STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087242	A. BUILDING: _____ B. WING _____	01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN BOOMERS 2	6900 STONEGATE ST WICHITA, KS 67206

(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 with complaint investigation 177041 for the above named Home Plus facility conducted on 01/02/2024 and 01/03/2024.	S 000		
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. 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. Based on interview and record review the operator failed to ensure one (R3) of three residents had their admission screening for determination of	S5080		

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

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S5080	Continued From page 1 functional capacity completed on or before moving into the facility. Findings included: - Review of R3's medical record revealed he moved into the facility on 02/22/23 with diagnosis of peripheral vascular disease. On 01/03/24 at 08:45 AM Licensed Nurse B reported the "Functional Capacity Screen" (FCS), the "Negotiated Service Agreement" (NSA) and the "Health Care Service Plan" (HCSP) are all one document. R3's initial admission FCS/NSA/HCSP is dated 02/23/22, one day after he moved into the facility. On 01/03/24 at 11:03 AM Licensed Nurse B reported they are to complete the incorporated document on admission, yearly and if there are any changes. She acknowledged R3's FCS/NSA/HCSP was completed the day after he moved into the facility. The operator failed to ensure designated completed a "Functional Capacity Screen" on or before moving into 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.	S5115		

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S5115	Continued From page 2 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. 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 (R3) of three sampled residents. Findings included: - Review of R3's medical record revealed he moved into the facility on 02/22/23 with diagnosis of peripheral vascular disease. On 01/03/24 at 08:45 AM Licensed Nurse B reported the "Functional Capacity Screen" (FCS), the "Negotiated Service Agreement" (NSA) and the "Health Care Service Plan" (HCSP) are all one document. R3's initial admission FCS/NSA/HCSP is dated 02/23/22, one day after he moved into the facility. On 01/03/24 at 11:03 Licensed Nurse B reported they are to complete the incorporated document on admission, yearly and if there are any changes. She acknowledged R3's FCS/NSA/HCSP was completed the day after he moved into the facility. The operator failed to ensure designated staff completed an initial "Negotiated Service Agreement" on or before moving into the facility.	S5115		

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S5161 SS=E	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 five resident (R)s. The sample included three residents. Based on interview and record review, the operator failed to ensure all residents, including three (R3, R4, R5) of three sampled residents "Negotiated Service Agreements" included the name of the licensed nurse responsible for the implementation and supervision of the "Health Care Service Plan". Findings included: - On 01/03/24 at 08:45 AM Licensed Nurse B reported the "Functional Capacity Screen" (FCS), the "Negotiated Service Agreement" (NSA) and the "Health Care Service Plan" (HCSP) are all one document. Review of R3's medical record revealed he moved into the facility on -2/22/23 with diagnosis of peripheral vascular disease. R3's FCS/NSA/HCSP dated 12/31/23 revealed he needed physical assistance with all activities of daily living and had impaired cognition with impaired vision. The document identified the	S5161		

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S5161	Continued From page 4	S5161		

facility nurse team monitored and coordinated all services, but did not include the name of the nurse responsible.

On 01/03/24 at 08:45 AM Licensed Nurse B acknowledged R3's FCS/NSA/HCSP did not include the name of the licensed nurse responsible for the implementation and supervision of the Health Care Service Plan.

- Review of R4's medical reord revealed he moved into the facility on 07/19/22 with diagnosis of hypertension.

R4's FCS/NSA/HCSP dated 09/20/23 revealed he needed physical assistance with bathing, dressing and toileting, and could not manage his medications. The document identified the facility nursing team monitored and coordinated all services but did not include the name of the nurse responsible.

On 01/03/24 at 08:45 AM Licensed Nurse B acknowledged R4's FCS/NSA/HCSP did not include the name of the licensed nurse responsible for the implementation and supervision of the Health Care Service Plan.

- Review of R5's medical record revealed he moved into the faciity on 05/23/22 with diagnosis of hypertension.

R5's FCS/NSA/HCSP dated 12/21/23 revealed he needed physical assistance with all activities of daily and could not manage his medications or medical treatments. The document identified the facility home plus nurse monitors and coordinates all services but failed to include the

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S5161	Continued From page 5 name of the nurse responsible. On 01/0324 at 08:45 AM Licensed Nurse B acknowledged R5's FCS/NSA/HCSP did not include the name of the licensed nurse responsible for the implementation and supervision of the Health Care Service Plan. The operator failed to ensure designated staff included the name of the licensed nurse responsible for the implementation and supervision of the Health Care Service Plan in R3, R4, and R5's FCS/NSA/HCSP. KAR 26-42-204 (d) The facility reported a census of five resident (R)s. The sample included three residents. Based on interview and record review, the operator failed to ensure all residents, including three (R3, R4, R5) of three sampled residents "Negotiated Service Agreements" included the name of the licensed nurse responsible for the implementation and supervision of the "Health Care Service Plan". Findings included: - On 01/03/24 at 08:45 AM Licensed Nurse B reported the "Functional Capacity Screen" (FCS), the "Negotiated Service Agreement" (NSA) and the "Health Care Service Plan" (HCSP) are all one document. Review of R3's medical record revealed he moved into the facility on 02/22/23 with diagnosis	S5161		

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S5161	Continued From page 6 of peripheral vascular disease. R3's FCS/NSA/HCSP dated 12/31/23 revealed he needed physical assistance with all activities of daily living and had impaired cognition with impaired vision. The document identified the facility nurse team monitored and coordinated all services but did not include the name of the nurse responsible. On 01/03/24 at 08:45 AM Licensed Nurse B acknowledged R3's FCS/NSA/HCSP did not include the name of the licensed nurse responsible for the implementation and supervision of the Health Care Service Plan. - Review of R4's medical record revealed he moved into the facility on 07/19/22 with diagnosis of hypertension. R4's FCS/NSA/HCSP dated 09/20/23 revealed he needed physical assistance with bathing, dressing and toileting, and could not manage his medications. The document identified the facility nursing team monitored and coordinated all services but did not include the name of the nurse responsible. On 01/03/24 at 08:45 AM Licensed Nurse B acknowledged R4's FCS/NSA/HCSP did not include the name of the licensed nurse responsible for the implementation and supervision of the Health Care Service Plan. - Review of R5's medical record revealed he moved into the facility on 05/23/22 with diagnosis of hypertension.	S5161		

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S5161	Continued From page 7 R5's FCS/NSA/HCSP dated 12/21/23 revealed he needed physical assistance with all activities of daily and could not manage his medications or medical treatments. The document identified the facility home plus nurse monitors and coordinates all services but failed to include the name of the nurse responsible. On 01/0324 at 08:45 AM Licensed Nurse B acknowledged R5's FCS/NSA/HCSP did not include the name of the licensed nurse responsible for the implementation and supervision of the Health Care Service Plan. The operator failed to ensure designated staff included the name of the licensed nurse responsible for the implementation and supervision of the Health Care Service Plan in R3, R4, and R5's FCS/NSA/HCSP.	S5161		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		

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S5230	Continued From page 8 This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c) The facility reported a census of five residents (R). The sample included three residents and five newly hired staff. Based on interview and record review for four of five newly hired staff, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of the five newly hired employee files revealed the following irregularities: Certified Nurse Aide (CNA) C hired on 10/2/23 had a TB skin test given on 10/02/23 and 11/15/23 but did not have either one of the read. CNA D hired on 08/17/23 did not have her TB symptoms screen completed until 09/25/23 and her second TB skin test did not include results in millimeters (mm) of induration. Certified Medication Aide E had two-step TB skin testing completed but the documentation did not include the results in mm of induration. CNA F had tow-step TB skin testing completed but the documentation did not include the results in mm of induration. On 01/03/24 at 09:24 AM Licensed Nurse B reviewed the employee TB skin testing records and acknowledged CNA C did not have the nurse	S5230		

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S5230	Continued From page 9 read his TB skin tests and the documentation on results form does not include mm of induration. She also acknowledged CNA D had her TB symptom screen completed more than seven days after her hire date. The operator failed to ensure newly hired staff received a TB symptoms screen and two-step TB skin test with appropriate documentation of the results in order to remain in compliance with the department's TB guidelines.	S5230		