STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087243	A. BUILDING: _____ B. WING _____	01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD HOUSE	5516 POLO DR WICHITA, KS 67208

(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 the licensure resurvey with attached complaint number 176992, for the above named facility conducted on 01/04/24.	S 000		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: K.A.R.26-42-204 (a) The facility reported a census of 6 residents. The sample included 3 "Residents'" ((R)'s 1,2, and 3), and one closed record review R4. Based on observation, interview, and record review the operator failed to provide healthcare services for R1 which met her needs in accordance with her "Functional Capacity Screen" (FCS) when she was marked for impaired ability to make herself understood and being able to understand others. Findings included: Record review on 01/04/24 of the facility	S5155		

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

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S5155	Continued From page 1	S5155		

provided resident roster revealed R1 was marked as having a bed assist device.

- Record review for R1 revealed an admission date of 05/02/22 with diagnoses of hypertension, cerebral vascular accident, sciatica, Diabetes Mellitus type one, and high cholesterol.

Review of R1's "Functional Capacity Screen" (FCS) dated 05/02/23 identified R1 required physical assistance with bathing, dressing, toileting, transferring and eating. She could usually make herself understood and she usually understood others. She lacked the ability to manage her own medications and treatments. R1 used a walker and wheelchair mobility devices.

Review of R1's "Negotiated Service Agreement" (NSA) dated 05/02/23 revealed the facility would provide physical assistance with bathing, dressing, toileting, and mobility. The NSA identified R1 spoke "little English" and that "Spanish" was her first language.

The NSA lacked health care services for communication.

Review of R's "Nurse Aide's Information Sheet" under the section titled "Speech" it revealed R1 spoke Spanish well.

The "Nurse Aide's Information Sheet" lacked instructions to staff for how to communicate with R1 if they did not speak Spanish.

Interview with "Certified Nurse Aide" (CNA) C confirmed she will use either the facility provided translator or the translator on her personal phone

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S5155	Continued From page 2 when she does not understand R1. Interview on 01/04/24 at approximately 05:00 PM with Operator A confirmed the NSA and "Nurse Aide's Information Sheet" lacked healthcare services/instructions to staff for communication with R1. Observation on 01/04/24 at approximately 10:20 AM of communication between R1 and Operator A at revealed R1 had very broken English, and repeated Operator A had to repeat herself several times during the conversation and R1 would reply in a mix of Spanish and English. The operator failed to provide healthcare services for R1 which met her needs in accordance with her "Functional Capacity Screen" (FCS) when she was marked for impaired ability to make herself understood and being able to understand others.	S5155		
S5171 SS=D	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R.26-42-204 (i) The facility reported a census of 6 residents. The sample included 3 "Residents'" ((R)'s 1,2, and 3), and one closed record review R4. Based on observation, interview, and record review the operator failed to provide healthcare services for	S5171		

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S5171	Continued From page 3 R1 in accordance with professional standards of practice when Operator A failed to conduct a periodic review of R1's bed assist device to ensure the device posed no risk for entrapment, confirmed the device was not a restraint, and evaluated R1's ability to safely use the bed assist device. Findings included: Record review on 01/04/24 of the facility provided resident roster revealed R1 was marked as having a bed assist device. - Record review for R1 revealed an admission date of 05/02/22 with diagnoses of hypertension, cerebral vascular accident, sciatica, Diabetes Mellitus type one, and high cholesterol. Review of R1's "Functional Capacity Screen" (FCS) dated 05/02/23 identified R1 required physical assistance with bathing, dressing, toileting, transferring and eating. She could usually make herself understood and she usually understood others. She lacked the ability to manage her own medications and treatments. R1 used a walker and wheelchair mobility devices. Under the section titled "Ordered therapies and treatments" was handwritten R1 had a half cane rail on the right side of her bed for mobility. Review of R1's "Negotiated Service Agreement" (NSA) dated 05/02/23 revealed the facility would provide physical assistance with bathing, dressing, toileting, and mobility. The NSA identified R1 spoke "little English" and that	S5171		

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S5171	Continued From page 4 "Spanish" was her first language. Under the section titled "Mobility" it stated R1 had a right-side cane rail on her bed. Review of R's "Nurse Aide's Information Sheet" under the section titled "Supportive" it revealed R1 had a bed cane on the left side of her bed. The NSA lacked a description of the device, its purpose and any special instructions on use and monitoring of the device. Review of R1's medical record revealed a document titled "Side-Rail Assessment Form" and was dated 06/28/22. Observation on 01/02/24 at 05:00 PM of R1 bed revealed an inverted U-shaped device that measured eleven and a half inches by 27.5 inches. The area of the U of the bedrail was open. The legs of the bed rail were on the floor and the rail was securely attached to the bed. Interview on 01/04/24 at 06:00 PM with Operator A confirmed the medical record for R1 lacked a current bed assist device assessment ensuring the device posed no risk for entrapment, confirmed the device was not a restraint, and R1's ability to safely use the bed assist device. The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following: Complete an assessment of the resident to confirm that the device is not a restraint.	S5171		

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S5171	Continued From page 5 Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record. Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record. If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the comments section. Include a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA. Document periodic reassessments of the resident's use of the device and their ability to use it safely and reassessment of the safety of the device in the resident's record. The operator failed to provide healthcare services for R1 in accordance with professional standards of practice when Operator A failed to conduct a periodic review of R1's bed assist device to ensure the device posed no risk for entrapment, confirmed the device was not a restraint, and evaluated R1's ability to safely use the bed assist device.	S5171		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications	S5300		

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S5300	Continued From page 6 (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: K.A.R.26-42-205 (d) The facility reported a census of 6 residents. The sample included 3 "Residents'" ((R)'s 1,2, and 3), and one closed record review R4. Based on interview and record review the operator failed to ensure R1's insulin was administered on 12/01/23 as ordered in accordance with the providers written order. Findings included: - Record review for R1 revealed an admission date of 05/02/22 with diagnoses of hypertension, cerebral vascular accident, sciatica, Diabetes Mellitus type one, and high cholesterol.	S5300		

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S5300	Continued From page 7 Review of R1's "Functional Capacity Screen" (FCS) dated 05/02/23 identified R1 required physical assistance with bathing, dressing, toileting, transferring and eating. She could usually make herself understood and she usually understood others. She lacked the ability to manage her own medications and treatments. R1 used a walker and wheelchair mobility devices. Review of R1's "Negotiated Service Agreement" (NSA) dated 05/02/23 revealed the facility would provide physical assistance with bathing, dressing, toileting, and mobility. The NSA identified R1 spoke "little English" and that "Spanish" was her first language. Under the section titled "Management of Medical Treatments" number ten identified a local home health agency would administer R1's insulin. Review of R's "Nurse Aide's Information Sheet" revealed the following handwritten statement: Resident is diabetic, insulin dependent. Record review of R1's "Medication Administration Record" revealed an order for Lantus Solostar 100 units. Inject 12 units Subcutaneous at bedtime. At bedtime is marked through with a black pen and handwritten is "in the AM". The dates 12/30/23 and 12/31/23 lacked documentation of being administered. Interview on 01/04/24 at 02:16 PM with outside provider "Licensed Nurse" (LN) B confirmed she did not administer R1's insulin on 12/31/23. LN B provided nursing documentation from the outside agency showing documentation for the insulin administration on 12/30/23.	S5300		

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S5300	Continued From page 8 Interview with Operator A confirmed R1's record lacked the documentation that she received her Lantus Solostar insulin, she further confirmed she had not been notified by staff that the outside agency did not administer R1's insulin on 12/31/23. The operator failed to ensure R1's insulin was administered on 12/01/23 as ordered in accordance with the providers written order.	S5300		
S5315 SS=E	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. (3) Any resident who self-administers medication	S5315		

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S5315	Continued From page 9 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) (1) The facility reported a census of 6 residents. Based on observation and interview the Operator failed to ensure the facility stored non controlled medications in a locked medication cart. Findings included: - Observation on 01/04/24 at 12:45 PM of the facility medication cart located in the alcove on the west side of the kitchen sat with the lock in the unlocked position. At 01:11PM "Certified Medication Aide" (CMA) D, came into the kitchen went to the sink, washed some dishes, and left the kitchen at 01:19 PM At 01:20PM CMA D came back into the kitchen, went to the bookshelf, and picked up some one-inch binders that were in a small storage box and left the kitchen. At 01:26PM Operator A walked by the medication cart and pushed the lock into the locked position.	S5315		

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S5315	Continued From page 10 Interview on 01/04/24 at 06:00 PM Operator A confirmed the medication cart was unlocked. The Operator failed to ensure the facility stored non controlled medications in a locked medication cart.	S5315		