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	B087158	A. BUILDING: _____ B. WING _____	10/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT CARE SENIOR LIVING	14422 TWINLAKE DRIVE WICHITA, KS 67230

(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 for the above named Home Plus Facility conducted on 10/09/23 and 10/10/23.	S 000		
S5080 SS=E	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of eight residents (R). The sample included three residents. Based on record review and interview for two (R3 and R4) of three sampled residents, the operator failed to ensure their developed "Functional	S5080		

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

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S5080	Continued From page 1	S5080		

Capacity Screen" included each element and definition as specified by the department.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 08/08/18 with diagnosis of diabetes mellitus type two.

R3's "Functional Capacity Screen" (FCS) dated 07/06/23 failed to include the option for "continent" under bladder incontinence and failed to include the option of "Impaired decision-making" under cognition. It also failed to include "Understandable" and "Understands" under communication. The facility developed "Functional Capacity Screen" also failed to include all of the potential options for the "primary person for legal and financial matters" under support.

On 10/10/23 at 10:37 AM Administrative Licensed Nurse B reported she did not realize their FCS did not include all of the sections and definitions on the form as specified by the Kansas Department for Aging and Disabilities (KDADS).

The operator failed to ensure the facilities developed FCS contained all of the elements and definitions on the form as specified by KDADS.

- Review of R4's medical record revealed she moved into the facility on 07/10/23 with diagnosis of Alzheimer's disease.

R4's "Functional Capacity Screen" (FCS) dated

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S5080	Continued From page 2 07/10/23 failed to include the option for "continent" under bladder incontinence and failed to include the option of "Impaired decision-making" under cognition. It also failed to include "Understandable" and "Understands" under communication. The facility developed "Functional Capacity Screen" also failed to include all of the potential options for the "primary person for legal and financial matters" under support. On 10/10/23 at 10:37 AM Administrative Licensed Nurse B reported she did not realize their FCS did not include all of the sections and definitions as the specified by the Kansas Department for Aging and Disabilities (KDADS). The operator failed to ensure the facilities developed FCS contained all of the elements and definitions on the form as specified by KDADS.	S5080		
S5105 SS=E	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;	S5105		

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S5105	Continued From page 3 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)(2) The facility reported a census of eight residents(R). The sample included three residents. Based on interview, and record review for three (R3, R4,R5) of three sampled residents the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and the resident's service needs that included a description of the services the resident would receive and the identification of the provider of each service. Findings included: - Review of R3's medical record revealed she moved into the facility on 08/08/18 with diagnosis of diabetes mellitus type two. R3's "Functional Capacity Screen" (FCS) dated 07/06/23 identified the resident had bladder incontinence, impaired cognition, impaired hearing, and impaired decision-making ability. She also was unable to manage her medications and medical treatments. The FCS also identified the resident was unable to complete bathing, dressing, toileting, transfers, and walking/mobility. R3's "Negotiated Service Agreement" (NSA)	S5105		

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S5105	Continued From page 4	S5105		

dated 11/01/22 failed to identify services related to management of medical treatments, bladder incontinence, impaired cognition, impaired hearing, and impaired decision-making ability. It also failed to identify "who" provided services related to activities of daily living as well as other service needs. It also failed to identify service needs related to management of diabetic foot ulcers.

On 10/10/23 at 10:39 AM Administrative Licensed Nurse B reviewed R3's NSA and acknowledged it did not include services for all the needs identified on the FCS or specify who would be providing the service.

The operator failed to ensure designated staff developed an NSA for R3 based upon her service needs identified on the FCS.

- Review of R4's medical record revealed she moved into the facility on 07/10/23 with diagnosis of Alzheimer's disease.

R4's "Functional Capacity Screen" (FCS) dated 07/10/23 identified she needed physical assistance with bathing, dressing, toileting and management of her medications and medical treatments. It identified she had bladder incontinence, impaired cognition, at risk for falls, and had impaired hearing and decision-making ability.

R4's "Negotiated Service Agreement" (NSA) dated 07/10/23 had check marks beside bathing, dressing, toileting, transfer and mobility but did not identify "who" or what services were provided related to the marked items. The NSA also failed

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S5105	Continued From page 5	S5105		

to identify services related to management of medical treatments, bladder incontinence, impaired cognition, fall risk, and impaired hearing and decision-making ability.

On 10/10/23 at 10:39 AM Administrative Licensed Nurse B acknowledged R4's NSA did not include "who" provided the services related to activities of daily living and did not address all of the service needs identified in R4's FCS.

The operator failed to ensure designated staff developed an NSA for R4 based upon her service needs identified on the FCS.

- Review of R5's medical record revealed she moved into the facility on 07/23/21 with diagnoses of dementia and Parkinson's disease.

R5's "Functional Capacity Screen" (FCS) dated 07/21/23 revealed she needed physical assistance with bathing, dressing, toileting, transfers, mobility and eating. She also was not able to manage her medical treatments, had bladder incontinence, impaired cognition, at risk for falls, had impaired vision and hearing, impaired decision-making ability, and inappropriate behaviors.

R5's most current "Negotiated Service Agreement" dated 07/23/21 had check marks beside bathing, dressing, toileting, transfers, and mobility but did not identify what service was provided or "who" provided the service. It also failed to identify services related to management of medical treatments, bladder incontinence, impaired cognition, fall risk, impaired vision and hearing, impaired decision-making ability, and

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S5105	Continued From page 6 inappropriate behaviors. On 10/10/23 at 10:39 AM Administrative Licensed Nurse B acknowledged R5's NSA did not include "who" provided the services related to activities of daily living and did not address all of the service needs identified on R5's FCS. The operator failed to ensure designated staff developed an NSA for R5 based upon her service needs identified on the FCS.	S5105		
S5116 SS=E	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement 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; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(1)(2) The facility reported a census of eight residents (R). The sample included three residents. Based on interview and record review, the operator	S5116		

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S5116	Continued From page 7	S5116		

failed to ensure the review and if necessary, the revision of each negotiated service agreement for two (R3 and R5) of three sampled residents at least every 365 days and when the resident had a significant change in condition, as defined in KAR 26-39-100.

Findings Included:

- Review of R3's medical record revealed she moved into the facility on 08/08/18 with diagnosis of diabetes mellitus type two.

R3's "Functional Capacity Screen" (FCS) dated 07/06/23 identified the resident was unable to complete her activities of daily living and had impaired cognition.

R3's "Negotiated Service Agreement" (NSA) dated 11/01/22 had checked bathing, dressing, toileting, mobility and transfers. It did not include services related to Hospice or wound care.

Interview on 10/10/23 at 08:57 AM Certified Medication Aide (CMA) D acknowledged a local Hospice company came out to provide bathing twice a week and the nurse came out to change the dressings on her feet.

Observation on 10/10/23 at 10:40 AM Hospice staff arrived to provide bathing services for the resident.

Interview on 10/10/23 at 10:48 AM Administrative Licensed Nurse B reported the resident went on Hospice services 07/06/23 and she did a new FCS but had not done a new NSA to identify the resident now received services from Hospice and

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S5116	Continued From page 8 they managed her wound care. The operator failed to ensure the review and if necessary, the revision of R3's NSA after she started on Hospice services. - Review of R5's medical record revealed she moved into the facility on 07/23/21 with diagnoses of dementia and Parkinson's disease. R5's "Functional Capacity Screen" dated 07/21/23 identified she needed physical assistance with activities of daily living and had impaired cognition. R5's most current "Negotiated Service Agreement" is dated 07/23/21. Interview on 10/09/23 at 01:39 PM Administrative Licensed Nurse B reported stated she did not realize she needed to complete a new NSA annually for residents. The operator failed to ensure the review and if necessary, the revision of R5's NSA at least every 365 days.	S5116		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.	S5126		

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S5126	Continued From page 9 This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (h) The facility reported a census of eight residents (R) and the sample included three residents. Based on interview and record review for two (R3 and R5) of three sampled residents, the operator failed to ensure that everyone involved in the development of the negotiated service agreement signed the agreement. Findings included: - Review of R3's medical record revealed she moved into the facility on 08/08/18 with diagnosis of diabetes mellitus type two. R3's "Functional Capacity Screen" (FCS) dated 07/06/23 identified the resident was unable to complete her activities of daily living and had impaired cognition. R3's "Negotiated Service Agreement" (NSA) dated 11/01/22 was signed by the resident and the facility operator. It did not include the signature of the Licensed Nurse. On 10/10/23 at 10:50 AM Administrative Licensed Nurse looked at R3's NSA and acknowledged it did not have the nurse's signature on it. The operator failed to ensure all who participated in the development of the NSA signed it. - Review of R5's medical record revealed she moved into the facility on 07/23/21 with	S5126		

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S5126	Continued From page 10 diagnoses of dementia and Parkinson's disease. R5's "Functional Capacity Screen" dated 07/21/23 identified she needed physical assistance with activities of daily living and had impaired cognition. R5's most current "Negotiated Service Agreement" is dated 07/23/21 and signed by the operator and the resident's legal representative. It did not include the signature of the licensed nurse. On 10/10/23 at 11:02 AM Administrative Licensed Nurse acknowledged R5's NSA did not include the signature of the licensed nurse. The operator failed to ensure all who participated in the development of the NSA signed it.	S5126		
S5165 SS=E	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(e) The facility reported a census of eight residents. Based on interview and record review for four of four newly hired Certified Medications Aides (CMA) , the operator failed to ensure the	S5165		

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S5165	Continued From page 11 delegated nursing procedure for monitoring blood glucose via glucometer for each CMA was completed by a licensed nurse under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of employee records for Certified Medication Aide (CMA) F, CMA G, CMA H, and CMA I revealed they did not have evidence of a licensed nurse delegation for the checking of a resident's blood sugar via glucometer. On 10/10/23 at 09:42 AM Administrative Staff A reported the CMA's go through training with the licensed nurse on how to properly use a glucometer or other device for checking a resident's blood sugar but acknowledged he could not find the delegation/training forms completed upon hire. The operator failed to ensure certified medication aides were properly trained on the procedure monitoring blood glucose.	S5165		
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 12 (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 eight residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan with all employees and residents. This failure affected all resident who lived in the facility. Findings included: - On 10/09/23 at 01:15 PM Administrative staff A stated the disaster plan was discussed with employees with each fire drill, but acknowledged there was no evidence of such. He also reported that he had not reviewed the emergency management plan with residents every quarter. The Operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the emergency management plan with all residents and all staff.	S5215		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents	S5251		

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S5251	Continued From page 13 (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 eight residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure the medical record contained documentation of all incidents, symptoms, and other indications of illness or injury including the action taken, and results of the action for one (R3) of three sampled residents related to diabetic foot ulcers. . Findings included: - Review of R3's medical record revealed she moved into the facility on 08/08/18 with diagnosis of diabetes mellitus type two. R3's "Functional Capacity Screen" (FCS) dated 07/06/23 identified the resident had a significant change and started Hospice services. R3's most current "Negotiated Service Agreement" (NSA) dated 11/01/22 did not identify the resident had wound care treatments at the time the NSA was completed. Review of R3's "Nursing Notes" from 07/07/22 to	S5251		

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S5251	Continued From page 14 10/10/23 revealed the following: 09/12/22 - "wounds on L foot almost healed, will continue to monitor". 11/1/22 - wounds on feet healed well but need to continue offloading. Small open area on buttock, will continue to apply barrier and reposition every two-three hours. 02/02/23 - open area on left heel remains open and off loaded. 04/03/23 - wound on left heel remains closed. 06/02/23 - wounds opened up on top right foot, applied Medihoney with border foam dressing. 08/07/23 - wounds treated by hospice. The residents "Nurse Notes" lacked a description of R3's wounds, what treatments were done and the effectiveness of treatments. It also failed to include information that the resident started Hospice services 07/06/23. On 10/10/23 at 10:48 AM Administrative Licensed Nurse B stated that Hospice managed R3's diabetic foot wounds. Administrative Licensed Nurse B reported she tried to observe the wounds when Hospice was in the facility but that didn't always work out so she just looked at the Hospice documentation to see how it was doing. She acknowledged she had not been documenting on the status of R3's diabetic foot ulcers. The operator failed to ensure designated staff documented nursing assessment in R3's medical record of her diabetic foot ulcers.	S5251		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any	S5265		

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	B087158	A. BUILDING: _____ B. WING _____	10/10/2023

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S5265	Continued From page 15 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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (a)(1) The facility reported a census of eight Residents (R). The sample included three residents. Based on observation, interview, and record review for one (R3) of one resident who self-injected her insulin, the operator failed to ensure a Licensed Nurse (LN) assessed the residents ability to self-inject the insulin safely and accurately at least annually. Findings included: - Review of R3's medical record revealed she moved into the facility on 08/08/18 with diagnosis of diabetes mellitus type two.	S5265		

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S5265	Continued From page 16 R3's "Functional Capacity Screen" (FCS) dated 07/06/23 identified the resident was unable to manage medications or medical treatments. R3's "Negotiated Service Agreement" (NSA) dated 11/01/22 identified medications were a supervised nursing service. Review of R3's medical record included an undated "Assessment for Self Administration of Medications" that was for self-administration of Insulin only and identified the medication aide prepared the correct insulin dosage and the resident self injected it. On 10/10/23 at 10:43 AM Administrative Licensed Nurse B stated the assessment was done by Licensed Nurse E, so it was done about two and a half years ago. Administrative Licensed Nurse B stated she did not realize they needed to be completed annually. The operator failed to ensure a licensed nurse assessed R3 ability to self-administer her insulin at least annually.	S5265		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.	S5286		

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S5286	Continued From page 17	S5286		

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

The facility reported a census of eight residents. The sample included three residents. Based on interview, and record review the operator failed to ensure one (R3) of three sampled residents "Negotiated Service Agreement" identified the resident self-injected her insulin after qualified staff prepared the pen, and that qualified facility staff administered all other medications.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 08/08/18 with diagnosis of diabetes mellitus type two.

R3's "Functional Capacity Screen" (FCS) dated 07/06/23 identified the resident was unable to manage medications or medical treatments.

R3's "Negotiated Service Agreement" (NSA) dated11/01/22 identified medications were a supervised nursing service but failed to identify the Certified Medications Aides prepared the resident's insulin pen and dialed to the ordered dosage and then the resident self-injected her insulin. It failed to identify that all other medications were administered by qualified facility staff.

On 10/10/23 at 08:57 AM Certified Medication Aide D reported the medication aides give all her

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S5286	Continued From page 18 medications except for the insulin which the staff dial to the correct dosage and then the resident self-injects it. On 10/10/23 at 10: 40 AM Administrative Licensed Nurse B acknowledged R5's NSA did not identify that she self injected her insulin after the medication aide prepared it and that staff administered all other medications. The operator failed to ensure designated staff completed R3's NSA to include that she chose to self inject her insulin and facility staff administered all other medications.	S5286		
S5302 SS=E	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 amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)(4) The facility reported a census of eight 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.	S5302		

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S5302	Continued From page 19 Findings included: - Review of the resident roster provided by Administrative Licensed Nurse B revealed two residents received insulin injections. On 10/9/23 at 12:58 PM Administrative Staff A reported for the residents who have insulin the Certified Medication Aide (CMA) will dial the insulin pen and prime it and then had it to the resident to self-inject. ON 10/10/23 at 09:42 AM Administrative Staff A reported before a CMA can work on the floor she has to go through training with the Licensed Nurse on how to dial an insulin pen. He stated they had looked for delegation/ competency for completion of preparing and setting up a resident's insulin pen and could not find them. The operator failed to ensure the procedure for dialing of insulin pens was delegated CMA's according to the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S5302		
S5335 SS=E	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state	S5335		

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S5335	Continued From page 20 fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The facility reported a census of eight residents. Based on observation and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents and visitors. Findings included: - Review of the resident roster on 10/09/23 revealed the facility had a census of eight residents with two of the eight residents identified as having impaired cognition. During initial tour on 10/09/23 at 12:24 PM the door by the laundry room had a sign on it that read "Staff Only". The door to the room was not locked and had cabinets that were not locked. The cabinets contained the following chemicals: Four, one gallon jug of Clorox bleach, two of which had been opened, a plastic jug of Fabuloso cleaner, a five gallon bucket of laundry soap with a pump dispenser, Fabuloso spray bottle, Betco Ge Fight Back cleaner, Spray bottle labeled bleach, container of Prospray Wipes, a spray can of Browdy disinfectant spray, a can of Easy Off oven spray and a bottle of ECO neutral disinfectant. All of the accessible chemicals had warning labels including Keep Out of Reach of Children. On 10/09/23 at 12:30 PM Certified Medication Aide C reported the door was supposed to be kept locked.	S5335		

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S5335	Continued From page 21 The operator failed to ensure staff kept chemicals safely secured to maintain safety for all residents and any visitors.	S5335		