STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087216	A. BUILDING: _____ B. WING _____	03/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN BOOMERS HOME PLUS, LLC	6953 E KENTFORD CIRCLE WICHITA, KS 67226

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 177042 and 164728, for the above named facility conducted on 02/28/24, 02/29/24 and 03/04/24.	S 000		
S5205 SS=J	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-104 (a) The facility reported a census of 7 "Residents" (R)'s. Based on observation, interview, and record review, the operator failed to ensure the provision of a sufficient number of staff members to take R1 in an emergency or a disaster to a secure location. The facility had only one staff member for 11 shifts out of 81 shifts. This placed R1 in immediate jeopardy due to her combined "Functional Capacity Screen" (FCS) /" Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP), which recorded R1 required two staff members and a mechanical lift for all transfers, and recorded she was dependent on facility staff to evacuate her to a secure location in case of an emergency.	S5205		

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

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S5205	Continued From page 1 Findings included: - Record review on 02/28/24 of the facility provided "Resident Roster" revealed one resident as a two person assist. - Record review on 02/28/24 for R1 revealed an admission date of 03/26/21 with diagnoses of Cerebral vascular accident with mild expressive aphasia, hypertension, Rheumatoid arthritis, hypothyroidism, contractures, and care dependent due to extreme weakness. Review of R1's combined FCS/NSA/HSP dated 08/28/23 revealed R1 was unable to perform bathing, dressing and toileting, and the facility staff and outside hospice provider would provide total assistance with these tasks. R1 was identified as unable to participate in transferring and mobility and was "dependent on two-person assist using a full body Hoyer lift for all transfers." R1 lacked the ability to self -propel her high-backed wheelchair and was dependent on one staff member for mobility. She had impaired decision making, was able to make herself understood and she understood others. R1 had the following medical equipment listed: Wheelchair, Hoyer Lift, air mattress, hand/palm cushions and quarter/half rails for turning assistance in bed. In the section titled "In the event of Emergency" it recorded: R1 needed "to be transferred to a wheelchair with assistance of two staff", and one staff was to assist R1 to the designated safe area. Interview on 02/28/24 at approximately 02:19 PM with LN A and "Certified Medication Aide" (CMA) B confirmed the staffing for the home plus had	S5205		

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S5205	Continued From page 2 only been one staff member at night "for the last couple of weeks." Record review on 02/29/24 of the facility provided employee time sheets for the month of February 2024, revealed the following: On 02/01/24 - 1 person clocked in at 08:07 PM and clocked out at 07:37 AM On 02/02/24 - 1 person clocked in at 03:24 PM and clocked out at 09:00 PM On 02/04/24 - 1person clocked in at 03:18 PM and clocked out at 07:35 AM On 02/05/24 - 1 person clocked in at 10:43 PM and clocked out at 07:09 AM On 02/06/24 - 1 person clocked in at 09:27 PM and clocked out at 07:09 AM On 02/07/24 - 1 person clocked in at 04:57 PM and clocked out at 07:05 AM On 02/11/24 - 1 person clocked in at 03:02 PM and clocked out at 07:04 AM On 02/12/24 - 1 person clocked in at 10:44 PM and clocked out at 07:15 AM On 02/20/24 - 1 person clocked in at 04:48 PM and clocked out at 07:26 AM On 02/23/24 - 1 person clocked in at 10:55 PM and clocked out at 07:30 AM On 02/26/24 - 1 person clocked in at 11:10 PM and clocked out at 07:45 AM Review of the facility provided schedule for the month of February 2024 revealed at the top of the page the facility staff were instructed to call Operator C from 09:00 PM to 07:00 AM if medications or help was needed, and "She will be there within 15 minutes." The document revealed for each shift there were two staff	S5205		

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S5205	Continued From page 3 members scheduled to be in the home providing cares. On the following dates the second staff member scheduled for the overnight shift read "On-Call": On 02/07/24 from 11:00 PM to 07:00 AM Operator C was on call. On 02/27/24 from 11:00 PM to 07:00 AM Operator C was on call. Interview on 02/28/24 at approximately 03:55 PM with Operator C confirmed "one staff at night, sometimes two staff at night." She continued to state at the top of all the schedules are her phone number and staff are instructed to call her for any needs and she can be at the facility "in 15 minutes." Interview on 03/04/24 at 12:59 PM with Operator C confirmed the person who was "On call" was to be available to work to cover any call ins in the home so that there would be two staff in the home providing cares. Operator C continued to state "at times" when she worked, she would not complete the full shift, she continued to state there were shifts she knew that there was only 1 staff in the home plus providing cares. On 02/28/24 at approximately 04:00 PM Operator C was informed of Immediate Jeopardy status for R1 for not always providing the appropriate number of staff in the facility to ensure R1's safety in case of an emergency. Abatement plan requested. The operator failed to ensure the provision of a sufficient number of staff members to take R1 in an emergency or a disaster to a secure location.	S5205		

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S5205	Continued From page 4 The facility only had one staff member for 11 shifts out of 81 shifts. This placed R1 in immediate jeopardy due to her combined FCS /NSA /HSP which stated R1 required two staff members and a mechanical lift for all transfers, and she was dependent on facility staff to evacuate her to a secure location in case of an emergency. Abatement plan accepted on 02/28/24 at 04:59 PM and included the names of facility staff who would be working the required shifts to ensure there were at least two staff in the home in case of an emergency. The plan also included the addition of a "Sleeper" position for the second and third shifts, and stated all office management were now certified and able to assist in covering the open shifts in the home plus.	S5205		
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 5 This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-207 (c) The facility reported a census of 7 residents. The sample included three "Residents'" ((R)'s 1, 2, and 3), and 5 newly hired staff. Based on record review and interview the Operator failed to ensure the home's compliance with the department's "Tuberculosis" (TB) guidelines for "Licensed Nurses'" (LN)'s D and E. Findings included: Record review for LN D revealed a hire date of 10/25/23. Her record contained the following documents: The first one titled "New Hire Two Step TB Test." The administration date was 07/18/23 and read negative on 07/20/23, and the second one titled "TB symptom Screening Questionnaire" and was dated 10/25/23. Interview on 02/29/24 with Operator B at approximately 03:00 PM confirmed the first record was from LN D's prior employer, and Operator B further confirmed LN D's records lacked documentation of the required one step TB test being performed within seven days of employment. Record review for LN A revealed a hire date of 01/30/24. Her record contained the following documents: one titled "Tuberculosis 2-Step Skin Test" and revealed the first step was implanted on 02/29/24. The second document titled "TB Symptom Screening Questionnaire" revealed it was signed on 02/29/24.	S5230		

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S5230	Continued From page 6 Interview with LN A on 02/29/24 at approximately 01:30 PM confirmed the required symptom screening questionnaire and two step skin tests had not been performed within seven days of employment. The Operator failed to ensure the home's compliance with the department's TB guidelines for LN's D and E.	S5230		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (g) (3) The facility reported a census of 7 residents. Based on observation and interview the operator failed to ensure the Licensed Pharmacist or the "Licensed Nurse" (LN) placed the full name of the resident on the "Over-the-Counter" (OTC)	S5313		

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S5313	Continued From page 7 bottles. Findings included: Observation on 02/28/24 at 03:20 PM CMA B unlocked the facility's only medication cart located in the kitchen and revealed the following unlabeled OTC medication bottles: 1 bottle of Walgreens Sleep Aide 25 milligrams and 1 bottle of Nature Made Multi Vitamin with Omega 3. Interview at approximately 03:55 PM with Operator C confirmed all OTC bottles and containers must contain the full name of the resident. The operator failed to ensure the Licensed Pharmacist or the LN placed the full name of the resident on the OTC bottles.	S5313		