STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023018	A. BUILDING: _____ B. WING _____	03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR LIVING, LLC	3911 W 13TH STREET LAWRENCE, KS 66049

(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 represent the findings of a complaint investigation 182028, 186336 and 186494 at the above named Home Plus conducted on 03/21/24 and 03/25/24.	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) The facility reported a census of 12 residents with three residents included in an abbreviated record review. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed to address what triggered in the "Functional Capacity Screen" (FCS), the service	S5105		

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

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S5105	Continued From page 1 needs and resident preferences for resident (R)102, and R103. Findings included: - R102's medical record revealed he moved into the facility on 09/08/17 with diagnoses of dementia and incontinence. The 03/10/24 FCS identified R102 required total assist with transfers. The 03/17/24 NSA identified R102 required assist of two staff with transfers but did not address the use of a mechanical lift. On 03/25/24 at 02:25 PM Administrative Staff A stated R102 required the use of a sit-to-stand lift. Administrative Staff A stated she expected R102's NSA and care plan to identify the use of a sit-to-stand lift. The operator failed to ensure R102's NSA was fully developed to include the use of a sit-to-stand mechanical lift for transfers. - R103's medical record revealed he moved into the facility on 10/11/18 with a diagnosis of diabetic neuropathy. The 03/07/24 FCS identified R103 required total assist with transfers and was incontinent of bladder. The 03/17/24 NSA indicated R102's required staff assistance of one with transfers and did not mention the use of a mechanical lift.	S5105		

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S5105	Continued From page 2 The NSA also failed to identify that staff used incontinence briefs with along with an insert due to excessive incontinence. On 03/25/24 at 02:28 PM Administrative Staff A stated R103 required the use of a sit-to-stand lift and stated the NSA should identify the use of a mechanical lift. Administrative Staff A stated R103 used an insert along with a brief for incontinence issues and that the NSA did not identify this. The operator failed to ensure R103's NSA was fully developed to include the use of a sit-to-stand mechanical lift for transfers and the use of both an insert and a brief for incontinence issues.	S5105		