STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087194	A. BUILDING: _____ B. WING _____	08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTION LIVING MAIZE COURT 3	619 S MAIZE COURT WICHITA, KS 67209

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #176094 at the above named Home Plus conducted 08/03/23.	S 000		
S5105 SS=F	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 11 residents with four abbreviated record reviews. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)102, R103, and R104.	S5105		

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

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S5105	Continued From page 1 Findings included: - R102's medical record revealed the resident moved into the facility on 05/01/23 with diagnoses dementia. The 07/20/23 FCS identified R102 required physical assistance with eating and had impaired decision-making abilities. The 07/20/23 NSA did not address R102's need for physical assistance with eating or his impaired decision-making. The operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS. - R103's medical record revealed the resident moved into the facility on 10/24/22 with a diagnosis of dementia. The 07/19/23 FCS identified R103 was sometimes understandable when communicating with others and had impaired decision-making abilities. The 10/24/22 NSA did not address R103's communication or her impaired decision-making abilities. The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS. -R104's medical record revealed the resident moved into the facility on 04/21/23 with a	S5105		

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S5105	Continued From page 2 diagnosis of dementia. The 07/20/23 FCS identified R104 had impaired decision-making abilities. The 04/20/23 NSA did not address R104's impaired decision-making abilities. The operator failed to ensure R104's NSA was fully developed to include all items that triggered in the FCS.	S5105		
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) The facility reported a census of 11 residents. The sample included four focused record reviews. Based on observation, interview and record review the operator failed to ensure two of four sampled residents ((R)103, R104) records contained documentation of all incidents, symptoms, and other indications of illness or injury. Findings included:	S5251		

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S5251	Continued From page 3	S5251		

-R103's medical record revealed she moved into the facility on 10/24/22 with diagnoses of dementia.

The 07/19/23 "Functional Capacity Screen" (FCS) revealed R103 required assistance from two staff for activities of daily living and transfers and required physical assistance with mobility.

The 07/26/23 amended "Negotiated Service Agreement" revealed R103 was to wear pressure relieving boots when in bed, recliner and in her wheelchair.

Review of R103's medical record and progress notes included the following documentation: 07/26/23 "Nurses Note" documented, a stage two pressure wound to the left heel. New orders received for treatment and hospice was to treat the wound.

A physician order dated 07/26/23 for stage two left heel: apply skin prep to area daily and offload bilateral lower extremities with pressure relieving boots when in bed, faculty staff to apply skin prep to the affected area.

Review of R103's medical records failed to locate any documentation concerning a description of the pressure wound, measurements, treatments and outcome of the treatments.

Review of the "Wound Flow Sheet" revealed documentation for a left heel pressure wound which included the date, site of the wound, measurements, description and drainage, dressing used dated and initialed for 07/26/23, 07/31/23 and 08/07/23.

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S5251	Continued From page 4 Observation on 08/03/23 at 03:18 PM revealed there was an air mattress in use on R103's bed and a foam cushion and a padded foot buddy in her wheelchair. On 08/03/21 at 02:53 PM Certified Medication Aide (CMA) C stated R103 had a pressure wound on one of her heels and used protective boots and staff offload her feet when she was in bed. On 08/03/23 at 03:47 PM Licensed Nurse (LN) B stated R103 had a pressure wound on one of her heels. LN B stated the wound was not open and hospice treated and documented the wound. The operator failed to ensure designated staff included documentation of all incidents, symptoms and other indications of illness or injury including the dated, time of occurrence, action taken, and results of the action. - R104's medical record revealed she moved into the facility on 04/21/23 with diagnoses of dementia. The 07/20/23 FCS revealed R104 required assistance from one staff for activities of daily living and transfers and required physical assistance with mobility. The 07/03/23 amended NSA revealed staff were to reposition R104 every two hours and offload her heels when in bed. Review of R104's medical record and progress notes included the following documentation: 07/05/23 "Nurses Notes" documented the R104	S5251		

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S5251	Continued From page 5	S5251		

had a stage two pressure wound noted to right heel. Hospice was aware and obtained new treatment orders.

07/31/23 "Nurses Notes" documented, "Wound to left heel improving. No drainage noted. Skin remains intact. Hospice on site to eval and received orders from APRN for changes to treatment. Skin prep daily with offload.

No other documentation completed by the facility nurse included measurements of the pressure wound, ongoing treatment and outcome of these treatments.

Review of the "Wound Flow Sheet" revealed documentation for a right heel pressure wound which included the date, site of the wound, measurements, description and drainage, dressing used dated and initialed for 07/05/23, 07/10/23, 07/17/23, 07/24/23 and 07/31/23 with a description of fluid filled blister, no drainage, skin prep used for treatment.

On 08/03/23 at 03:36 PM R104 laid in bed with her heels offloaded using protective boots. A wheelchair was in the room and had a cushion in the chair and a padded foot buddy.

On 08/03/21 at 02:59 PM CMA C stated R104 had a pressure wound to one of her heels and thought it was healed. CMA C stated R104 used protective boots and offloaded her heels.

On 08/03/23 at 03:40 PM LN B stated R104 had a pressure wound on her left heel which she has had for approximately the last four weeks and staff applied skin prep daily. LN B stated the heel

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S5251	Continued From page 6 never opened but was a blister which drained but never came off. LN B stated hospice measured the wound and documented this in an outside agency notebook. On 08/03/23 at 04:01 PM Administrative Staff D stated the facility nurse should be with the hospice nurse and have eyes on the wounds. Stated the facility nurse should document on these wounds at least on a monthly basis and include a description, and measurements of the wounds. The operator failed to ensure designated staff included documentation of all incidents, symptoms and other indications of illness or injury including the dated, time of occurrence, action taken, and results of the action.	S5251		