STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B044004	A. BUILDING: _____ B. WING _____	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST WELL HOME PLUS	508 UNION ST OSKALOOSA, KS 66066

(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 resurvey with a complaint #185202 at the above named Home Plus conducted 01/22/24 and 01/23/24.	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)(3) The facility reported a census of 12 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)102, and R103. The	S5105		

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

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S5105	Continued From page 1 operator also failed to ensure the NSA identified who was responsible for payment of outside provider services for R103. Findings included: - R102's medical record revealed he moved into the facility on 12/12/22 with a diagnosis of Parkinson's Disease. The 12/11/23 FCS identified R102 was frequently incontinent of bladder. The 12/11/23 NSA did not address what services staff provided for R102's frequent incontinence. On 01/23/24 at 02:06 PM Administrative Staff A acknowledged R102's NSA did not address incontinence. The operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS. - R103's medical record revealed he moved into the facility on 10/10/23 with a diagnosis Alzheimer's Disease. The 10/10/23 FCS identified R103 required physical assistance with transfers and was at risk for falls. The 10/10/23 NSA failed to identify R103 required two-person assist with transfers, the use of a mechanical lift, and use of a bed assist device. The NSA did not identify any interventions put into place for fall prevention.	S5105		

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S5105	Continued From page 2 The NSA did not identify who was responsible for payment of outside provider services concerning hospice. On 01/23/24 at 01:12 PM Administrative Staff A stated R103's NSA did not address the need for two-person physical assistance with transfers, the option of using a mechanical lift for transfers, and the use of a bed assist device. Administrative Staff A stated the NSA did not address R103's risk for falls and did not include fall interventions. Administrative Staff A stated the NSA did not identify the responsibility for payment of services provided by hospice. The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS and failed to identify who was responsible for payment of hospice services.	S5105		