STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087116	A. BUILDING: _____ B. WING _____	01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRECIOUS GEMS HOMES AT POLO DR	5502 POLO DRIVE 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 an abbreviated survey for complaint #'s 185311, 185139, and 184890, of the above named facility conducted on 01/18/24 and 01/22/24.	S 000		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-201 (d) The facility reported a census of 8 residents. Based on interview and record review the operator failed to ensure the "Functional Capacity Screening" (FCS) accurately reflected R1's cognition. Findings included: - Review of R 1's record revealed an admission date of 09/26/23 with diagnoses of history of rheumatoid arthritis, history of pancreatic insufficiency, gastro-esophageal reflux disease, chronic obstructive pulmonary disease, bipolar disorder, hypertension, hypertension, malnourishment, and asymptomatic bacteriuria. R1 admission documents lacked a diagnosis of	S5095		

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

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S5095	Continued From page 1 cognitive impairment. Review of R 1's "Functional Capacity Screening" (FCS) dated 09/06/23 revealed she was independent with bathing, dressing, toileting, and transferring. She required supervision with walking/mobility and eating. Handwritten next to "Eating" is "softer diet". R1 lacked the ability to manage her own medications and treatments, she was incontinent of her bladder, and had impaired short-term memory, memory recall, and decision making. She was usually able to make herself understood and she understood others. She was marked with falls/unsteadiness, impaired vision, impaired hearing, and impaired decision making. She used a 4 "prong cane" for mobility. Review of R 1's combined "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) identified the following healthcare services and instructions to facility staff that R1 would receive: Bathing three times a week that included set up and supervision, provided by certified facility staff. Physical assistance with dressing in the mornings. Facility staff were to provide regular meals and assist with cutting R 1's food. Under the section titled "Instrumental Activities of Daily Living" is stated R 1 would self-manage her money, and there were check marks next to short-term memory, long-term memory, memory/recall, and decision making. The NSA / HSP lacked services to assist with R1's cognition. Under the section titled "Health Care Services" it was marked that "Certified Medications Aide (CMA), Licensed Practical Nurse (LPN) and Registered Nurse (RN)" would administer R1's medications.	S5095		

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S5095	Continued From page 2 Review of R1's facility printed progress notes revealed the following entry: 12/20/23 at 06:30 AM The facility nurse spoke to R1 related to the self-administration of Zenpep 5,000 Units three times daily with meals. The nurse wrote "She still does not have a doctor's order, and no doctor in charge of her care on file for facility to contact regarding self-administration of any drug. she was advised that until we had an order in place staff will continue to administer all medications". Interview on 01/18/24 at 01:20 PM revealed R1 had made her own transportation arrangements to go to an appointment. She spoke in complete and sensible sentences, and she answered her questions appropriately. Interview on 01/18/24 at 12:22PM with "Certified Medication Aide" (CMA) B confirmed that R1 was independent with all activity of daily living needs, and that she had socially inappropriate disruptive behaviors at times. The operator failed to ensure the "Functional Capacity Screening" (FCS) accurately reflected R1's cognition.	S5095		
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	S5105		

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S5105	Continued From page 3 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: K.A.R. 26-42-202 (a) The facility reported a census of 8 residents. Based on interview and record review the operator failed to ensure the combined "Negotiated Service Agreement" (NSA)/ "Health Service Plan" (HSP) was based on R 1's "Functional Capacity Screen" (FCS). Findings included: - Review of R1's record revealed an admission date of 09/26/23 with diagnoses of history of rheumatoid arthritis, history of pancreatic insufficiency, gastro-esophageal reflux disease, chronic obstructive pulmonary disease, bipolar disorder, hypertension, hypertension, malnourishment, and asymptomatic bacteriuria. Review of R 1's "Functional Capacity Screening" (FCS) dated 09/06/23 revealed she was	S5105		

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S5105	Continued From page 4	S5105		

independent with bathing, dressing, toileting, and transferring. She required supervision with walking/mobility and eating. Handwritten next to "Eating" is "softer diet". R1 lacked the ability to manage her own medications and treatments, she was incontinent of her bladder, and had impaired short-term memory, memory recall, and decision making. She was usually able to make herself understood and she understood others. She was marked with falls/unsteadiness, impaired vision, impaired hearing, and impaired decision making. She used a 4 "prong cane" for mobility.

Review of R 1's combined "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) identified the following healthcare services and instructions to facility staff that R1 would receive: Bathing three times a week that included set up and supervision, provided by certified facility staff. Physical assistance with dressing in the mornings. Facility staff were to provide regular meals and assist with cutting R 1's food. Under the section titled "Instrumental Activities of Daily Living" is stated R 1 would self-manage her money, and there were check marks next to short-term memory, long-term memory, memory/recall, and decision making. The NSA / HSP lacked services to assist with R1's cognition. Under the section titled "Health Care Services" it was marked that "Certified Medications Aide (CMA), Licensed Practical Nurse (LPN) and Registered Nurse (RN)" would administer R1's medications.

The combined NSA/HSP lacked health care services for "softer diet" that was indicated on the FCS, falls, impaired cognition, and impaired

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S5105	Continued From page 5 decision making. Interview on 01/18/24 at 12:22 PM with Operator / LN A confirmed R1 NSA/HSP did not include health care services or instructions to staff for R1 that addressed falls, impaired cognition, and impaired decision making. The operator failed to ensure the combined NSA/HSP was based on R1's FCS.	S5105		
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 8 residents. The sample included one "Resident" (R) 1. Based on observation, record review and interview, 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 R1's ability to safely use the bed assist device. Findings included: - Review of R 1's record revealed an admission date of 09/26/23 with diagnoses of history of	S5171		

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S5171	Continued From page 6	S5171		

rheumatoid arthritis, history of pancreatic insufficiency, gastro-esophageal reflux disease, chronic obstructive pulmonary disease, bipolar disorder, hypertension, hypertension, malnourishment, and asymptomatic bacteriuria.

Review of R 1's "Functional Capacity Screening" (FCS) dated 09/06/23 revealed she was independent with bathing, dressing, toileting, and transferring. She required supervision with walking/mobility and eating. Handwritten next to "Eating" is "softer diet". R1 lacked the ability to manage her own medications and treatments, she was incontinent of her bladder, and had impaired short-term memory, memory recall, and decision making. She was usually able to make herself understood and she understood others. She was marked with falls/unsteadiness, impaired vision, impaired hearing, and impaired decision making. She used a 4 "prong cane" for mobility.

The FCA lacked documentation of a bilateral bed assist device.

Review of R 1's combined "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) identified the following healthcare services and instructions to facility staff that R1 would receive: Bathing three times a week that included set up and supervision, provided by certified facility staff. Physical assistance with dressing in the mornings. Facility staff were to provide regular meals and assist with cutting R 1's food. Under the section titled "Instrumental Activities of Daily Living" is stated R 1 would self-manage her money, and there were check marks next to

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S5171	Continued From page 7	S5171		

short-term memory, long-term memory, memory/recall, and decision making. The NSA / HSP lacked services to assist with R1's cognition. Under the section titled "Health Care Services" it was marked that "Certified Medications Aide (CMA), Licensed Practical Nurse (LPN) and Registered Nurse (RN)" would administer R1's medications.

The combined NSA/HSP lacked health care services for "softer diet" that was indicated on the FCS, falls, impaired cognition, and impaired decision making. The combined NSA/HSP further lacked a description of the device, its purpose and any special instructions on use and monitoring of the device.

R 1's record lacked the documentation of an assessment being performed to confirm the device was not a restraint, R 1's ability to safely use the device and documentation of the findings in R1's record.

Observation on 01/18/24 at 11:34 AM of R 1's bed revealed there was a quarter rail attached to each side of the head of her bed. The rails were attached to the bedframe and had no large open areas.

Interview on 01/18/23 at 01:20 PM with Operator/LN A revealed a bedrail assessment should have been in R1's medical record. She continued to state the prior nurse should have performed an assessment.

Interview on 01/18/24 at 01:20 PM with facility CMA B confirmed R1 medical record lacked

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S5171	Continued From page 8	S5171		

documentation of an assessment being performed to confirm the device was not a restraint, R 1's ability to safely use the device and documentation of the findings in R1's record.

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.

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.

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S5171	Continued From page 9 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 R1's ability to safely use the bed assist device.	S5171		
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 8 residents. The sample included one "Resident" (R) 1. Based on Record review and interview the operator failed to ensure the facility staff documented all incidents, and other indications of illness or injury including the date, time of occurrence, actions taken and results of the actions taken for R1. Findings included: - Review of R 1's record revealed an admission date of 09/26/23 with diagnoses of history of	S5251		

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S5251	Continued From page 10	S5251		

rheumatoid arthritis, history of pancreatic insufficiency, gastro-esophageal reflux disease, chronic obstructive pulmonary disease, bipolar disorder, hypertension, hypertension, malnourishment, and asymptomatic bacteriuria.

Review of R 1's "Functional Capacity Screening" (FCS) dated 09/06/23 revealed she was independent with bathing, dressing, toileting, and transferring. She required supervision with walking/mobility and eating. Handwritten next to "Eating" is "softer diet". R1 lacked the ability to manage her own medications and treatments, she was incontinent of her bladder, and had impaired short-term memory, memory recall, and decision making. She was usually able to make herself understood and she understood others. She was marked with falls/unsteadiness, impaired vision, impaired hearing, and impaired decision making. She used a 4 "prong cane" for mobility.

Review of R 1's combined "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) identified the following healthcare services and instructions to facility staff that R1 would receive: Bathing three times a week that included set up and supervision, provided by certified facility staff. Physical assistance with dressing in the mornings. Facility staff were to provide regular meals and assist with cutting R 1's food. Under the section titled "Instrumental Activities of Daily Living" is stated R 1 would self-manage her money, and there were check marks next to short-term memory, long-term memory, memory/recall, and decision making. The NSA / HSP lacked services to assist with R1's

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S5251	Continued From page 11	S5251		

cognition. Under the section titled "Health Care Services" it was marked that "Certified Medications Aide (CMA), Licensed Practical Nurse (LPN) and Registered Nurse (RN)" would administer R1's medications.

The combined NSA/HSP lacked health care services for "softer diet" that was indicated on the FCS, falls, impaired cognition, and impaired decision making.

Review of the facility provided electronic "Progress Notes" dated 12/07/23 to 01/17/24 revealed the following entries:

12/08/23 at 01:30 PM There was a second lock placed on the R1's door as a safety precaution, R1 damaged the previous lock on the "5th".

The record lacked a note on the day of the occurrence, when R1 damaged the previous lock.
12/11/23 at 04:30 PM The facility nurse checked with R1 to see how the preparations for her upcoming pancreatic biopsy, endoscope and colonoscopy that were to be done on 12/13/23 were going. The nurse indicated that R1's medial provider had not issued orders to place some medications on hold for the pancreatic biopsy. The note included "In the addition to the self-administration of Zenpep 5000 units" and "R1 remained alert and orientated times three".

The record lacked documentation of indications of illness and further the note describing R1 did not match the current FCA and NSA/HSP in R1's record.

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S5251	Continued From page 12 12/13/23 at 11:15 AM Staff notified the facility nurse that R1 was smoking in her room. When approached by the staff and the facility nurse, R1 indicated that it was her space, and she would do whatever she wanted to do in her space. R1 was reminded of the safety of the other resident including one resident on supplemental oxygen when she replied she didn't care. The record lacked actions taken and results of actions taken related to R1's impaired decision making and keeping all residents in the home safe. 12/13/23 at 04:30 PM R1 returned from pancreatic biopsy, endoscope, and colonoscopy. R1 stated she was tired and needed to rest. The note continued "facility still does not have a doctor on file for R1". The record lacked documentation of follow up on assisting R1 with obtaining a medical provider, the note further lacked documentation of a need for change from the prior provider. 12/15/23 at 07:45 PM R1 had a good day and ate dinner. "Her room is so nasty" and smells like smoke "it is bad" The record lacked actions taken to assist resident in having a cleaner environment. 12/19/23 at 05:45 PM R1 refused to sign the facility smoking policy. The record lacked actions taken to address R1 smoking in the facility and refusing to sign the facility smoking policy.	S5251		

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S5251	Continued From page 13 12/20/23 at 06:30 AM The facility nurse spoke to R1 related to the self-administration of Zenpep 5,000 Units three times daily with meals. The nurse wrote "She still does not have a doctor's order, and no doctor in charge of her care on file for facility to contact regarding self-administration of any drug. she was advised that until we had an order in place staff will continue to administer all medications". The record lacked follow up on assisting resident to find a primary provider to manage her care. 12/29/23 at 02:15 PM Facility staff reported to facility nurse that R1 continued to be non-compliant with returning her cigarettes and lighter to the nurse after the scheduled smoking time. The record lacked follow up on actions taken and results of actions taken with R1 not being compliant with the facility smoking policy. 12/29/23 at 05:45 PM The facility nurse spoke to R1 not having a primary care provider, and the facility not having a doctor's order or a doctor in charge of her care on file in the facility. She continued to document that until R1 established care with a provider the facility staff would continue to administer all of medications. The record lacked documentation of actions taken to ensure R1 was taking the steps to find a primary care provider. 12/31/23 at 02:15 PM R1 continued to be non-complaint with "handing over her cigarettes"	S5251		

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(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
S5251	Continued From page 14	S5251		

to be locked in the lock box. Staff reported R1 became belligerent. R1 refused to sign the facility smoking policy.

The record lacked documentation of actions taken and results of actions to keep all residents safe when R1 refused to sign and follow the facility smoking policy.

01/05/24 at 02:00 PM R1 "is still out of the facility staying with friends. She called on Wednesday to say she will be back but never returned".

The record lacked the documentation of R1 leaving the facility, and further lacked documentation of her return to the facility.

01/10/24 at 10:45 AM facility staff notified facility nurse R1 had contacted her providers office who instructed R1 to go to the hospital. R1 called emergency medical services to transport her to the local hospital. She left the facility by ambulance at approximately 09:57 AM.

01/11/24 at 11:30 AM The facility nurse called the facility CMA with a request to get discharge documents from R1 and fax them to her.

The record lacked documentation of the nurse coordinating care after her recent discharge from the local emergency room.

01/11/25 at 11:45 AM R1 threw a can of tuna fish at staff.

The record lacked documentation of actions taken to address R1 inappropriate actions, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087116	A. BUILDING: _____ B. WING _____	01/22/2024

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S5251	Continued From page 15 the results of those actions. 01/11/24 at 07:44 PM The facility nurse received a call from the state ombudsman, stating R1 called her from the emergency room claiming to have reported a breathing issue and had to be taken to the local hospital. The facility nurse opened an investigation and found from the night shift staff that R1 did not report to them having difficulty in breathing. The record lacked documentation of services provided after R1 returned from the local emergency room with symptoms of difficulty breathing. 1/12/24 at 11:00 AM resident go up out of bed at approximately 09:30 AM and facility staff fixed her breakfast. She asked facility staff for her medication at around 10:40 AM and R1 became angry and stormed off with her medication. "I don't know if she took her medication". The record lacked documentation of follow up for remaining with the resident until all medications are ingested. 01/15/24 at 01:45 PM the note stated "She stole my phone charger on Christmas Eve, I have confronted her about bringing back my charger, but she didn't respond. Today I was going to call her for breakfast and saw her room open I just got in and took my charger that was laying on the floor. She held me trying to bite me, she called the cops and told him I took her charger, and I told him my side of the story" and suggested they go to the local convenience store where R1 claimed to have purchased the charger.	S5251		

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S5251	Continued From page 16 The record lacked documentation of actions taken and investigation in to why R1 called the local police department. Interview on 01/18/24 at approximately 12:19 PM by phone with Operator/LN A, confirmed the resident record lacked documentation of actions taken and results of actions taken when R1 exhibited socially inappropriate disruptive behaviors. The operator failed to ensure the facility staff documented all incidents, and other indications of illness or injury including the date, time of occurrence, actions taken and results of the actions taken for R1 when they documented R1 having had socially inappropriate disruptive behaviors.	S5251		