STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087239	A. BUILDING: _____ B. WING _____	12/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW LIFE HOME PLUS LLC	1214 N CHARLOTTE STREET WICHITA, KS 67208

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 184730, 181503, 175934, and 170706, for the above named facility conducted on 12/26/23 and 12/27/23.	S 000		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-206(e) The facility reported a census of 6 residents. Based on record review and interview the Operator failed to ensure facility staff served meals at the proper temperature.	S5192		

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

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S5192	Continued From page 1 Findings included: Record review on 12/26/23 of the facility provided documents titled "Daily Meal Food Temperature Chart" for 12/1/23 through 12/17/23 revealed the following: 12/02/23 lacked entries for "Dinner" 12/03/23 lacked entries for "Breakfast", "Lunch", and "Dinner" 12/04/23 lacked entries for "Breakfast" and "Lunch" 12/05/23 lacked entries for "Lunch" 12/06/23 lacked entries for "Breakfast" and "Lunch" 12/07/23 lacked entries for "Breakfast", "Lunch", and "Dinner" 12/08/23 lacked entries for "Breakfast" and "Lunch" 12/10/23 lacked entries for "Breakfast" and "Lunch" 12/12/23 through 12/16/23 lacked entries for "Breakfast" and "Lunch" The record lacked documentation for 12/17/23 through 12/26/23. Interview on 12/27/23 at approximately 03:25 PM with Operator A and Licensed Nurse C, they confirmed the facility staff failed to obtain the food temperatures prior to serving the food to the residents. The Operator failed to ensure facility staff served meals at the proper temperature.	S5192		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication	S5313		

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S5313	Continued From page 2 (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: K.A.R 26-42-205 (g)(3) The facility reported a census of 6 residents. Based on observation and interview the Operator failed to ensure the licensed nurse or licensed pharmacist placed the full name of the resident on the "Over the Counter" (OTC) medications. Findings included: Observation on 12/26/23 at 11:58 AM "Certified Medication Aide" (CMA) B unlocked the medication cart in the dining room. The medication cart contained the following OTC medications that lacked the resident's full name: 3 bottles of Anti Diarrheal liquid 1 bottle of Walgreens Glucose Tablets 2 boxes of Anti Diarrheal Tablets	S5313		

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S5313	Continued From page 3 1 bottle of Power Beets 1 bottle of Polyethylene glycol 1 bottle of Acetaminophen 500milligram tablets 1 bottle of Bio Freeze 1 bottle of "CVS" Health Anti Acid Tablets Interview on 12/26/23 at 12:00 PM, he confirmed the OTC's lacked the full name of the residents. The Operator failed to ensure the licensed nurse or licensed pharmacist placed the full name of the resident on the OTC medications.	S5313		
S5315 SS=D	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides.	S5315		

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S5315	Continued From page 4 (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-205 (h) (4) The facility reported a census of 6 residents. The sample included 3 "Residents'" (R). Based on observation and interview the Operator failed to ensure the skilled licensed nurse did not administer insulin beyond the manufacturer's or pharmacy provider's recommended date of expiration for R1. Findings included: Record review for R1 revealed an admission date of 10/05/23 with diagnoses of type two diabetes, anemia, epilepsy, and anoxic brain damage. Review of R1's "Functional Capacity Screen" (FCS) dated 10/05/23 revealed R1 was unable to manage his own medications. Review of R1's "Negotiated Service Agreement" (NSA) dated 10/05/23 revealed a local home	S5315		

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S5315	Continued From page 5 health agency would manage R1's diabetes, and gastric tube. Review of R1's "Health Service Plan" (HSP) identified the local home health agency would manage R1's medications through the gastric tube. Review of R1's electronic medical record under the "Observation Notes" tab revealed the following entry: On 12/22/23 at 07:15 PM R1 was transported by emergency services for evaluation at the local emergency room. On 12/23/23 at 08:45 AM R1's "family" called the facility to report R1 had been admitted to the local hospital. Observation on 12/26/23 at 11:58 AM of the top drawer of the facility medication cart located in the dining room, revealed a Lispro Insulin Pen labeled with R1's full name. The insulin pen lacked the date the pen was opened. Observation on 12/27/23 at approximately 02:35 PM R1 was returned to the facility on a stretcher and was escorted by the local ambulance crew. Interview on 10/27/23 at 03:25 PM with "Licensed Nurse" (LN) C confirmed that R1's Lispro Insulin pen lacked the date it was opened, and LN C continued to state that she had been in contact with the manager of the local home health agency to discuss the Lispro Insulin pen lacking the date it was opened.	S5315		

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S5315	Continued From page 6 Review of the manufacturer's recommendations for Insulin Lispro stated to "Throw away an opened vial after 28 days of use, even if there is insulin left in the vial". https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/020563s115lbl.pdf The Operator failed to ensure the skilled licensed nurse did not administer insulin beyond the manufacturer's or pharmacy provider's recommended date of expiration for R1.	S5315		