STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087262	A. BUILDING: _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DORIS FAYE HOMES	3506 W DONNA AVE WICHITA, KS 67203

(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 Initial Licensure Survey for the above named Home Plus facility conducted on 03/11/24 and 03/12/24.	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: KAR 26-42-201(d) The facility reported a census of two residents(R) with both residents were included in the sample. Based on observation, interview, and record review the operator failed to ensure designated staff completed one (R3) of two sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability to participate in activities of daily living. Findings Included: - R3's medical record revealed he moved into the facility on 03/04/24 with diagnoses of heart failure and hemiparesis (right sided). R3's admission "Functional Capacity Screen" (FCS) dated 03/02/24 revealed the resident was	S5095		

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

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S5095	Continued From page 1	S5095		

unable to participate in bathing, dressing, toileting, transfers, or eating.

R3's admission Negotiated Service Agreement revealed R3 needed physical assistance with activities of daily living, used a mechanical lift for transfers, wheelchair for mobility, and did not need assistance with eating.

Observation on 03/11/24 at 09:55 AM Operator/Certified Medication Aide (CMA) and CMA B pushed R3 to his room via wheelchair and he denied the need to use the commode. Staff then proceeded to remove his wheelchair foot pedals, position full mechanical lift in front of R3, connect the sling to the lift and then raised him out of the wheelchair and transferred him into his recliner.

On 03/11/24 at 01:37AM CMA B reported at night R3 used the urinal when he needed to, and staff just emptied his urinal for him. She stated R3 would let staff know when he needed to sit on the commode or needed other cares. CMA B reported he can use his good arm to help with dressing and other cares, but he cannot do any of it himself.

On 03/11/24 at 02:57 PM Licensed Nurse B reviewed R3's Functional capacity screen and confirmed R3 can help some with his good arm as far as dressing and bathing, he uses the urinal and sits on commode when needed, uses a wheelchair to get from place to place, and is able to feed himself except staff cut up his meat for him.

The operator failed to ensure designated staff

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S5095	Continued From page 2 completed R3's FCS accurately to reflect his functional ability to assist in completion of his activities of daily living.	S5095		
S5105 SS=F	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)(2) The facility reported a census of two residents(R), with both residents included in the sample. Based on interview, and record review for two (R3 and R4) of two sampled residents, the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and service needs that included identification of services provided and who	S5105		

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S5105	Continued From page 3 provided the service. Findings included: - R3's medical record revealed he moved into the facility on 03/04/24 with diagnosis of heart failure and hemiparesis (right sided). R3's "Functional Capacity Screen" (FCS) completed on 02/26/24 revealed he had occasional bladder incontinence, was unable to participate in meal preparation, shopping, laundry, housekeeping, needed physical assistance with managing his money and using his phone, and he also had impaired hearing. R3's "Negotiated Service Agreement" (NSA) dated 03/02/24 failed to include services or who provided services related to dietary services/meal preparation, shopping or ordering supplies, money management, transportation, telephone use, housekeeping or laundry services. It also failed to include services related to R3's impaired hearing. On 03/11/24 at 02:51 PM Licensed Nurse B reviewed R3's FCS and NSA. She acknowledged it did not address services or who provided the services related to his bladder incontinence and use of urinal, or meal preparations, shopping needs, money management, transportation, telephone use, housekeeping, laundry services, or services needed to be provided related to his impaired hearing. The operator failed to ensure designated staff completed R3's NSA to include a description for services provided and who provided the service	S5105		

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S5105	Continued From page 4 as identified in his Functional Capacity Screen. - R4's medical record revealed she moved into the facility on 10/05/23 with a diagnosis of dementia with agitation. R4's "Functional Capacity Screen" dated 09/28/23 revealed she had impaired cognition, impaired decision-making ability, wandering and inappropriate behaviors. R4's "Negotiated Service Agreement" (NSA) dated 10/05/23 failed to identify services or who provided the services related to impaired cognition, wandering, inappropriate behaviors and impaired decision making ability. On 03/11/24 at 02:06 PM Licensed Nurse B reviewed R4's NSA and confirmed it did not include a description of services or who provided services for impaired decision-making ability, wandering, behaviors and impaired cognition. The operator failed to ensure designated staff completed R4's NSA to include a description for services provided and who provided the service according to service needs identified on R4's Functional Capacity Screen.	S5105		
S5211 SS=F	26-42-104 (c) Disaster& Emergency Preparedness c) Each administrator or operator shall ensure the establishment of written agreements that will provide for the following if an emergency or disaster occurs: (1) Fresh water; (2) evacuation site; and (3) transportation of residents to an evacuation	S5211		

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S5211	Continued From page 5 site. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(c)(1)(2)(3) The facility reported a census of two residents. Based on interview for all residents, the operator failed to ensure written agreements with appropriate sources to provide fresh water, evacuation site, and transportation of residents to the evacuation site. Findings included: - Interview on 03/11/24 at 09:32 PM Operator/Certified Medication Aide A stated she had not gotten written agreements from a provider for fresh water should the facility water go bad to drink, had not obtained a written agreement with a provider for an evacuation site or transportation to the evacuation site. The operator failed to obtain written agreements for the services of fresh water, evacuation site, and transportation to the site should there be an emergency or disaster.	S5211		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan;	S5215		

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S5215	Continued From page 6 (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (d)(3) The facility reported a census of two residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan with all residents and all staff. Findings included: - On 03/11/24 at 03:49 PM Operator/Certified Medication Aide A reported the welcome packet contains the facility's emergency plans but they have not done quarterly reviews with residents or employees. The operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the emergency management plan with all residents and staff.	S5215		
S5220 SS=F	26-42-104 (e) Emergency Plan Available	S5220		

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S5220	Continued From page 7 (e) Each administrator or operator shall make the emergency management plan available to the staff, residents, and visitors. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(e) The facility reported a census of two residents. Based on observation and interview the operator failed to ensure the emergency management plan was available to the staff, residents, and visitors. - On 03/11/24 at 08:37 AM during initial tour observations were made of drawers in the living rooms and in both kitchen cabinets and drawers and surveyor did not observe a notebook or other document titled "Emergency Management Plan". On the "family" side of the house, a corner shelving unit contained a communication notebook, two hospice notebooks, and other facility paperwork but did not find an Emergency management Plan. On 03/11/23 at 09:36 AM Operator/Certified Medication Aide (CMA) A reported Licensed Nurse B had taken the plan home and was going to review and update it if needed. On 03/11/23 at 01:12 PM Licensed Nurse B arrived at the facility and put a stack of papers on the kitchen counter. Operator/CMA A went through the papers and provided the policies and procedures manual which included the emergency management plan. Review of the "Disaster and Emergency	S5220		

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S5220	Continued From page 8 Preparedness" policy did not specify that the plan would be available for staff, residents, and visitors. The operator failed to ensure the Emergency Management Plan was kept in the facility and available for staff, residents, and visitors if needed.	S5220		
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. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c) The facility reported a census of two residents(R). The sample included two residents and review of five newly hired staff records. Based on interview and record review for four of five newly hired staff, the operator failed to ensure the facility remained in compliance with	S5230		

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S5230	Continued From page 9 the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of the five newly hired employee files revealed the following irregularities: Licensed Nurse B was hired on 10/13/23, Certified Medication Aide (CMA) C was hired in October 2023, CNA E was hired on 10/05/23, and Registered Nurse F was hired on 10/05/23. Each of the listed employee files lacked evidence of have had a TB symptom screen and a two-step TB skin test initiated within seven days of employment. On 03/11/24 at 03:37 PM Licensed Nurse B and Operator/CMA A confirmed they did not have TB symptom screens or two-step skin tests for employees. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new resident and new employee shall have an initial TB symptom screen that includes the components of the TB questionnaire within seven days of residency or employment. Each new resident or new employee shall receive a two-stop skin test within seven days of residency or employment unless specific conditions are met. The operator failed to ensure four of five newly hired staff completed TB symptom screens and TB skin testing in accordance with TB guidelines to ensure the facility remained in compliance of	S5230		

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S5230	Continued From page 10 infection control guidelines.	S5230		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1) The facility reported a census of two residents. Based on record review and interview, the operator failed to ensure five of five newly hired employee records contained evidence of	S5258		

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S5258	Continued From page 11	S5258		

licensure, registration to show successful completion of training to perform cares for resident's that require specialized education/training.

Findings included:

- Review of five newly hired employee records revealed the following:

Licensed Nurse B was hired on 10/13/23 and her employee record lacked evidence licensure verification.

Certified Medication Aide (CMA) C was hired in October 2023 and her employee record lacked evidence registry verification.

Certified Nurse Aide (CNA) D was hired on 11/13/23 and her employee record lacked evidence of registry verification.

CNA E was hired on 10/05/23 and her employee record lacked evidence of registry verification.

Registered Nurse F was hired on 10/05/23 and her employee record lacked evidence of the required orientation education.

On 03/12/24 at 09:16 AM Operator/CMA A stated she got onto the web site and looked and for staff to be on the registry but she did not print any of their verification or licensure verifications.

The operator failed to ensure newly hired employee records contained evidence licensure and registry verifications.

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S5300	Continued From page 12	S5300		
S5300 SS=F	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The facility reported a census of two residents(R) with both residents included in the sample record review. Based on record review and interview the operator failed to ensure staff administered medications according to a Medical Providers written order and professional standards of practice for two (R3 and R4) of two sampled residents for whom the facility was responsible for administering medications. Findings included:	S5300		

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S5300	Continued From page 13 - R3's medical record revealed he moved into the facility on 03/04/24 with diagnosis of heart failure and hemiparesis (right sided). R3's "Functional Capacity Screen" (FCS) completed on 02/26/24 revealed he could not manage his medications or medical treatments. R3's "Negotiated Service Agreement" (NSA) dated 03/02/24 identified Certified Medication aides or a Licensed Staff would manage R3's medications. Review of R4's March 2024 "Medication Administration Record" (MAR) revieled facility staff administered R4 the following medications since admission to the facility on 03/04/24: Lasix (diuretic) 40 milligrams (mg) daily Zoloft (antidepressant) 25 mg daily Tylenol 325 mg twice daily Coreg (heart medication) 6.25 mg daily Neurontin (anticonvulsant) 300 mg three times a day Duoneb (asthma medication) 0.5-3 mg/milliliter three times a day Melatonin (for insomnia) 3 mg at bedtime Review of R3's medical record included a list of medications from Hospice but did not include signed medical providers orders for medications the facility staff had been administering. On 03/11/24 at 01:49 PM Licensed Nurse B reviewed the physicians paperwork from Hospice and confirmed it was not signed by a medical provider. On 03/11/24 at 01:50 PM Operator/Certified	S5300		

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S5300	Continued From page 14	S5300		

Medication Aide A reported the hospice nurse was at the facility on 03/08/24 and stated she would go through the MAR and get orders for his medications.

The operator failed to ensure a medical providers order was obtained for R3's medications the facility was responsible for administering.

- R4's medical record revealed she moved into the facility on 10/05/23 with a diagnosis of dementia with agitation.

R4's "Functional Capacity Screen" dated 09/28/23 revealed she could not manage her medications or medical treatments.

R4's "Negotiated Service Agreement" (NSA) dated 10/05/23 identified Certified Medication aides or a Licensed Staff would manage R4's medications.

Review of R4's Narcotic count sheets included Lorazepam (antianxiety) 0.5mg, give 1/2 tablet every two house as needed for agitation. The count sheet revealed on 03/07/23 staff gave her one tablet at 07:23 PM.

Review of R4's March 2024 Medication Administration Record (MAR) included the following medications administered by facility staff:
Cranberry 450 milligrams (mg) tablet daily
Macrobid (antibiotic) 100 mg daily
Seroquel (antipsychotic) 25mg give 1/2 tablet in the morning
Isosorbide Dinitrate (antianginal) 10 mg twice

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087262	A. BUILDING: _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DORIS FAYE HOMES	3506 W DONNA AVE WICHITA, KS 67203

(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
S5300	Continued From page 15 daily as needed Miralax (laxative) take 1 capful in liquid daily as needed The March 2024 MAR lacked documentation of the administration of the Lorazepam by facility staff. Review of R4's medical record included a Physicians order dated 11/07/23 for Cranberry 500 mg capsules daily for 30 days but did not have an order to continue it past the 30 days. The record also lacked physician's orders for the above listed medications, including the Lorazepam. On 03/11/24 at 02:32 PM Licensed Nurse B looked through R4's medical record and another pharmacy notebook and confirmed they did not have a signed medical provider's order for the above listed medications. The operator failed to ensure a medical providers order was obtained for R4's medications the facility was responsible for administering.	S5300		
S9999	Final Observations KAR 26-42-103 (c) 9999 S/S of D (c) If the home plus admits residents with dementia, the administrator or operator shall ensure the provision of staff education, at orientation and at least annually thereafter, on the treatment and appropriate response to	S9999		

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S9999	Continued From page 16	S9999		

persons who exhibit behaviors associated with dementia.

The facility reported a census of two residents. Based on interview and record review, the operator failed to ensure staff education on dementia when the facility admitted residents with diagnoses of dementia.

Findings included:

- Review of 5 newly hired employee files lacked information related to the required orientation training.

On 03/12/24 at 09:16 AM Operator/Certified Medication Aide (CMA) A reported she did not have anything to show that she had reviewed the required orientation with newly hired staff.

The operator failed to provide and implement education at orientation to new employees and regular in-service education for all employees to ensure services provided by facility staff were done in a manner to assist residents to attain and maintain their dignity while living in a home environment.

- R4's medical record revealed she moved into the facility on 10/05/23 with a diagnosis of dementia with agitation.

R4's "Functional Capacity Screen" dated 09/28/23 revealed she needed physical assistance with bathing, dressing, toileting, was unable to manage her medications or medical treatments, had impaired cognition and

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S9999	Continued From page 17	S9999		

decision-making ability, had wandering and inappropriate behaviors.

R4's "Negotiated Service Agreement and Health Care Service Plan" identified R4 needed reminders to attend meals and use the call light system but did not address services related to impaired decision-making, wandering, or inappropriate behaviors.

Review of the staff communication log for R4 included the following behaviors/staff concerns: yelling throughout the night to get up, started sundowning asking to go home and pulling on doorknobs; yelling and cursing at staff, and combative with staff.

Review of 5 newly hired employee files lacked evidence of dementia training at orientation to the facility.

On 03/12/24 at 09:18 AM Operator/Certified Medication Aide (CMA) A reported she had gone to in-services that discussed dementia and then would come back to the facility and discuss with staff. She stated she did not have anything regarding dementia training at orientation or thereafter.

Review of the "Staff Development" policy dated October 2022 revealed all staff and volunteers shall undergo comprehensive training during their orientation process.

For Resident R4, the operator failed to ensure staff education on dementia when the facility admitted a resident with diagnoses of dementia.