| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B087144 | A. BUILDING: _____ B. WING _____ | 03/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REFLECTIONS AT PARK WEST PLAZA | 515 N MAIZE ROAD WICHITA, KS 67212 |

| (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 |
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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a Re-Licensure Survey for the above named Home Plus facility conducted on 03/06/24. | S 000 | | |
| S5126 SS=E | 26-42-202 (h) NSA Signatures<br><br>(h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-202 (h)<br><br>The facility reported a census of six residents (R) and the sample included three residents. Based on interview and record review for two (R4 and R5) of three sampled residents, the operator failed to ensure that everyone involved in the development of the negotiated service agreement signed the agreement.<br><br>Findings included:<br><br>- R4's medical record revealed he moved into the facility on 02/28/22 with diagnoses of Parkinson's and dementia.<br><br>R4's "Functional Capacity Screen" (FCS) dated 12/23/23 identified he needed physical assistance with all activities of daily living except for eating. | S5126 | | |

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

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| S5126 | Continued From page 1<br><br>On 03/06/24 at 09:24 AM Licensed Nurse (LN) B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.<br><br>R4's NSA/HCSP dated 12/23/23 was signed by the by facility staff on 12/23/23 and by R4's Durable Power of Attorney (DPOA) on 01/18/24. The NSA/HCSP included the following handwritten changes:<br>Undated physical therapy and occupational therapy with local agency signed by the licensed nurse and another handwritten change dated 02/20/24 R4 started Hospice services through a local company.<br><br>On 03/06/24 at 03:31 PM LN B reported the facility currently either hand wrote any changes on the current NSA/HCSP or completed a new one. LN B confirmed she did not have R4's DPOA sign the revisions on the NSA/HCSP.<br><br>The operator failed to ensure all who participated in the revisions to R4's NSA/HCSP signed it.<br><br>- R5's medical record revealed she moved into the facility on 09/13/23 with diagnosis of dementia.<br><br>R5's "Functional Capacity Screen" dated 09/21/23 identified she needed physical assistance with management of medications and had impaired cognition.<br><br>On 03/06/24 at 09:24 AM Licensed Nurse (LN) B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) | S5126 | | |

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| S5126 | Continued From page 2<br>were one document.<br><br>R5's NSA/HCSP dated 09/21/23 and signed on 09/21/23 by all parties identified the resident did not currently take any medications and if assessed by a nurse would be able to self-administer and manage medications independently. It included a handwritten change related to CMA/Licensed Nurse to administer medications that was not signed by R5's Durable Power of Attorney (DPOA).<br><br>On 03/06/24 at 03:31 PM LN B confirmed she did not have R5's DPOA sign the NSA/HCSP when staff initially started to administer her medication.<br><br>The operator failed to ensure all who participated in the revision of R5's NSA/HCSP signed it. | S5126 | | |
| S5192 SS=F | 26-42-206 (e) Food Preparation<br><br>(e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.<br>(1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used.<br>(3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. | S5192 | | |

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| S5192 | Continued From page 3<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-206 (e)<br><br>The facility reported a census of six residents. Based on observation, interview, and record review, the operator failed to ensure staff prepared food using safe methods and ensured staff served foods at the proper temperature for all residents in the facility.<br><br>- On 03/06/24 at 09:30 AM Certified Medication Aide C reported the meals for the Home Plus were prepared in the main kitchen in the other building and brought to the house in a cart.<br><br>During initial tour on 03/06/24 at 09:40 AM review of the food temperature log on the kitchen counter revealed the following:<br>The month of January 2024 there were 12 breakfast meals that did not include food temperatures. The lunch meals had 12 meals without food temperatures and supper had all meals with food temperatures.<br>The month of February had three breakfast meals, five lunch meals and one supper meal did not include food temperatures to ensure it was reheated and served at an appropriate temperature.<br><br>Observation on 03/06/24 at 11:45 AM Dietary staff had brought over the cart for lunch and Certified Medication Aide C had taken the steam table pans out and put them on the stove top. She explained to a trainee staff checked the temperature of all the foods and it was a hot food | S5192 | | |

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| S5192 | Continued From page 4<br>it needed to be up to at least 165 degrees Fahrenheit. She temped all of the food to be served prior to fixing plates for the residents.<br><br>The operator failed to ensure staff temped foods as needed for all meals, including hot and cold foods, to ensure they were prepared and served at the proper temperatures. | S5192 | | |