STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087155	A. BUILDING: _____ B. WING _____	10/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTION LIVING OF HIDDEN LAKES LLC	550 CIRCLE LAKE WICHITA, KS 67209

(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 Re-Licensure Survey with complaint investigation 180292 for the above named Home Plus Facility conducted on 09/28/23 and 10/02/23.	S 000		
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 seven residents (R). The sample included three residents and one focused record review. Based on interview and record review the operator failed to ensure resident records included documentation of all incidents that included the date and time of occurrence. Findings included: - Review of R3's medical record revealed he moved into the facility on 07/13/23 with diagnosis of diabetes mellitus type two. R3's "Functional Capacity Screen" dated 07/10/23 revealed the resident required supervision with bathing, could not manage medications or medical treatments and had	S5251		

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

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S5251	Continued From page 1 impaired cognition. Review of R3's hand written nursing notes included two pages of documentation with multiple entries. The entries included the date written but none of them included the time the note was entered into R3's record. On 10/02/23 at 02:05 PM Licensed Nurse C reviewed R3's notes and acknowledged the entries did not include the time of the occurrence or entry. The operator failed to ensure resident records included documentation of all incidents that included the date and time of occurrence. - Review of R4's medical record revealed he moved into the facility on 02/03/23 with diagnosis of dementia. R4's "Functional Capacity Screen" dated 02/01/23 revealed he needed supervision with bathing, was unable to manage his medications and had impaired cognition. Review of R4's hand written nursing notes from 02/03/23 to current included four pages with multiple entries and only one entry included the time staff documented the entry. On 10/02/23 at 02:05 PM Licensed Nurse C acknowledged the nursing note entries did not include the time of the occurrence or entry. The operator failed to ensure R4's record included documentation of all incidents that included the date and time of occurrence.	S5251		

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S5251	Continued From page 2 - Review of R5's medical record revealed she moved into the facility on 09/19/23 with diagnoses of hypertension and chronic weakness. R5's "Functional Capacity Screen" dated 09/18/23 revealed she needed physical assistance with all activities of daily living including management of medications and had impaired cognition. Review of R5's hand written notes included three entries since 09/19/23 including her admission to the facility. None of the entries included the date of the occurance of the entry in the nursing notes. On 10/02/23 at 02:05 PM Licensed Nurse C acknowledged the entries did not include the time of the occurrence or entry. The operator failed to ensure R5's record included documentation of all incidents that included the date and time of occurrence.	S5251		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall	S5313		

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S5313	Continued From page 3 place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of seven residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each package and/or bottle of over-the-counter medications. Findings included: - Observation on 09/28/23 at 12:15 PM Certified Medication Aide (CMA) D unlocked the medication cart for inspection. Observation revealed the following over-the-counter medications without a residents full name on them: Multiple foil packets of Loperamide lay in the top drawer without a residents name or in a box with a residents name; a bottle of daily probiotic, bottle of Docusate Sodium, bottle of Gas and Bloating pills, two clear plastic sleeves with two pills in each on with no name on them or no name of what the medications were in the sleeves; a box with bottle of refresh tears; a bottle of digestive enzymes, box with refresh gel drops, bottle of Melatonin, and two boxes of icy hot with no name on the box or the tube inside the box.	S5313		

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S5313	Continued From page 4 On 09/28/23 at 12:25 AM Licensed Nurse C acknowledged full names needed to be on all over-the-counter medications. The operator failed to ensure each over-the-counter medication package and the medication container included the residents' full name.	S5313		