STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087142	A. BUILDING: _____ B. WING _____	11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER LIVING BY WARDEN, LLC 4	1229 S BYRON ROAD 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 11/20/23 and 11/21/23.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the	S 225		

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

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S 225	Continued From page 1 adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(3) The facility reported a census of six residents (R). The sample included three residents and one focused record review. Based on interview and record review for one (R6) of one focused record review the operator failed to execute with the resident or the resident's representative a written admission agreement that described in detail the services the resident would receive and the specifics as to the resident's obligation/liability to the facility. Findings included: - Review of R6's medical record revealed she moved into the facility on 10/07/23 with diagnosis of type II diabetes and chronic pain.	S 225		

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S 225	Continued From page 2 On 11/21/23 at 10:00 AM Licensed Nurse B provided an admission agreement for R6, but it was for a different house. On 11/21/23 at 10:00 AM Licensed Nurse B confirmed the facility did not do a new admission agreement when R6 moved into the facility. The operator failed to complete a written admission agreement when R6 moved into the facility.	S 225		
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; 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)	S5105		

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S5105	Continued From page 3 The facility reported a census of six residents(R). The sample included three residents and one focused record review. Based on interview, and record review for two (R3 and 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. Findings included: - Review of R3's medical record revealed he moved into the facility on 08/02/21 with diagnoses of chronic kidney disease and diabetes mellitus type II. R3's "Functional Capacity Screen" (FCS) dated 08/10/23 identified the resident needed physical assistane with dressing and supervision with management of medical treatments. R3's Negotiated Service Agreement (NSA) dated 08/10/23 failed to include a description of services to be provided related to dressing and his need for supervision with medical treatments. On 11/20/23 at 12:46 PM R3 reported the staff helped him to get dressed every morning. On 11/20/23 at 02:53 PM Certified Medication Aide C reported staff administer his medications except he has a nose spray and a CBD cream that he does on his own. On 11/20/23 at 03:21 PM Licensed Nurse B looked at R3's NSA and acknowledged it did not	S5105		

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S5105	Continued From page 4 address services related to his need for assistance with dressing or supervision with medical treatments. The operator failed to ensure designated staff developed an NSA for R3 based upon her service needs identified on the FCS. - Review of R5's medical record revealed she moved into the facility on 12/15/23 with diagnosis of with diagnoses of osteoporosis and depression. R5's "Functional Capacity Screen" (FCS) dated 12/05/22 revealed she needed physical assistance with dressing and toileting and was unable to manage her medical treatments. R5's "Negotiated Service Agreement" (NSA) dated12/05/22 failed to include a description of services related to R5's need for physical assistance with dressing and her inability to manage her medical treatments. On 11/14/23 at 11:03 AM Administrative Licensed Nurse A reported the resident didn't have any hearing aides and the staff needed to speak louder for her to hear them. On 11/20/23 at 01:18 PM Licensed Nurse B looked at R5's NSA and acknowledged it did not include a description of services related to dressing and medical treatments. The operator failed to ensure designated staff developed an NSA for R5 based upon her service needs identified on the FCS.	S5105		

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S5116	Continued From page 5	S5116		
S5116 SS=D	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)(2) The facility reported a census of six residents (R). The sample included three residents and one focused record review. Based on interview and record review, the operator failed to ensure the review and if necessary, the revision of each negotiated service agreement for one (R3) of three sampled residents 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 he moved into the facility on 08/02/21 with diagnoses of chronic kidney disease and	S5116		

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S5116	Continued From page 6 diabetes mellitus type two. R3's "Functional Capacity Screen" (FCS) dated 08/10/23 identified R3 needed physical assistance with bathing, dressing and toileting and had a risk for falls. R3's medical record included two "Negotiated Service Agreements" (NSA), one dated 08/10/22 and one dated 08/10/23. The record lacked an addendum or amended NSA to include when R3 started and stopped physical and occupational therapy services. R3's medical record included a physician's order as well as nursing notes documenting the resident received physical and occupational therapy services. On 11/20/23 at 03:21 PM Licensed Nurse B looked through R3's medical record and confirmed she had not completed an addendum or amended NSA when R3 started and stopped physical and occupational therapy services through an outside resource. The operator failed to ensure the review and if necessary, the revision of R3's NSA after he started physical and occupational therapy services.	S5116		
S5230 SS=E	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer	S5230		

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S5230	Continued From page 7 infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c) The facility reported a census of six residents (R). The sample included three residents and one focused record review. Based on interview and record review for three (R3, R4, and R5) of three sampled residents and one (R6) of one focused review, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of R3's medical record revealed the resident moved into the facility on 08/02/21 with diagnoses of chronic kidney disease and type II diabetes mellitus. Review of R3's immunization records revealed his last TB symptom screen was completed on 08/02/21.	S5230		

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S5230	Continued From page 8 On 11/20/23 at 03:23 PM Licensed Nurse B reviewed R3's medical record and acknowledged she had not completed the TB symptom screen annually. Review of the "Tuberculosis Guidelines for Adult Care Homes" dated June 2013 revealed: Each resident shall have an annual TB symptom screen completed that includes the components of the Tuberculosis Symptom Screen Review Questionnaire. For R3 the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Review of R4's medical record revealed he moved into the facility on 08/02/21 with diagnoses of hypertension and diabetes mellitus type II. Review of R4's immunization records revealed his last TB symptom screen was completed on 03/23/22. On 11/20/23 at 03:45 PM Licensed Nurse B looked at R4's record and confirmed his TB symptom screen had not been completed annually. Review of the "Tuberculosis Guidelines for Adult Care Homes" dated June 2013 revealed: Each resident shall have an annual TB symptom screen completed that includes the components of the Tuberculosis Symptom Screen Review Questionnaire.	S5230		

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S5230	Continued From page 9 For R4 the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Review of R5's medical record revealed she moved into the facility on 12/15/21 with diagnoses of osteoporosis and depression. Review of R5's immunization records revealed her last TB symptom screen was completed on 02/15/22. On 11/20/23 at 02:03 PM License Nurse B looked in R5's record and confirmed she had not completed a TB symptom screen annually. Review of the "Tuberculosis Guidelines for Adult Care Homes" dated June 2013 revealed: Each resident shall have an annual TB symptom screen completed that includes the components of the Tuberculosis Symptom Screen Review Questionnaire. For R5 the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Review of R6's medical record revealed she moved into the facility on 10/07/23 with diagnosis of chronic pain and type II diabetes mellitus. Review of R6's immunization record included TB skin testing and symptom screen completed at a different facility in August of 2022. Her record failed to include a two-step TB skin test and a TB symptom screen initiated within seven days of	S5230		

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S5230	Continued From page 10 admission. On 11/21/23 at 09:41 AM Licensed Nurse B reviewed R6's record and acknowledged she had not had a Two-step TB skin test, or a TB symptom screen completed when she moved into the facility. Review of the "Tuberculosis Guidelines for Adult Care Homes" dated June 2013 revealed: Each new resident shall have a two-step TB skin test and a TB symptoms screen conducted within seven days of admission. For R6 the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (b) The facility reported a census of six residents.	S5286		

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S5286	Continued From page 11 The sample included three residents and one focused record review. Based on interview, and record review the operator failed to ensure one (R3) of three sampled residents "Negotiated Service Agreement" identified what medications the resident chose to self administer and what medications the facility would administer. Findings included: - Review of R3's medical record revealed he moved into the facility on 08/02/21 with diagnoses of chronic kidney disease and diabetes mellitus type II. R3's "Functional Capacity Screen" (FCS) dated 08/10/23 identified the resident needed physical assistance with management of medications and supervision with management of medical treatments. R3's Negotiated Service Agreement (NSA) dated 08/10/23 failed to identify that he self-administered his saline nasal spray and his CBD ointment for pain. On 11/21/23 at 09:32 AM Licensed Nurse B reviewed R3's NSA and acknowledged it did not identify the select medications the resident chose to self-administer and what ones the facility administered. The operator failed to ensure designated staff completed R3's NSA to include the medications he chose to self-administer.	S5286		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication	S5313		

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S5313	Continued From page 12 (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 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 six 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 medication package and bottle/tube of over-the-counter medications. Findings included: - On 11/20/23 at 11:48 AM Certified Medication Aide (CMA) C unlocked the medication cabinet and medication refrigerator for inspection. Observation revealed the following over-the-counter medications without a name or without a full name on the package and/or medication container: bottle of saline nasal spray, bottle of vitamin D3, tube of heat rub	S5313		

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S5313	Continued From page 13 without name on box or tube, two bottles of L-Lysine, and a bottle of aspirin with a first name only. On 11/20/23 at 11:52 AM CMA C reported the nurse puts the residents' names on their over-the-counter medications. On 11/20/23 at 11:53 AM Licensed Nurse A acknowledged the residents full name was supposed to be on each over-the-counter medication, including the box it came in. The operator failed to ensure each over-the-counter medication package and the medication container included the residents' full name.	S5313		
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 fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure staff secured all chemicals to	S5335		

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S5335	Continued From page 14 maintain the safety of all residents and visitors. Findings included: - Review of the resident roster on 11/20/23 revealed the facility had a census of six residents with two of the six residents identified as having impaired cognition. During initial tour on 11/20/23 the following chemicals with warning labels on them were found unsecured and accessible to residents: In the Public Restroom an unlocked cabinet contained a spray can of Browdy disinfectant spray, a spray bottle of LAs Totally Awesome concentrated cleaner, a spray bottle of window cleaner all with warning labels on them. In the Communal resident restroom, an unlocked cabinet under the sink contained a spray bottle of LAs Totally Awesome cleaner with bleach, a spray bottle with yellow liquid labeled Lysol disinfectant, a spray can of Lysol disinfectant, a spray bottle labeled Windex, and another spray bottle labeled Odoban for sanitizing and disinfecting. The other resident restroom had an unlocked cabinet that had spray bottle of Clorox disinfectant, a spray bottle labeled glass cleaner, and a spray bottle of yellow liquid without a label on it. On 11/20/23 at 11:38 the laundry room cabinet remained unlocked even after staff left the laundry area. The cabinet contained a gallont of Pine-Sol, jug of laundry detergent, spray bottle of resolve, spray bottle of shout, spray bottle of glass cleaner, spray bottle of LAs Totally Awesome cleaner with bleach and a gallon jug of	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087142	A. BUILDING: _____ B. WING _____	11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER LIVING BY WARDEN, LLC 4	1229 S BYRON ROAD 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
S5335	Continued From page 15 Windex. On 11/23/23 at 11:41 AM Licensed Nurse B reported the cabinets in the bathrooms and in the laundry that contained chemicals were supposed to be kept locked. The operator failed to ensure staff kept chemicals safely secured to maintain safety for all residents and any visitors.	S5335		