STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087210	A. BUILDING: _____ B. WING _____	12/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD SENIORS, LLC	1226 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
S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey for the above named Home Plus facility conducted on 12/28/23.	S 000		
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) The facility reported a census of three residents(R). The sample included three residents. Based on interview, and record review for two (R4 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	S5105		

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

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S5105	Continued From page 1	S5105		

included a description of the services the resident would receive related to cognition.

Findings included:

- Review of R4's medical record revealed she moved into the facility on 04/26/23 with diagnoses of hypertension and chronic obstructive pulmonary disease.

R4's "Functional Capacity Screen" (FCS) dated 04/26/23 coded the resident's cognition a "4" indicating she had impaired short and long term memory, impaired recall and impaired decision making ability.

R4's "Negotiated Service Agreement" dated 04/26/23 failed to include a description of services related to impaired cognition as identified on her FCS.

- Review of R5's medical record revealed she moved into the facility on 04/24/23 with diagnosis of dementia.

R5's "Functional Capacity Screen" (FCS) dated 04/24/23 coded the resident's cognition a "4" indicating she had impaired short and long term memory, impaired recall and impaired decision making ability

R5's "Negotiated Service Agreement" dated 04/24/23 failed to include a description of services related to her impaired cognition as identified on the FCS.

On 11/14/23 at 11:03 AM Administrative Licensed Nurse A reported the resident didn't have any

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S5105	Continued From page 2 hearing aides and the staff needed to speak louder for her to hear them. On 12/28/23 at 01:48 PM Operator/Licensed Nurse A reviewed R4's NSA and confirmed it did not address services related to impaired cognition and stated it was the same for R5. The operator failed to ensure designated staff developed an NSA for R4 and R5 based upon her service needs identified on the FCS.	S5105		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of three residents. Based on observations and interview the operator failed to ensure staff stored all foods under safe and sanitary conditions. Findings included: - Observations during initial tour on 12/28/23 at 09:45AM revealed the following foods were not stored and labeled according to food safety	S5195		

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S5195	Continued From page 3 guidelines: The main refrigerator had a plastic baggie with meat that appeared to be turkey and another baggie that appeared to be ham that was not dated or labeled. There was a container labeled broccoli dated 12/20, a container with roast and baked beans undated or labeled, and a container with one sausage patty dated 12/18/23. There was also a chub of thawed hamburger in a plastic grocery bag on the middle shelf with cabbage underneath it and lacked a date of when it was put in the refrigerator. In the freezer was a bag of what appeared to be chicken without a label or date and a bag with "turkey" written on it but faded and a number 12 that was barely readable. On 12/28/23 at 10:09 AM Certified Nurse Aide reported staff were supposed to date and label foods that they put in the refrigerator and though any leftovers were only good for seven days. 12/28/23 at 10:11 AM Operator/Licensed Nurse A acknowledged foods were supposed to be labeled and dated when put in the refrigerator. Review of the "Focus on Food Safety" guide Revised August 2017 provided the following directions for storing food: Store cooked, ready-to-eat foods above raw animal foods. Foods must be date marked if it is prepared on-site, or commercially processed, after the original container is opened and held under refrigeration, if it is considered a potentially hazardous food, ready to eat or if to be held for more than 24 hours.	S5195		

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S5195	Continued From page 4 Food can be held for seven days in adequate refrigeration and needs to be marked with the day by which the food is to be consumed or discarded. The operator failed to ensure raw meats and other prepared foods were dated, labeled and stored to ensure safe consumption.	S5195		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The facility reported a census of three residents (R). The sample included three residents. Based on record review and interview the	S5300		

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S5300	Continued From page 5	S5300		

operator failed to ensure staff administered medications according to a Medical Providers written order and professional standards of practice for one (R3) of three sampled residents for whom the facility was responsible for administering medications.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 11/01/19 with diagnoses of diabetes mellitus type II, bladder spasms, and atrial fibrillation.

R3's "Functional Capacity Screen" (FCS) dated 10/31/23 revealed she had impaired cognition and required physical assistance with management of medications and medical treatments.

R3's "Negotiated Service Agreement" revealed medications were administered by a Certified medication aide or a Licensed Nurse.

Review of R3's physicians orders dated 11/13/23 and December 2023 Medication Administration Record (MAR) included the following discrepancies:
Myrbetriq (for overactive bladder) ER 50 Milligrams (mg) - one tablet daily is on the MAR but is not on the most current physicians' orders.
Veltassa (potassium depleter) 8.4 gram one packet daily is ordered, and the MAR directs staff to administer it every other day and also PRN.
Levsin 0.125 mg tablet every four hours as needed is on the MAR but the record did not include a physicians order for it.

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S5300	Continued From page 6 R3's December 2023 MAR also included the following PRN (as needed) medications given without follow up to the effectiveness of the medications: Hydrocodone-Apap (narcotic pain medication) 10-325 mg was administered 12 times for bladder spasms and Diazepam (antianxiety) 5 mg tablet administered twice for anxiety. The MAR lacked follow-up as to the effectiveness of the medication. On 12/28/23 at 11:58 AM Operator/Licensed Nurse A looked through the residents record for physician's orders for the above medications and acknowledged the physician's orders were not the same as what they were on the MAR. Operator/Licensed Nurse A also reported staff were supposed to document if the PRN medication was effective or not after it was administered. The operator failed to ensure medications the facility was responsible for administering were administered according to professional standards of practice and facility policy for PRN medications.	S5300		