STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087189	A. BUILDING: _____ B. WING _____	07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTION LIVING MAIZE COURT 1	623 S MAIZE COURT WICHITA, KS 67209

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure survey for the above named Home Plus facility conducted on 07/12/23.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c)(2) The facility reported a census of 11 residents(R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure designated staff completed a resident "Functional Capacity Screen" for one (R3) of three sampled residents following a significant change in condition as defined in KAR 26-39-100. Findings Included: - Review of R3's medical record revealed he moved into the facility on 10/21/19 with a diagnoses of lymphatic leukemia and atrial fibrillation.	S5085		

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

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S5085	Continued From page 1 R3's most current "Functional Capacity Screen" dated 10/12/22 identified the resident was unable to participate in any aspect of eating. On 07/12/23 at 10:04 AM Administrative Licensed Nurse A reported the Negotiated Service Agreement, and the Health Care Service Plan were one document. R3's "Negotiated Service Agreement/Health Care Service Plan" dated 10/12/22 identified the resident required a regular diet and staff needed to cut up foods as needed. It also identified the resident required to have feeding tube flushes. Review of the physician's progress note dated 06/22/22 revealed the resident had a "PEG" tube (provision of nutrients through the gastrointestinal tract when the resident cannot ingest, chew or swallow food) which was being used for nutrition. R3's record also revealed that on 01/17/23 the resident had the "PEG" tube removed and could eat a regular diet as he chose. On 07/12/23 at 12:23 PM Certified Medication Aide (CMA) B asked R3 what he wanted for lunch, and he wanted a bowl of ice-cream. CMA B fixed the resident a bowl of ice cream and took it to him. On 07/12/23 at 11:56 AM CMA C reported the resident no longer had a peg tube and ate meals when he wanted. She stated he was able to feed himself and does not need staff assistance.	S5085		

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S5085	Continued From page 2 On 07/12/23 at 04:11 PM Administrative Licensed Nurse A acknowledged designated staff should have completed a new "Functional Capacity Screen" when the resident had his "PEG" tube removed. The operator failed to ensure designated staff completed R3's "Functional Capacity Screen" when he had a significant improvement in status.	S5085		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of 11 residents (R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure designated staff completed one (R4) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability regarding dependence on staff for completion of activities of daily living. Findings Included:	S5095		

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S5095	Continued From page 3 - Review of R4's medical record revealed he moved into the facility on 05/19/22 with diagnosis of Alzheimer's. R4's "Functional Capacity Screen" (FCS) dated 05/11/23 revealed the resident required physical assistance with bathing, dressing, toileting, transfers and eating. It also identified he was frequently incontinent of bladder. Observation on 07/12/23 at 08:55 AM Certified Medication Aide (CMA) C sat beside the resident and was feeding him breakfast. On 07/12/23 at 11:46 AM CMA C and Certified Nurse Aide (CNA) D were in the resident's room getting him up for lunch. Staff had already gotten the resident into clean clothes and were getting ready to transfer him from the bed to the wheelchair. CMA I rolled the resident to his right side and put the lift sling partially under him and then CNA D rolled him back and pulled it the rest of the way through. CMA C brought the mechanical lift to the bed, connected the sling to the lift, and raised the resident off the bed and positioned him over the wheelchair which was partially reclined. Staff lowered the lift and positioned him in the wheelchair and then raised the back of the wheelchair, so the resident was in an upright seated position. CNA D then put the foot pedals on the wheelchair and took the resident to the dining room table. On 07/12/23 at 12:21 PM the resident's spouse sat beside him and fed him his noon meal. On 07/12/23 at 11:55 AM CMA C reported staff had to basically do everything for him. He did	S5095		

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S5095	Continued From page 4 not help with getting dressed, he did not sit on a toilet and needed to have his brief checked and changed as needed. He could not propel his wheelchair and staff needed to feed him his meals. On 07/12/23 at 01:24 PM CMA B reported R4 used to be able to propel himself around in his wheelchair and would feed himself, but he doesn't do that anymore. Once in awhile he will be more alert in the mornings and might be more active but did not help with cares. On 7/12/13 at 04:22 PM Licensed Nurse E reviewed the FCS and surveyor explained coding according to the "Functional Capacity Manual" and Licensed Nurse E acknowledged the FCS was not accurate when it was completed on 05/11/23. The operator failed to ensure designated staff completed R3's FCS accurately regarding her need for assistance with activities of daily living.	S5095		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11)	S5251		

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S5251	Continued From page 5 The facility reported a census of 11 residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury including the time and date of occurrence, action taken, and results of the action for two (R4 and R5) of three sampled residents. Findings included: - Review of R4's medical record revealed he moved into the facility on 05/19/22 with diagnosis of Alzheimer's. R4's "Functional Capacity Screen" (FCS) dated 05/11/23 revealed the resident required physical assistance with bathing, dressing, toileting, transfers and eating. It also identified he was frequently incontinent of bladder. On 07/12/23 at 10:04 AM Administrative Licensed Nurse A reported the Negotiated Service Agreement, and the Health Care Service Plan were one document. R4's "Negotiated Service Agreement/Health Care Service Plan" dated 05/11/23 revealed the resident needed assistance of 1 for bathing, dressing and eating and assist of two with transfers and toileting. Review of the resident's physician orders revealed the following orders: 03/20/23 - Increase Dulcolax rectal suppository to three tiems a week on M-W-F for constipation. 07/3/23 increase Seroquel (antipsychtoic) to	S5251		

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S5251	Continued From page 6 100mg twice a day for agitation. Review of the residents Nursing Progress Notes lacked documentation of the resident having any problems with constipation to require a physician's order to increase the Dulcolax suppositoy. It also lacked documentation of the resident having any behaivors or agitation to require the need for the physician to increase the resident's antipsychotic medication. On 07/12/23 at 04:24 PM Administrative Licensed Nurse A reported the nurse should document on any changes in resident status and to follow up on falls and any complaints that the resident has. On 07/12/23 at 04:27 PM Licensed Nurse E reported she was trained that she did not need to document on every thing including when a physician started a new order and did not need to follow up on it. She stated she was directed to keep the charting minimal and do a monthly summary of the resident's status. The operator failed to ensure designated staff documented symproms of constipation and behaviors/agitation for R4 which required the physician to increase medication dosages. Staff also failed to document follow up after the medication was changed for effectiveness or adverse effects of the medication changes. - Review of R5's medical record revealed she moved into the facility on 02/23/23 with diagnoses of dementia, sundowners and depression.	S5251		

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S5251	Continued From page 7 R5's "Functional Capacity Screen dated 02/22/23 revealed the resident had impaired cognition, wandering and inappropriate behaviors. On 07/12/23 at 10:04 AM Administrative Licensed Nurse A reported the Negotiated Service Agreement, and the Health Care Service Plan were one document. R5's "Negotiated Service Agreement/Health Care Service Plan" dated 02/22/23 directed staff to provide reminders and cueing with cares, reorientate to situation, and provide redirection as needed. Review of the residents physicians orders included the following changes: 02/23/23 -Ativan (antianxiety) 0.5 milligrams (mg) twice a day as needed for 14 days as needed (PRN) 02/25/23 - Start Sertraline (antidepressant) 25 mg daily for 1 week then 2 tablets daily for depression 02/27/23 - Change Ativan to 0.5mg at 11:00 pm daily and continue PRN Ativan 03/09/23 - Change Ativan to 0.5 mg twice daily for anxiety and continue PRN Ativan 03/21/23 - Increase Sertraline 50 mg tablet to 1.5 tablests to = 75 mg daily 03/30/23 - Add Seroquel (antipsychotic) 12.5 mg 1 tablet at bed time for 3 days then increase to twice a day. Reduce Zoloft to 50 mg daily for 3 days then reduce to 25 mg for 3 days then to 25 mg for 3 days then discontinue. 04/06/22 - Change Ativan to 1 mg twice a day at 08:00 AM and 01:00 PM for anxiety and 1 mg, 3 thimes a day PRN. Increase Seroquel to 50 mg twice a day.	S5251		

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S5251	Continued From page 8 04/13/23 - Add Depakote (anticonvulsant/mood stabelizer) 125 mg twice a day at 12:00 PM and 05:00 PM for mood. Change scheduled Ativan to 1 mg at 08:00 AM, 12:00 PM and 05:00 PM and continue PRN Ativan - 04/18/23 - Start Prozac (antidepressant)10 mg daily for depression and anxiety. Increase bed time Seroquel to 75 mg for dementia with paranoia and delusions 04/21/23 - Decrease Ativan to 0.5 mg twice a day at 02:00 PM and 8:00 PM andand continue three times a day PRN. Decrease Seroquel to 25 mg twice a day. 04/22/23 - Change Seroquel to 50 mg twice a day. 04/23/23 - Depakote sprinkles 125 mg at 12:00 PM and 08:00 PM for dementia with behaviors/mood 06/12/23 - Discontinue morning Seroquel and continue evening Seroquel at 25 mg. Review of the resident's nursing progress notes lacked documentation of symptoms of delusions, paranoia, or anxiety prior to the physician making multiple changes to R5's antianxiety, antipsychotic, antidepressant, and mood stabilizing medications. The notes also failed to include documentation or follow- up related to the above medication changes and their effectiveness or adverse effects on the resident. On 07/12/23 at 04:24 PM Administrative Licensed Nurse A reported the nurse should document on any changes in states and to follow up on falls and any complaints that the resident has. On 07/12/23 at 04:27 PM Licensed Nurse E	S5251		

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S5251	Continued From page 9 reported she was trained that she did not need to document on every thing including when a physician started a new order and did not need to follow up on it. She stated she was directed to keep the charting minimal and do a monthly summary of the resident's status. The operator failed to ensure designated staff documented symptoms of anxiety, delusions, and depression which required the physician to increase medication dosages. Staff also failed to document follow up after the medications were changed for effectiveness or adverse effects of the medications.	S5251		