STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087167	A. BUILDING: _____ B. WING _____	12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE COTTAGE- TYLER	968 N TYLER ROAD WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey with complaint investigations 175420 and 178919 for the above named Home Plus Facility conducted on 12/19/23 and 12/20/23.	S 000		
S 225 SS=E	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	S 225		

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

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S 225	Continued From page 1 resident's obligations regarding payment. This information shall include the refund policy of the 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 five residents (R). The sample included three residents and one focused record review. Based on interview and record review for two (R4 and R5) of three sampled residents, 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 at the time of admission. Findings included:	S 225		

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S 225	Continued From page 2 - Review of R4's medical record had an admission date of 02/20/23. Review of R4's medical record included a Negotiated Service Agreement Addendum dated 03/27/23 to transfer resident to Grace Cottage for day care. The residents record lacked an admission agreement for 03/27/23 when the resident changed facilities to receive day care services and lacked an admission agreement when she moved into this facility. On 12/20/23 at 10:09 AM Administrative Staff A reported in February 2023 the resident received day care services at their other house and then she came to this house, (the one on Tyler) and received day care services. Administrative Staff A reviewed R4's record and reported she came to his house in late March for day care services and was admitted full time on 09/13/23. Administrative Staff A acknowledged she did not complete a new admission agreement for when she transferred from the other house to this one for day care or when she became a full-time resident. The operator failed to complete a written admission agreement when R4 started receiving day care services and again when she later moved into the facility. - Review of R5's medical record included an admission date of 10/31/22. Review of R5's medical record included a medical provider's order dated 11/28/22 to	S 225		

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S 225	Continued From page 3 transfer the resident to this house. The record lacked an admission agreement for 11/28/23 when R5 moved into this facility. On 12/20/23 at 10:35 AM Administrative staff A acknowledged the resident initially lived in the other house and she did not complete a new admission agreement when he moved from the sister house to this one. The operator failed to complete a written admission agreement for R5 when he moved from the sister facility to this facility.	S 225		
S5080 SS=D	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.	S5080		

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S5080	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of five residents (R). The sample included three residents and one focused record review. Based on interview and record review the operator failed to ensure one (R4) of three residents had their admission screening for determination of functional capacity completed on or before moving into the facility. Findings included: - Review of R4's medical record included an admission date of 02/20/23 with a diagnosis of cerebral vascular accident. Her record included two "Functional Capacity Screens". One dated 02/20/23 and the other 12/14/23. R4's record also included a "Negotiated Service Agreement Adendumn' dated 03/27/23 to transfer R4 to this house for day care services. R4's record lacked a "Functional Capacity Screen" for when she was admitted to this house for day care services or a new Functional Capacity Screen when she was admitted to this house for full time services. On 12/20/23 at 10:09 AM Administrative Staff A confirmed the resident received day care services at a sister location and then in late March started to get day care services at this house and on 09/13/23 she was admitted for full time services.	S5080		

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S5080	Continued From page 5 On 12/20/23 at 11:18 AM Licensed Nurse G thought she had completed a new "Functional Capacity Screen" on 09/13/23 but was not able to find it. Review of the undated "Functional Capacity Screen" policy revealed it will be completed upon admission to the facility. The operator failed to ensure designated staff completed the "Functional Capacity Screen" for R4 on or before admission to the facility.	S5080		
S5115 SS=D	26-42-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (c) The facility reported a census of five residents (R). The sample included three residents and one focused record review. Based on record review and interview the operator failed to ensure the development of an initial negotiated service agreement upon admission to the facility for one (R4) of three sampled residents. Findings included: - Review of R4's medical record included an admission date of 02/20/23 with a diagnosis of	S5115		

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S5115	Continued From page 6 cerebral vascular accident. R4's record included two "Functional Capacity Screens", one dated 02/20/23 and one dated 12/14/23. R4's most current Functional Capacity Screen identified the resident was unable to participate in activities of daily living, had impaired cognition and was at risk for falls. R4's record also included a "Negotiated Service Agreement Addendum" dated 03/27/23 to transfer R4 to this house for day care services. Her record lacked a "Negotiated Service Agreement" for 09/13/23 when she was admitted to this facility for full time services. On 12/20/23 at 10:09 AM Administrative Staff A confirmed the resident received day care services at a sister location and then in late March started to get day care services at this house, and on 09/13/23 she was admitted for full time services. On 12/20/23 at 11:18 AM Licensed Nurse G thought she had completed a new "Negotiated Service Agreement" on 09/13/23 but was not able to find it. Review of the undated "Negotiated Service Agreement" policy revealed it will be completed upon admission to the facility. The operator failed to ensure designated staff developed an initial "Negotiated Service Agreement" for R4 upon admission to the facility.	S5115		
S5116 SS=E	26-42-202 (d) NSA revisions	S5116		

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S5116	Continued From page 7 (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 five 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 two (R3, R5) 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 she moved into the facility on 09/03/22 with diagnosis of dementia. R3's "Functional Capacity Screen" (FCS) dated	S5116		

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S5116	Continued From page 8 09/01/23 revealed she needed physical assistance with bathing, dressing, toileting, had impaired cognition and was unable to manage her medications or medical treatments. It also identified she had a risk for ralls, wandered and had inappropriate behaviors. R3's most current "Negotiated Service Agreement" dated 09/01/23 did not include Hospice services. R3's Nursing progress notes included documentation that on 12/05/23 the resident was admitted to a local Hospice company for services. On 12/20/23 at 11:08 AM Licensed Nurse G confirmed she had not revised R3's NSA to include that she started Hospice services. Review of the undated "Negotiated Service Agreement" policy revealed that a Negotiated Service Agreement shall be completed with any significant change. The operator failed to ensure designated staff reviewed and revised R3's NSA to include her significant change of starting Hospice services. - Review of R5's medical record had an admission date of 10/31/22 with diagnoses of hypertension and dementia. R5's "Functional Capacity Screen dated 10/31/23 revealed the resident had impaired cognition, needed physical assistance with bathing, dressing, and toileting, was at risk for falls and was unable to manage his medications.	S5116		

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S5116	Continued From page 9 R5's "Negotiated Service Agreement" dated 10/31/23 identified the resident received services from a local Home Health Agency but did not identify what services he received. The record did not include any addendums to the Negotiated Service Agreement related to Home Health Services. R5's medical record included a physician's order dated 09/18/23 for physical therapy to see the resident for gait training, transfer training, cognitive education and fall prevention/equipment assessment. On 12/20/23 at 10:50 AM Licensed Nurse (LN) G confirmed the resident received physical therapy and received speech therapy. LN G looked in the therapy notebook and confirmed services started on 09/21/23 and he also received speech therapy. LN G reported therapy services stopped on 11/08/23 and she acknowledged she had not revised R5's "Negotiated Service Agreement" to show that he no longer received services from a local Home Health Agency. Review of the undated "Negotiated Service Agreement" policy revealed that a Negotiated Service Agreement shall be completed with any significant change. The operator failed to ensure designated staff reviewed and if necessary revised R5's Negotiated Service Agreement when he had a significant change in condition, as defined in KAR 26-39-100.	S5116		

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S5186	Continued From page 10	S5186		
S5186 SS=F	26-42-206 (d) Dietary Services Menus (d) The menus shall be planned in advance and in accordance with the dietary guidelines adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (d) The facility reported a census of five residents. Based on observation, interview and record review the operator failed to ensure the facility menus were prepared in advance and in accordance with dietary guidelines. Findings included: - During initial tour on 12/19/23 observations in the kitchen lacked a menu for the day or week on the refrigerator or in the logbook. Review of the logbook included a weekly meal form from Sunday to Saturday. The weeks included multiple days without any documentation on what the menu was for that day. On 10/26/23 for lunch it had salmon patties and no other vegetables or fruits. On 10 27/23 lunch was spaghetti bake and supper was soup. It did not include vegetables or fruit for lunch and supper did not identify what type of soup or any additional foods items provided. On 11/12/23 the lunch meal was spaghetti and meatballs with no other foods listed. On 11/27/23 supper was soup and on 11/28/23 lunch was soup with no additional food items or what kind of soup was served. On 12/06/23 supper included chicken	S5186		

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S5186	Continued From page 11 salad sandwich, but no vegetables or fruit were listed as being served. On 12/19/23 at 11:49 AM Certified Nurse Aide C reported the menu is usually hung on the side of the refrigerator we use to know what to prepare. She confirmed there was not a menu for today, so she looked in the freezer to see what was there and picked something out. On 12/19/23 at 11:55 AM Administrative staff A reported she and Administrative Nurse B develop the menu and prepare most of the foods to be cooked. Administrative staff A acknowledged the menus were not preplanned and were not in the logbook like they are supposed to be. Review of the undated policy revealed menu plans shall be available to each resident on a weekly basis and recorded on a menu form in the house logbook. The operator failed to ensure the facility menus were prepared in advance.	S5186		
S5190 SS=F	26-42-206 (d) Dietary Services (d)(1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (d) (1) The facility reported a census of five residents.	S5190		

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S5190	Continued From page 12 Based on observation, interview and record review the operator failed to ensure the facility menu was available to each resident on at least a weekly basis. Findings included: - During initial tour on 12/19/23 observations in the kitchen lacked a menu for the day or week on the refrigerator or in the logbook. On 12/19/23 at 11:49 AM Certified Nurse Aide C reported the menu is usually hung on the side of the refrigerator but was not there. She confirmed there was not a menu for today, so she looked in the freezer to see what was there and picked something out. On 12/19/23 at 11:55 AM Administrative Staff A acknowledged the weekly menu was not posted and available to each resident. Review of the undated policy revealed menu plans shall be available to each resident on a weekly basis and recorded on a menu form in the house logbook. The operator failed to ensure the facility menus were available to each resident on a weekly basis.	S5190		
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	S5192		

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S5192	Continued From page 13 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: KAR 26-42-206 (e) The facility reported a census of five residents. Based on record review and interview, the operator failed to ensure staff prepared food using safe methods and ensured staff served foods at the proper temperature for all residents in the facility. - On 12/19/23 at 11:33 AM, review of the food temperature logs provided by Certified Nurse Aide C lacked any food temperature documentation prior to 10/22/23. After 10/22/23, the following dates had no food temperatures record to ensure food was prepared and served at the proper temperatures: - October 23, 24, 25, 30, and 31; November 01, 02, 06, 07, 09, 10, 11, 13, 14, 15, 16, 21, 22, 23, and 24; December 01, 04, 05, 06,08 and no food temperatures documented after 12/09/23. The food temperature log also included multiple	S5192		

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S5192	Continued From page 14 food entries that would have required facility staff to check the temperature, but only included one temperature such as: On 12/02/23 they had hamburgers, french fries and baked beans (according to the menu) and there was only one temperature on the food temperature log of 174 degrees Fahrenheit (F) for the hamburger. On 12/03/23 at noon the log had sausage, eggs and cinnamon written in but the only one temperature documented of 166 degrees F but did not identify what food was that temperature. According to the menu on 12/09/23 the staff served salisbury steak, mashed potatoes, carrots and biscuit for lunch and the food temperature log only included a temperature for the salisbury steak. On 12/19/23 at 11:55 PM Administrative Staff A looked at the food temperature log and acknowledged staff were supposed to be temping all the hot foods to ensure they were cooked to and served at the proper temperatures. Review of the undated "Food Safety" under "Checking Temperature" revealed staff were to take the food temperatures and record them on the food temperature log for each meal and each individual item must be temped and recorded separately. The operator failed to ensure staff temped foods as needed for all meals to ensure they were prepared and served at the proper temperatures.	S5192		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records	S5258		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087167	A. BUILDING: _____ B. WING _____	12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE COTTAGE- TYLER	968 N TYLER ROAD WICHITA, KS 67212

(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
S5258	Continued From page 15 (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(2) The facility reported a census of five residents. Based on record review and interview, the operator failed to provide evidence of completing the required criminal background check upon hire for four of five newly hired staff. This had the potential to affect all residents who resided in the facility.	S5258		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5258	Continued From page 16 Findings included: - Review of five newly hired employee records revealed the following: Certified Nurse Aide (CNA) C was hired on 03/20/23 and her employee record included a criminal background check submitted on 07/17/23, over three months after hire date. Certified Medication Aide D was hired on 07/22/23 and her employee record included a criminal background check submitted on 08/25/23, one month after her hire date. CNA E was hired on 03/25/23 and her employee record included the results of a criminal background check printed on 07/21/23, 4 months after her hire date. CNA F was hired on 12/03/23 and her employee record included a criminal background check submitted on 12/6/23, three days after her hire date. On 12/19/23 at 12:45 PM Administrative staff A reported she thought CNA E's criminal background check was submitted in July and acknowledged she had not completed them upon hire. The operator failed to ensure newly hired employee records contained evidence of completion of the required criminal background checks completed upon hire.	S5258		