Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087184	A. BUILDING: _____ B. WING _____	08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATFORD HOME	1425 N STRATFORD LANE WICHITA, KS 67206

(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 represents the findings of a resurvey with attached complaints #174586 and #174319 at the above named home plus facility conducted on 08/03/23.	S 000		
S5105 SS=D	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 eight residents with three included in the sample and one closed record review. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R) 4 described the services provided for an indwelling urinary catheter and impaired	S5105		

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

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S5105	Continued From page 1 hearing based on his "Functional Capacity Screen" (FCS). Findings included: - Record review for R4 revealed an admission date of 04/18/23 with diagnoses of dementia and Parkinson's disease. The 04/18/23 "FCS" identified R4 required physical assistance with toileting, had an indwelling urinary catheter, was unable to perform management of treatments, and was marked for impaired hearing. The 04/18/23 "NSA" identified facility staff provided one staff assistance with toileting. The "NSA" failed to describe the services facility staff provided R4 for management of treatments for indwelling catheter care and impaired hearing. On 08/03/23 at approximately 01:34 PM Administrative Staff A confirmed R4's "NSA" did not describe the services provided for indwelling catheter care and impaired hearing. The operator failed to ensure the "NSA" for R4 described the services provided indwelling catheter care and impaired hearing based on his "FCS."	S5105		