4's "Functional Capacity Screen" (FCS) dated 08/30/22 identified the resident ha socially inappropriate behaviors. On 04/26/23 at 07:47 AM, Administrative Licensed Nurse A reported the "Admission Agreement", "Negotiated Service Agreement" and the "Health Care Service Plan" were all one document titled "[facility name] Negotiated Service Agreement". R4's "[facility name] Negotiated Service Agreement" dated 08/30/22 failed to addressed service needs for socially inappropriate behaviors as identified on R4's FCS. On 04/26/23 at 10:23 AM Administrative Licensed Nurse A acknowledged the "[facility name] Negotiated Service Agreement" did not address service needs related to the resident's socially inappropriate behaviors. The operator failed to ensure designated staff developed R4's Negotiated Service Agreemtn to included services related to her inappropriate behaviors.	S5105		

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S5161 SS=F	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (d) The facility reported a census of seven resident (R)s. The sample included three residents. Based on interview for all residents and record review, the operator failed to ensure all residents including three (R3, R4, R5) of three sampled residents "Negotiated Service Agreements" included the name of the licensed nurse responsible for the implementation and supervision of the service plan. Findings included: - On 04/26/23 at 07:47 AM, Administrative Licensed Nurse A reported the "Admission Agreement", "Negotiated Service Agreement" and the "Health Care Service Plan" were all one document titled "[facility name] Negotiated Service Agreement". She stated since opening the facility, this agreement has gone through a few revisions and acknowledged all current residents had the most up to date version of the document in their records. - Review of R3s medical record revealed he moved into the facility on 08/30/21 with diagnoses of Alzheimer's, congestive heart	S5161		

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S5161	Continued From page 7	S5161		

failure, hypertension, and weight loss.

R3's "Functional Capacity Screen" (FCS) dated 08/24/22 identified the resident required physical assistance with all activities of daily living except for supervision with eating. It also identified he had impaired decision making.

R3's "[facility name] Negotiated Service Agreement" dated 10/20/22 failed to identify the name of the licensed nurse responsible for the implementation and supervision of the resident's service plan.

On 04/26/24 at 03:08 PM Administrative Licensed Nurse A acknowledged that the agreement did not include specifications as to who the licensed nurse was responsible for the implementation and supervision of the resident's service plan.

The operator failed to ensure a Negotiated Service Agreement was developed and included the name of the licensed nurse responsible for implementation and supervision of the resident's service plan.

- Review of R4's medical record revealed she moved into the facility on 08/30/21 with diagnosis of dementia, diabetes type II, and hypertension.

R4's "Functional Capacity Screen" (FCS) dated 08/30/22 identified the resident ha socially inappropriate behaviors.

R4's "[facility name] Negotiated Service Agreement" dated 08/30/22 failed to identify the licensed nurse responsible for implementation

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S5161	Continued From page 8 and supervision of the resident's service plan. On 04/26/24 at 03:08 PM Administrative Licensed Nurse A acknowledged that the agreement did not include specifications as to who the licensed nurse was responsible for the implementation and supervision of the resident's service plan. The operator failed to ensure a Negotiated Service Agreement was developed and included the name of the licensed nurse responsible for implementation and supervision of the resident's service plan. - Review of R5's medical record revealed he moved into the facility on 01/15/23 with diagnoses of dementia and arthritis. R5's "Functional Capacity Screen dated 01/15/23 identified the resident needed supervision with all activities of daily living but was independent with eating and was unable to manage his medications or medical treatments. R5's "[facility name] Negotiated Service Agreement" dated 01/15/23 failed to identify the licensed nurse responsible for the implementation and supervision of his service plan. On 04/26/24 at 03:08 PM Administrative Licensed Nurse A acknowledged that the agreement did not include specifications as to who the licensed nurse was responsible for the implementation and supervision of the resident's service plan.	S5161		

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S5161	Continued From page 9 The operator failed to ensure a Negotiated Service Agreement was developed and included the name of the licensed nurse responsible for implementation and supervision of the resident's service plan. - For all residents, on 04/26/23 at 07:47 AM, Administrative Licensed Nurse A reported the "Admission Agreement", "Negotiated Service Agreement" and the "Health Care Service Plan" were all one document titled "[facility name] Negotiated Service Agreement". Administrative Licensed Nurse A reported all current residents had the same format for their "negotiated Service Agreement" and acknowledged that all resident agreements would not include the specifics including the name of the licensed nurse responsible for the implementation and supervision of their service plan. The operator failed to ensure a negotiated Service agreement was developed that included the name of the licensed nurse responsible for the implementation and supervision of each resident's service plan.	S5161		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures;	S5215		

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S5215	Continued From page 10 (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (d)(3)(4) The facility reported a census of seven residents. Based on record review and interview for all resident's and staff, the operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan with residents and employees and failed to conduct an annual evacuation drill where residents are evacuated to a secure location. Findings included: - Surveyor entered the facility on 04/25/23 and requested evidence of reviewing the emergency management plan with all residents and all staff quarterly. Administrative Licensed Nurse provided the Fire book and stated all information for reviews are in it. Review of the notebook included monthly fire drills along with paperwork that the emergency policies were reviewed. From 8/13/22 there were no resident's listed as being a part of the review and sometimes there were only five staff listed, including the owner and Administrative Licensed	S5215		

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S5215	Continued From page 11	S5215		

Nurse and other times there were nine staff listed.

On 04/25/23 at 10:17 AM Administrative Licensed Nurse A reported that when they do these drills and talk about the disaster policy, residents can come and listen but do not have to. She stated also it was reviewed with only the staff present at the drill. Administrative Licensed Nurse A reported they now have it more than one time a day to try and get all staff who can come. Staff A acknowledged at this time did not have a plan for reviewing the emergency management plan with employees or residents who did not come and listen to the meeting.

The Operator failed ensure the emergency management plan was reviewed on a quarterly basis with all facility staff and all residents.

- Surveyor entered the facility on 04/25/23 and requested evidence of the annual evacuation drill for 2021 and 2022.

Administrative Licensed Nurse provided the Fire book and stated all information for evacuations were in it. Review of the notebook included monthly fire drills for 2021, 2022, and 2023 but did not include specifics that it was an evacuation drill for residents, how many resident's participated, or how many staff participated and did not identify where they evacuated to.

On 04/25/23 at 10:24 AM Administrative Licensed Nurse A looked through the monthly fire drills for the actual evacuations. She stated when they have a drill either her or

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S5215	Continued From page 12 administrative staff B will ask the staff what they would do and then if they did not explain correctly would go over the situation again. We discuss what exit door to use and knew they had done one actual evacuation to the back yard. As she looked through the drills, she thought 07/14/21 was the actual drill which took 2minutes and 45 seconds and there were only 2 staff at that time in the facility. Did not find another evacuation drill in the notebook. The operator failed to ensure disaster preparedness by the failure to conduct an annual evacuation drill taking residents to a secure location.	S5215		
S5230 SS=E	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c)	S5230		

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S5230	Continued From page 13 The facility reported a census of seven residents (R). The sample included three residents and review of five newly hired employee files. Based on interview and record review for three (R3, R4, R5) of three sampled residents and five of five newly hired employees, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of R3's medical record revealed he moved into the facility on 08/30/21. R3's medical record included a two step TB skin test initiated on 09/16/21, 16 days after moving into the facility and it lacked evidence staff completed a TB symptoms screen within 7 days of admission. - Review of R4's medical record revealed she moved into the facility on 08/30/21. R4's medical record included a two step TB skin test initiated on 09/16/21, 16 days after moving into the facility and it lacked evidence staff completed a TB symptoms screen within 7 days of admission. - Review of R5's medical record revealed he moved into the facility on 01/15/23. R5's medical record lacked evidence staff completed a TB symptoms screen within 7 days of admission. Review of the "Tuberculosis Guidelines for Adult Care Homes" dated June 2013 revealed: Each new resident shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire	S5230		

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S5230	Continued From page 14 within 7 days of residency, and shall receive a two-step tuberculosis skin test (TST) ... within seven days of residency. The operator failed to ensure each new resident received a TB symptom screen and TB skin test according to the departments TB guidelines. - Review of five newly hired employees files revealed the following: Certified Medication Aide C, hired on 10/21/21 did not have a TB symptoms screen completed, and her two-step TB skin test WAS initiated 16 days after her hire date. Certified Medication Aide D, hired on 07/05/22 did not have a TB symptoms screen completed within seven days of employment. Certified Medication Aide E hired on 09/07/21 did not have a TB symptoms screen completed within seven days of employment. Certified Medication Aide F hired on 02/04/22 did not have a TB symptoms screen completed and her two-step TB skin test was initiated 32 days after hire date. Licensed Nurse G hired on 10/21/21 did not have a TB symptoms completed within seven days of employment. On 04/25/23 at 11:30 AM Administrative Licensed Nurse A reported she knew the TB skin tests needed to be done within a certain time frame from hire date but did not realize the TB symptoms screen also needed to be completed	S5230		

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	B089101	A. BUILDING: _____ B. WING _____	04/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE HOMES PLUS	1920 SW 32ND ST TOPEKA, KS 66611

(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
S5230	Continued From page 15 within seven days of employment. Review of the "Tuberculosis Guidelines for Adult Care Homes" dated June 2013 revealed: Each new employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of employment, and shall receive a two-step tuberculosis skin test (TST) ... within seven days of employment. For two of three sampled residents and four of five newly hired employees the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.	S5265		

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S5265	Continued From page 16	S5265		

This REQUIREMENT is not met as evidenced by:
KAR 26-42-205 (a)(1)

The facility reported a census of seven resident (R)s. The sample included three residents. Based on interview, and record review for one (R4) of one resident who self-injected her insulin, the operator failed to ensure a licensed nurse assessed the resident to ensure she was able to safely and correctly self-inject her insulin that had been prepared and dialed to the ordered dosage by the Certified Medication Aide prior to the resident self-injecting her insulin.

Findings included:

- Review of R4's medical record revealed she moved into the facility on 08/30/21 with diagnosis of diabetes type II.

R4's "Functional Capacity Screen" dated 08/30/21 identified the resident needed supervision to manage her medications and medical treatments.

R4's "Negotiated Service Agreement" dated 08/30/21 identified the resident administered her own insulin and the staff (CMA,LN) assist in getting it ready and dialing in the units.

Review of the resident's medical record lacked evidence that a licensed nurse completed an assessment to ensure the resident could

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S5265	Continued From page 17 accurately and safely self-inject her insulin that had been prepared by someone else. On 04/26/23 at 12:36 PM Certified Medication Aide (CMA) C asked R4 if she was ready for her insulin and resident said she was. CMA C went to the medication cart and took out the insulin pen, removed the cap, put a clean needle on it and placed the cap back on, then handed it to the resident. The resident then got up from the table and walked back to her room, sat on the bed and exposed her upper thigh, removed the cap and injected the insulin into her upper thigh appropriately. On 04/25/23 at 03:02 PM Administrative Licensed Nurse A stated she thought she had written something in the nursing notes upon admission that the resident was observed and could safely self-inject her insulin. Licensed Nurse A reviewed the notes and acknowledged she did not document that that resident was able to safely and accurately self-inject her insulin The operator failed to ensure a licensed nurse assessed R4 to ensure she was able to self-inject her insulin safely and correctly after the insulin pen had been prepared and dialed to the correct dosage by a Certified Medication Aide.	S5265		
S5302 SS=D	26-42-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and	S5302		

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S5302	Continued From page 18 amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)(4) The facility reported a census of seven residents (R). Based on interview and record review for four of four "Certified Medications Aide's" employee files, the operator failed to ensure the delegated nursing procedure for the dialing of insulin pens for each certified medication under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of the resident roster provided by Administrative Licensed Nurse A revealed one resident received insulin injections. On 04/25/23 at 09:07 AM Certified Medication Aide C reported for R4, staff put a new needle on the insulin pen and dialed it to the ordered dosage and then gave the pen to the resident to self inject. On 04/25/23 at 11:36 AM Administrative Licensed Nurse A stated they have not really delegated anything yet. She stated she had watched the staff prepare the resident's pen for her to self-inject but has not done anything official as far as written delegation. The operator failed to ensure the procedure for dialing of insulin pens was delegated CMA's	S5302		

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S5302	Continued From page 19 according to the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S5302		