STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087195	A. BUILDING: _____ B. WING _____	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE CARE HOMES	5319 S SPRUCE STREET WICHITA, KS 67216

(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 numbers 181147 and 179771, for the above named facility conducted on 03/07/24.	S 000		
S5085 SS=E	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-201 (c) (1) The facility reported a census of 5 resident. The sample included 3 "Residents'" (R)'s. Based on interview and record review the operator failed to ensure designated staff conducted a screening to determine the residents "Functional Capacity" (FCS) at least every 365 days for R2 and R3. Findings included: - Record review for R2 revealed an admission date of 03/07/22 with diagnoses of Gout, Bi-Polar	S5085		

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

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S5085	Continued From page 1 disorder, Insomnia, mild degeneration of the left hip, hyponatremia. Review of R2's FCS dated 10/20/22 revealed R2 required supervision with bathing and walking. He lacked the ability to manage his own medications, he was unsteady on his feet and used a four wheeled walker. At the bottom of the second page of R2's FCS was the following handwritten statement: "Reviewed 01/24/24" and signed by Operator A. - Record review for R3 revealed an admission date 12/27/21 with diagnoses of Paranoid Schizophrenia, Anxiety disorder, essential primary hypertension, major depressive disorder, osteoarthritis, obsessive compulsive behavior, alcohol abuse, glaucoma, and chronic pain. Review of R3's FCS dated 10/20/22 revealed R3 required supervision with bathing and walking. He lacked the ability to manage his own medications and had impaired vision. At the bottom of the second page of R3's FCS was the following handwritten statement: "Reviewed 08/18/23" and signed by Operator A. Interview on 03/07/24 at approximately 04:00PM with Operator A confirmed new screenings to determine the functional capacity were not conducted every 365 days for R2 and R3. The operator failed to ensure designated staff conducted a screening to determine the resident's functional capacity at least every 365	S5085		

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S5085	Continued From page 2 days for R2, and R3.	S5085		
S5116 SS=E	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-202 (d) (1) The facility reported a census of 5 resident. The sample included 3 "Residents'" (R)'s. Based on interview and record review the operator failed to ensure the review, and if necessary, the revision of each "Negotiated Service Agreement" (NSA) at least every 365 days for R2 and R3. Findings included: - Record review for R2 revealed an admission	S5116		

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S5116	Continued From page 3	S5116		

date of 03/07/23 with diagnoses of Gout, Bi-Polar disorder, Insomnia, mild degeneration of the left hip, hyponatremia.

Review of R2's FCS dated 10/20/22 revealed R2 required supervision with bathing and walking. He lacked the ability to manage his own medications, he was unsteady on his feet and used a four wheeled walker.

At the bottom of the second page of R2's FCS was the following handwritten statement: "Reviewed 01/24/24" and signed by Operator/" Licensed Nurse" (LN) A.

Record review of R2's NSA dated 10/20/22 instructed facility staff to provide the following health services: supervision with toileting and walking as needed due to weakness, and management of his medications.

Under the section titled "Health Care Services" the following is handwritten under the "Needs/Preferences/Managed Risk:" "01/24/24 Fall prevention Plan" and "01/24/24 Bed Rails added."

On the un-numbered last page of the NSA, under the signatures, the following was handwritten: "Reviewed 01/24/24" and signed by Operator/LN A.

- Record review for R3 revealed an admission date 12/27/21 with diagnoses of Paranoid Schizophrenia, Anxiety disorder, essential primary hypertension, major depressive disorder, osteoarthritis, obsessive compulsive behavior,

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S5116	Continued From page 4 alcohol abuse, glaucoma, and chronic pain. Review of R3's FCS dated 10/20/22 revealed R3 required supervision with bathing and walking. He lacked the ability to manage his own medications and had impaired vision. Review of R3's NSA dated 10/20/22 instructed facility staff to provide the following health services: Facility staff to assist with dressing as needed for safety and supervise his mobility. Facility staff would manage his medications and treatments. R3's NSA lacked documentation for a bed assist device. On the un-numbered last page of the NSA, under the signatures, the following was handwritten: "Reviewed 08/18/23" and signed by Operator/LN A. At the bottom of the second page of R3's FCS was the following handwritten statement: "Reviewed 08/18/23" and signed by Operator/LN A. Interview on 03/07/24 at approximately 04:00PM with Operator/LN A confirmed the NSAs for R's 2 and 3 lacked a revision of each NSA at least every 365 days. The operator failed to ensure the review, and if necessary, the revision of each "Negotiated Service Agreement" (NSA) at least every 365 days for R2 and R3.	S5116		

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S5171	Continued From page 5	S5171		
S5171 SS=E	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 5 residents. The sample included three "Residents'" (R)'s. Based on observation, record review and interview, the operator failed to provide healthcare services for R's 1, 2 and 3 in accordance with professional standards of practice when Operator / "Licensed Nurse" (LN) A failed to conduct a periodic review of the bed assist devices to ensure the devices posed no risk for entrapment, confirmed the devices were not a restraint, R's 1, 2, and 3, abilities to safely use the bed assist devices, and document in the Negotiated Service Agreements a description of the devices, the purposes of the devices, and any special instructions on use and monitoring of the devices. Findings included: - Record review for R1 revealed an admission date of 09/02/21 with diagnoses of Cerebrovascular accident effecting the left side, type two diabetes mellitus, and hypertension. Review of R1's "Functional Capacity Screening" (FCS) dated 08/01/23 revealed R1 required	S5171		

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S5171	Continued From page 6	S5171		

physical assistance with bathing, dressing, toileting, transferring and walking/mobility. He lacked the ability to manage his own medications/treatments, he was incontinent of his bladder, and he had impaired short term memory, and impaired decision making. He was able to make himself understood and he understood others. He was marked with falls and impaired vision. He used a cane and wheelchair mobility devices, and he had a left-hand brace and a left leg brace.

The FCS lacked documentation of a bed assist device.

Review of R1's "Negotiated Service Agreement" (NSA) dated 08/01/23 instructed the facility staff to provide the following health services: facility staff to physically assist R1 with toileting, dressing, bathing mobility/walking. In the "Mobility" Section it stated "Bed rail" paid for by R1's insurance.

R1's NSA lacked a description of the device, its purpose, and any special instructions on use and monitoring.

Review of R1's "Health Service Plan" (HSP) stated in the "Comments" section "bed rail at night".

Review of the facility provided document titled "Side Rail Use Assessment Form" dated 09/02/21 under the "Staff signature line that was signed on 09/02/21 had the following two handwritten entries:

"Reviewed/No change" dated 08/03/23 and

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S5171	Continued From page 7 signed by Operator / LN A and "Reviewed/No change" dated 01/31/24 and signed by Operator / LN A. Observation on 03/07/24 at approximately 03:30 PM of R1's bed revealed the left side of the bed was against the wall and the right side of the bed was to the open floor space of the room, attached to the bed was a quarter rail that measured 31 inches in width and 18 inches in height with small bars built into the opened area to prevent entrapment, the bed assist device was securely attached to the frame of the bed. R 1's record lacked the documentation of a periodic re-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. - Record review for R2 revealed an admission date of 03/07/23 with diagnoses of Gout, Bi-Polar disorder, Insomnia, mild degeneration of the left hip, hyponatremia. Review of R2's FCS dated 10/20/22 revealed R2 required supervision with bathing and walking. He lacked the ability to manage his own medications, he was unsteady on his feet and used a four wheeled walker. At the bottom of the second page of R1's FCS was the following handwritten statement: "01/24/24 bed rail added" 01/24/24" and signed by Operator/" Licensed Nurse" (LN) A.	S5171		

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S5171	Continued From page 8 Record review of R2's NSA dated 10/20/22 instructed facility staff to provide the following health services: supervision with toileting and walking as needed due to weakness, and management of his medications. Under the "Mobility" section it was written "Bedrail 01/24/24." Under the section titled "Health Care Services" the following is handwritten under the "Needs/Preferences/Managed Risk:" "01/24/24 Fall prevention Plan" and "01/24/24 Bed Rails added." R2's NSA lacked a description of the device, its purpose, and any special instructions on use and monitoring. Review of R2's HSP in the "Mobility/Transfers" section it was written "bedrail added." Review of the facility provided document titled "Side Rail Use Assessment Form" dated 03/07/22, revealed the following: under the Operator / LN A signature dated 03/07/22 were the following two written entries: "Reviewed no changes" and signed by Operator / LN A on 06/13/23 and "Side rails added" and signed by Operator / LN A on 01/24/24. - Record review for R3 revealed an admission date 12/27/21 with diagnoses of Paranoid Schizophrenia, Anxiety disorder, essential primary hypertension, major depressive disorder, osteoarthritis, obsessive compulsive behavior,	S5171		

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S5171	Continued From page 9	S5171		

alcohol abuse, glaucoma, and chronic pain.

Review of R3's FCS dated 10/20/22 revealed R3 required supervision with bathing and walking. He lacked the ability to manage his own medications and had impaired vision.

The FCS lacked documentation of a bed assist device.

Review of R3's NSA dated 10/20/22 instructed facility staff to provide the following health services:
Facility staff to assist with dressing as needed for safety and supervise his mobility. Facility staff would manage his medications and treatments.

R3's NSA lacked a description of the device, its purpose, and any special instructions on use and monitoring.

Review of R3's HSP in the comments section it was written "Bedrail at night."

Review of the facility provided document titled "Bedrail Risk Assessment" was dated 12/19/23.

Observation on 03/07/24 at approximately 02:45 PM of the shared room for R2 and R3, 2 1 twin bed sat on the east side of the room with the right side of the bed against the east wall and on the left side of the bed open to the floor space was a U-shaped rail with a cloth covering attached to close the opened area. The rail went under the mattress and had 2 legs on the floor. The rail measured 13 inches wide and 35 inches in length. The other twin bed sat on the west side of the room with the left side of the bed against

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S5171	Continued From page 10 the west wall and on the right side of the bed open to the floor space was a U-shaped rail with a cloth covering attached to close the opened area. The rail went under the mattress and had 2 legs on the floor. The rail measured 13 inches wide and 35 inches in length. 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	S5171		

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S5171	Continued From page 11 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. Interview on 03/07/24 at approximately 05:00 PM with Operator / LN A, she confirmed the documents lacked evidence of the periodic assessments being performed. She stated she thought by signing "Reviewed" on the bottom of the documents that would show the periodic assessments had been performed. The operator failed to provide healthcare services for R's 1, 2 and 3 in accordance with professional standards of practice when Operator / LN A failed to conduct a periodic review of the bed assist devices to ensure the devices posed no risk for entrapment, confirmed the devices were not a restraint, and R's 1, 2, and 3, abilities to safely use the bed assist devices.	S5171		