STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023025	A. BUILDING: _____ B. WING _____	01/24/2024

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ELTERN'S HOUSE	1701 RESEARCH PARK DR LAWRENCE, KS 66047

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Home Plus facility conducted on 01/24/24.	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 11 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) and service needs for resident (R)103. Findings included:	S5105		

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

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S5105	Continued From page 1	S5105		

- R103's medical record revealed the resident moved into the facility on 04/24/23.

The 04/24/23 FCS identified R103 required physical assistance with toileting and was frequently incontinent of urine. The FCS also identified R103 used an indwelling urinary catheter.

The 04/24/23 NSA did not address R103's use of an indwelling urinary catheter and the services provided by staff for the care and maintenance of this catheter. The NSA did not address R103's need for wound care provided by the facility staff and the wound care clinic.

The 04/24/23 "Admission Note" documented R103 admitted to the facility with an indwelling urinary catheter in place.

The 08/30/23 "Miscellaneous Note" documented, R103 had a wound to her right lower leg. Staff cleaned the wound with wound cleanser, applied triple antibiotic ointment, covered with Opti foam dressing, and changed daily and as needed.

On 01/24/23 at 04:08 PM Administrative Nurse A stated R103 had an indwelling catheter which staff irrigated and drained the collection bag. Administrative Nurse A stated R103 had a wound on her lower right, lateral leg and the Certified Medication Aides changed the dressings. Stated R103 also went to a wound clinic for assessment and treatment of this wound. Administrative Nurse A acknowledged R103's NSA did not match the FCS assessment concerning falls.

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S5105	Continued From page 2 The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS and addressed other identified service needs.	S5105		
S5161 SS=F	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of 11 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)101, R102 and R103. Findings included: - R101's medical record revealed she moved into the facility on 07/05/22. R101's most recent NSA was completed on 05/15/23 and identified Licensed Nurse (LN) B as the nurse responsible for the implementation and supervision of the health care service plan. On 01/24/23 at 04:05 PM Administrative Nurse A stated she had been working as the DON since	S5161		

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S5161	Continued From page 3 01/15/24 but no addendum to the NSA was completed to identify her as the nurse responsible for the implementation and supervision of the care plan. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R101. - R102's medical record revealed he moved into the facility on 07/11/22. R102's most recent NSA was completed on 05/15/23 and identified Licensed Nurse (LN) B as the nurse responsible for the implementation and supervision of the health care service plan. On 01/24/23 at 03:56 PM Administrative Nurse A stated she had been working as the DON since 01/15/24 but no addendum to the NSA was completed to identify her as the nurse responsible for the implementation and supervision of the care plan. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R102. - R103's medical record revealed she moved into the facility on 04/24/23. R103's most recent NSA was completed on 04/24/23 and identified Licensed Nurse (LN) B as the nurse responsible for the implementation and supervision of the health care service plan.	S5161		

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S5161	Continued From page 4 On 01/24/23 at 03:56 PM Administrative Nurse A stated she had been working as the DON since 01/15/24 but no addendum to the NSA was completed to identify her as the nurse responsible for the implementation and supervision of the care plan. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R103.	S5161		
S5251 SS=D	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 11 residents. The sample included three residents. Based on record review and interview the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action. Findings included:	S5251		

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S5251	Continued From page 5 - Review of R103's medical record revealed she was admitted to the facility on 04/24/23. The 04/24/23 "Functional Capacity Screen" (FCS) documented R103 required physical assistance with transfers, mobility and management of treatments. The 04/24/23 "Negotiated Service Agreement" (NSA) and "Health Care Service Plan" (HCSP) failed to identify that facility and wound clinic staff treated R103's leg wound. The 08/30/23 "Miscellaneous Note" documented, R103 had a wound to her right lower leg. Staff cleaned the wound with wound cleanser, applied triple antibiotic ointment (TAO), covered with Opti foam dressing and changed daily and as needed. No measurement of the wound was documented. The 10/10/23 "Miscellaneous Note" documented staff reported the open area to R103's leg was red and warm to touch. Staff to cleanse area and apply TAO and leave open to air. The primary care provider to see during upcoming rounds. The 10/13/23 "New Orders Note" documented new orders for an antibiotic for seven days for suspected infection. Medi honey applied topically to right leg wound daily for seven days, cover with Opti foam. The 10/20/23 "Miscellaneous Note" documented the wound to the right lower leg showed improvement, had mild redness, no discharge, not heat to it. No measurement of the wound was documented.	S5251		

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S5251	Continued From page 6 The 10/30/23 "Miscellaneous Note" documented the second seven-day trial of daily Medi honey to right lower leg wound ended today with no visible improvement noted. The 11/21/23 "New Orders Note" documented a new order for Medi honey to right lower leg wound. Cover with Opti foam, change every three days. New order for Wound Healing Center to evaluate and treat if appropriate. The 12/07/23 "New Orders Note" documented R103 returned from a local wound healing center with new orders for wound care dressing/treatment plan. Review of wound healing center progress notes failed to find documentation of a description of the leg wound and lacked measurements needed to document effectiveness of ongoing treatments. On 01/24/24 at 03:35 PM R103 stated she bumped her leg on something and developed a wound. Stated she had lymph edema which makes healing of the wound difficult. Stated she went to an outside wound care clinic about once every month and the facility nurse assessed her wound twice a week and the medication aide changed the dressing. R103 stated she thought the wound had improved. On 01/24/23 at 04:08 PM Administrative Nurse A stated R103 had a wound on her lateral, right lower leg. She stated the Certified Medication Aides changed the dressings, but she did not complete regular wound assessments. Administrative Nurse A stated the wound clinic nurse assessed and	S5251		

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S5251	Continued From page 7 managed the treatment of the wound. Administrative Nurse A stated she could not locate any documentation of wound descriptions, measurements, or effectiveness of the treatment of the wound. The operator failed to ensure documentation for R103's wound care was in accordance with accepted professional standards and practices.	S5251		
S5312 SS=E	26-42-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (g)(2) The facility reported a census of 11 residents. Based on observation and record review the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - Observation on 01/24/24 at 10:25 AM revealed the medication storage units contained the following prescription medications which were not labeled with a resident's full name: Resident (R)104:	S5312		

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S5312	Continued From page 8 One Trelegy Ellipta inhaler One bottle of Latanoprost Ophthalmic Solution There were numerous other prescription medications from a local pharmacy stored in the original packaging with medication containers not labeled with the resident's full name. The 06/01/22 "Bridge Haven Medication Policy" documented, "All prescription medications will be labeled for each individual resident by pharmacy ..." The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S5312		
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 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)	S5313		

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S5313	Continued From page 9 The facility reported a census of 11 residents. Based on observation and record review the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over-the-counter medications. Findings included: - Observation on 01/24/24 at 10:25 AM revealed the medication storage units contained the following over-the-counter medications which were not labeled with a resident's full name: Resident (R)101: One bottle of Systane Lubricant Eye Drops R103: Four boxes of Bausch and Lomb Sooth XP Eye Drops Two bottles of Nature Made Potassium Gluconate One bottle of Kroger Vitamin D3 One bottle of Leader Eye Drops R104: One eyedrop bottle of GeriCare Artificial Tears R105: One bottle of Advil Liqui-Gels The 06/01/22 "Bridge Haven Medication Policy" documented, "Each over the counter medication will be labeled for each individual resident ..." The operator failed to ensure all over-the-counter medications were labeled with the resident's full name.	S5313		

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