STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

(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 187287 and 187190, for the above named facility conducted on 04/18/24 and 04/22/24.	S 000		
S5028 SS=D	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.	S5028		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

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OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5028	Continued From page 1 This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-101 (f) (3) (A) (C) (E) The facility reported a census of 3 residents. The sample included 3 "Residents" (R)'s 1, 2, and 3. Based on interview and record review the operator failed to have documentation of an investigation for allegations made on 04/10/24 against "Certified Medication Aide" (CMA) A, when R1 claimed CMA A had been "beating on her." The operator failed to report to the department within twenty fours hours the allegation of abuse, and further failed to submit the full investigation within five working days of the initial report. Findings included: - Record review for R1 revealed an admission date of 03/19/24 with diagnoses of Lumbago, left lumbar radiculopathy, aftercare following joint replacement surgery, acquired unequal leg length on right side, Thyroid nodule, long term use of Insulin, type two diabetes mellitus uncontrolled, diabetes, allergies, degenerative joint disease of left knee, degenerative joint disease of left hip, breast cancer, Pancreatic cystadenoma, depression, presence of cardiac pacemaker, presence of arteriovenous fistula, anemia in chronic kidney disease, history of cerebrovascular accident, and is a chronic hemodialysis patient. Review of R1's "Functional Capacity Screen"	S5028		

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	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5028	Continued From page 2 (FCS) dated 03/19/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring and walking. She lacked the ability to manage her own medications, she was frequently incontinent, and had impaired decision making. She was sometimes able to make herself understood and she understood others. She used a wheelchair mobility device. Review of R1's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) Identified the following services to be provided by facility staff: physical assist with bathing, toileting, mobility and transfers. R1 received speech and physical therapy from a local home health agency. Review of R1's "Progress Notes" dated 04/10/24 revealed the following entry: Resident was hollering and hitting the walls upon the CMA B arrival to the home. R1 had a complaint of left leg pain and stated she was thirsty. R1 stated that CMA A had been "beating on her" and that her "leg was broken". When CMA B asked R1 what happened, R1 stated CMA had "twisted and threw her leg." CMA B wrote that she contacted the Operator. Review of Operator C's written notes revealed he did do and investigation and did terminate CMA B. The written notes revealed he could not substantiate the complaint based on interview with R1, and an interview with R1's family. Interview with Operator C on 04/18/24 at approximately 05:30 PM confirmed he did not report the allegation of abuse within 24 hours to	S5028		

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	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5028	Continued From page 3 the department, and he did not submit the full investigation within the 5 days. The Operator failed to report to the department within twenty-four hours the allegation of abuse that R1 made against CMA A, the operator further failed to submit the full investigation to the department within five working days of the initial report to the department.	S5028		
S5105 SS=D	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: K.A.R. 26-42-202 (a) (1) (3) The facility reported a census of 3 residents. The sample included 3 "Residents'" (R)'s . Based on observation, interview, and record review the	S5105		

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	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5105	Continued From page 4 operator failed to ensure R3's "Negotiated Service Agreement" (NSA) provided a description of services and the identification of the responsible party responsible for payment when an outside resource provided physical therapy services for R3. Findings included: - Record review for R3 revealed an admission date of 03/01/24 with diagnoses of primary malignant neoplasm of the lung, hypothyroidism, type two diabetes mellitus without complications, gout, anemia, thrombocytopenic disorder, depressive disorder, essential hypertension, bradycardia, chronic obstructive lung disease, chronic kidney disease stage three, cognitive deficit in communication skills, primary malignant neoplasm of the kidney, and atherosclerosis of coronary artery. Review of R3's FCS dated 03/10/24 revealed R3 required physical assistance with bathing, dressing and toileting. She required supervision with transferring and walking. She lacked the ability to manage her own medications and medical treatments. She was frequently incontinent and had impaired decision making. She was able to make herself understood and she understood others. She was marked with falls and impaired decision making. She used a walker mobility device. Review of R3's combined NSA/HSP instructed the facility staff to provide the following health services; physical assistance with bathing, dressing, assist with toileting every two hours,	S5105		

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	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5105	Continued From page 5 and walking. Facility staff to provide supervision with transferring and manage her medications. The document listed a local home health, and the document lacked a description of the services to be provided by the outside resource and further lacked identification of the payor source for the outside provider. Observation on 04/22/24 at approximately 11:00AM R3 was walking from her room to the home's dining room with an outside provider. Operator C confirmed R3 received physical therapy services from the outside provider. Interview on 04/22/24 at approximately 03:10 PM with Operator C confirmed the NSA/HSP did not describe the services or the payor source for R3's outside provider. The operator failed to ensure R3's NSA provided a description of services and the identification of the responsible party responsible for payment when an outside resource provided physical therapy services for R3.	S5105		
S5165 SS=F	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-204 (e)	S5165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5165	Continued From page 6 The facility reported a census of 3 residents. The sample included 3 "Residents'" (R)'s and 5 newly hired employees. Based on record review and interview the operator failed to ensure the facility "Licensed Nurse" (LN) delegated the nursing procedures not included in the "Certified Mediation Aide's" (CMA)'s curriculum to CMA's A, B, D respectively under the Kansas Nurse Practice Act K.S.A. 65-2234 and amendments thereto for the nursing task of dialing of R1's insulin pen. Findings included: - Record review CMA A revealed she did not have an employee file. Interview on 04/22/24 with Operator C confirmed he had not kept any of CMA A's employee records. He further confirmed he terminated CMA A 04/22/24 and she had not been to work since the end of her shift on 04/10/22. Record review for CMA B revealed she began employment on 03/08/24. The record lacked documentation from the facility nurse on the delegation of the nursing task of dialing the insulin pens to CMA B. Record review for CMA D revealed she began employment on 04/09/24. The record lacked documentation from the facility nurse on the delegation of the nursing task of dialing the insulin pens to CMA D. Interview on 04/22/24 at approximately 03:10	S5165		

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	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5165	Continued From page 7 PM with operator C confirmed the employee records lacked documentation of the delegation of the nursing task of dialing the insulin pens being delegated to CMA's A, B, and D. the operator failed to ensure the facility LN delegated the nursing procedures not included in the CMA's curriculum to CMA's A, B, D respectively under the Kansas Nurse Practice Act K.S.A. 65-2234 and amendments thereto for the nursing task of dialing of R1's insulin pens.	S5165		
S5171 SS=F	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 3 residents. The sample included 3 "Residents'" (R)'s. Based on observation, record review and interview, the operator failed to provide healthcare services for R's 2 and 3 in accordance with professional standards of practice when Operator C failed to conduct a review of R 2 and 3's bed assist devices to ensure the devices posed no risk for entrapment, confirmed the devices were not a restraint, confirmed the devices were securely attached to the beds, and R2 and R3's ability to safely use the bed assist devices. Operator C failed to ensure the devices were listed on R2 and R3's "Functional Capacity Screening" (FCS) forms in the comments sections, and Operator C	S5171		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5171	Continued From page 8 further failed to ensure the devices were described, the purpose of the devices and any special instructions on use and monitoring of the devices in R2 and R3's "Negotiated Service Agreement" (NSA)'s. Findings included: - Record review for R2 revealed and admission date of 03/19/24 with diagnoses of hypokalemia, sickle cell trait, methamphetamine abuse, paraplegia, essential hypertension, neurogenic bladder, spasticity, muscle weakness, multiple fractures of the thoracic spine, laceration of the kidney, history of traumatic brain injury, history of deep vein thrombosis, and pressure injury of sacral and region of the back, decubitus wound to the coccyx, and presence of a Foley catheter. Review of R2's FCS dated 04/11/24 revealed R2 was unable to perform bathing, toileting, transferring, or walking. He required physical assistance with dressing. He was unable to manage his own medications or medical treatments. He had a Foley catheter in place, and he was cognitively intact. He was able to make himself understood and he understood others. He used an electric wheelchair mobility device. The FCS lacked documentation of a bilateral bed assist device. Review of R2's combined NSA/HSP instructed facility staff to provide the following health services; physical assistance with bathing,	S5171		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5171	Continued From page 9	S5171		

dressing, administering his medications, and one staff to assist with transferring with the slide board. Facility staff to manage his medications. The local home health agency was managing the wound care.

R2's combined NSA/HSP lacked a description of the device, its purpose and any special instructions on use and monitoring of the device.

R 2's record lacked the documentation of an assessment being performed to confirm the device was not a restraint, R 2's ability to safely use the device and documentation of the findings in R2's record.

Observation on 04/22/24 at approximately 01:30 PM with Operator C revealed the right side of R2's hospital bed was against the southeast corner of the bedroom wall. On the outer left side of the bed was a quarter rail that had no large openings.

- Record review for R3 revealed an admission date of 03/01/24 with diagnoses of primary malignant neoplasm of the lung, hypothyroidism, type two diabetes mellitus without complications, gout, anemia, thrombocytopenic disorder, depressive disorder, essential hypertension, bradycardia, chronic obstructive lung disease, chronic kidney disease stage three, cognitive deficit in communication skills, primary malignant neoplasm of the kidney, and atherosclerosis of coronary artery.

Review of R3's FCS dated 03/10/24 revealed R3 required physical assistance with bathing, dressing and toileting. She required supervision

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5171	Continued From page 10	S5171		

with transferring and walking. She lacked the ability to manage her own medications and medical treatments. She was frequently incontinent and had impaired decision making. She was able to make herself understood and she understood others. She was marked with falls and impaired decision making. She used a walker mobility device.

The FCA lacked documentation of a bilateral bed assist device.

Review of R3's combined NSA/HSP instructed the facility staff to provide the following health services; physical assistance with bathing, dressing, assist with toileting every two hours, and walking. Facility staff to provide supervision with transferring and manage her medications. The document listed a local home health and did not describe the services to be provided.

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

R3's record lacked the documentation of an assessment being performed to confirm the device was not a restraint, R3's ability to safely use the device and documentation of the findings in R3's record.

Observation on 04/22/24 at approximately 02:00PM with Operator C revealed R2 had a full-size bed with one mattress in place against the northwest corner of the room against the wall. There was a quarter rail in place that was loose attached to the wooden frame of the bed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5171	Continued From page 11	S5171		

on the right side against the wall and on the left side of the bed open to the room was a "U" shaped device measuring approximately ten inches in width that had two arms parallel forming a "U" shape under the mattress. There was a black nylon cord attached to the device under the mattress and the nylon strap was anchored around the quarter rail attached on the left side of the bed. R3 was laying in the middle of the bed and stated she does use the rails for positioning and the left rail to assist getting out of bed.

Interview on 04/22/24 at approximately 03:15PM confirmed R's 2 and 3 records lacked documentation of an assessments being performed to show the bed assist devices were not a restraint, they posed no risk for entrapment and were securely attached to the beds. He further confirmed the records lacked documentation of R2 and 3's ability to safely use the bed assist devices.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5171	Continued From page 12 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 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. The Operator failed to provide health services in accordance with professional standards of practice that included conducting a review of R 2 and 3's bed assist devices to ensure the devices posed no risk for entrapment, confirmed the devices were not a restraint, confirmed the devices were securely attached to the beds, and R2 and R3's ability to safely use the bed assist devices. Operator C failed to ensure the devices were listed on R2 and R3's FCS forms in the comments sections, and Operator C further failed to ensure the devices were described, the purpose of the devices and any special instructions on use and monitoring of the devices in R2 and R3's NSA's.	S5171		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education	S5215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5215	Continued From page 13 (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; (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: K.A.R. 26-42-104 (d) (1) The facility reported a census of 3 residents. The sample included 3 residents and 5 newly hired employees. Based on record review and interview the operator failed to ensure the facility's disaster and emergency management plan was provided at the time of employment for "Certified Mediation Aide's" (CMA)'s A, B, D, and "Certified Nurse Aide's" (CNA)'s E and F. Findings included: - Record review CMA A revealed she did not have an employee file. Interview on 04/22/24 with Operator C confirmed	S5215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

(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
S5215	Continued From page 14	S5215		

he had not kept any of CMA A's employee records. He further confirmed he terminated CMA A 04/22/24 and she had not been to work since the end of her shift on 04/10/22.

Record review for CMA B revealed she began employment on 03/08/24. The record lacked documentation at the time hire of the orientation of the facility's disaster and emergency management plan.

Record review for CMA D revealed she began employment on 04/09/24. The record lacked documentation at the time hire of the orientation of the facility's disaster and emergency management plan.

Record review for CNA E revealed she began employment on 03/24/24. The record lacked documentation at the time hire of the orientation of the facility's disaster and emergency management plan.

Record review for CNA F revealed he began employment on 04/18/24. The record lacked documentation at the time hire of the orientation of the facility's disaster and emergency management plan.

Interview on 04/22/24 at approximately 03:10 PM with operator C confirmed the employee records lacked documentation at the time hire of the orientation of the facility's disaster and emergency management plan.

The operator failed to ensure the facility's disaster and emergency management plan was provided at the time of employment for CMA's A,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

(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
S5215	Continued From page 15 B, D, and CNA's E and F.	S5215		
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 3 residents. The sample included 3 "Residents'" (R)'s and 5 newly hired employees "Certified Medication Aides'" (CMA)'s A, B, D and "Certified Nurse Aide" (CNA) E. Based on record review and interview the operator failed to ensure the home's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R's 1, 2, 3 and newly hired CMA's A, B, D.	S5230		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5230	Continued From page 16 Findings included: - Record review CMA A revealed she did not have an employee file. Interview on 04/22/24 with Operator C confirmed he had not kept any of CMA A's employee records. He further confirmed he terminated CMA A 04/22/24 and she had not been to work since the end of her shift on 04/10/22. The employee record lacked documentation of the first step of the required two step TB test being implanted within seven days of employment. Record review for CMA B revealed she began employment on 03/08/24. The record revealed a document titled "TB test" and revealed the first step was implanted on 04/09/24 and read on 04/11/24. The employee record lacked documentation of the first step of the required two step TB test being implanted within seven days of employment. Record review for CMA D revealed she began employment on 04/09/24. The record revealed a document titled "TB test" and revealed the first step was implanted on 04/11/24 and read on 04/13/24. The employee record lacked documentation of the first step of the required two step TB test being implanted within seven days of employment.	S5230		

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	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5230	Continued From page 17 - Record review for R1 revealed an admission date of 03/19/24 with diagnoses of Lumbago, left lumbar radiculopathy, aftercare following joint replacement surgery, acquired unequal leg length on right side, Thyroid nodule, long term use of Insulin, type two diabetes mellitus uncontrolled, diabetes, allergies, degenerative joint disease of left knee, degenerative joint disease of left hip, breast cancer, Pancreatic cystadenoma, depression, presence of cardiac pacemaker, presence of arteriovenous fistula, anemia in chronic kidney disease, history of cerebrovascular accident, and is a chronic hemodialysis patient. Review of R1's "Functional Capacity Screen" (FCS) dated 03/19/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring and walking. She lacked the ability to manage her own medications, she was frequently incontinent, and had impaired decision making. She was sometimes able to make herself understood and she understood others. She used a wheelchair mobility device. Review of R1's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) Identified the following services to be provided by facility staff: physical assist with bathing, toileting, mobility, and transfers. R1 received speech and physical therapy for an outside provider. Review of R1's "Progress Notes" dated 03/25/24 revealed the following entry: The TB test was implanted in the right forearm.	S5230		

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	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5230	Continued From page 18 The resident record lacked the completion of the required TB symptom screen within seven days of admission to the home. The resident record lacked documentation of the required two step TB skin test being implanted within seven days of admission. The record lacked the date the first step of the two steps being read within forty-eight to seventy-two hours of being implanted. The record further lacked the required second step of the required two step TB skin test being performed. - Record review for R2 revealed and admission date of 03/19/24 with diagnoses of hypokalemia, sickle cell trait, methamphetamine abuse, paraplegia, essential hypertension, neurogenic bladder, spasticity, muscle weakness, multiple fractures of the thoracic spine, laceration of the kidney, history of traumatic brain injury, history of deep vein thrombosis, and pressure injury of sacral and region of the back, decubitus wound to the coccyx, and presence of a Foley catheter. Review of R2's FCS dated 04/11/24 revealed R2 was unable to perform bathing, toileting, transferring, or walking. He required physical assistance with dressing. He was unable to manage his own medications or medical treatments. He had a Foley catheter in place, and he was cognitively intact. He was able to make himself understood and he understood others. He used an electric wheelchair mobility device. Review of R2's combined NSA/HSP instructed facility staff to provide the following health services; physical assistance with bathing,	S5230		

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	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5230	Continued From page 19	S5230		

dressing, administering his medications, and one staff to assist with transferring with the slide board. Facility staff to manage his medications. The local home health agency was managing the wound care.

Review of R2's "Progress Notes" dated 03/25/24 revealed the following entry:

TB skin test was implanted in the right forearm.

The resident record lacked the completion of the required TB symptom screen within seven days of admission to the home. The record lacked the date the first step of the two steps being read within forty-eight to seventy-two hours of being implanted. The record further lacked the required second step of the required two step TB skin test being performed.

- Record review for R3 revealed an admission date of 03/01/24 with diagnoses of primary malignant neoplasm of the lung, hypothyroidism, type two diabetes mellitus without complications, gout, anemia, thrombocytopenic disorder, depressive disorder, essential hypertension, bradycardia, chronic obstructive lung disease, chronic kidney disease stage three, cognitive deficit in communication skills, primary malignant neoplasm of the kidney, and atherosclerosis of coronary artery.

Review of R3's FCS dated 03/10/24 revealed R3 required physical assistance with bathing, dressing and toileting. She required supervision with transferring and walking. She lacked the ability to manage her own medications and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5230	Continued From page 20 medical treatments. She was frequently incontinent and had impaired decision making. She was able to make herself understood and she understood others. She was marked with falls and impaired decision making. She used a walker mobility device. Review of R3's combined NSA/HSP instructed the facility staff to provide the following health services; physical assistance with bathing, dressing, assist with toileting every two hours, and walking. Facility staff to provide supervision with transferring and manage her medications. The document listed a local home health and did not describe the services to be provided. Review of R3's "Progress Notes" dated 03/25/24 revealed the following entry; TB test was implanted in the right forearm. The resident record lacked the completion of the required TB symptom screen within seven days of admission to the home. The resident record lacked documentation of the required two step TB skin test being implanted within seven days of admission. The record lacked the date the first step of the two steps being read within forty-eight to seventy-two hours of being implanted. The record further lacked the required second step of the required two step TB skin test being performed.	S5230		
S5251 SS=F	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms,	S5251		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5251	Continued From page 21 and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-105 (f) (11) The facility reported a census of 3 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the operator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the date, time, actions taken, and results of the actions taken for R1, R2, and R3. Findings included: - Record review for R1 revealed an admission date of 03/19/24 with diagnoses of Lumbago, left lumbar radiculopathy, aftercare following joint replacement surgery, acquired unequal leg length on right side, Thyroid nodule, long term use of Insulin, type two diabetes mellitus uncontrolled, diabetes, allergies, degenerative joint disease of left knee, degenerative joint disease of left hip, breast cancer, Pancreatic cystadenoma, depression, presence of cardiac pacemaker, presence of arteriovenous fistula, anemia in chronic kidney disease, history of cerebrovascular accident, and is a chronic hemodialysis patient. Review of R1's "Functional Capacity Screen" (FCS) dated 03/19/24 revealed R1 required	S5251		

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	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5251	Continued From page 22 physical assistance with bathing, dressing, toileting, transferring and walking. She lacked the ability to manage her own medications, she was frequently incontinent, and had impaired decision making. She was sometimes able to make herself understood and she understood others. She used a wheelchair mobility device. Review of R1's combined NSA/"Health Service Plan" (HSP) Identified the following services to be provided by facility staff: physical assist with bathing, toileting, mobility, and transfers. R1 received speech and physical therapy from a local home health agency. Review of R1's "Progress Notes" dated 03/19/24 to 04/10/24 revealed the following entries; On 03/25/24 a "Tuberculosis" (TB) test was administered. The entry lacked a time and the "Progress Notes" further lacked documentation of the TB skin test results. On 03/26/24 R1 was assessed by the facility "Licensed Nurse" (LN), and she wrote R1 had a "small, reddened area noted on coccyx" and she continued to write that she was going to contact the "Nurse Practitioner" (NP) for orders. The entry lacked a time and the "Progress Notes" further lacked documentation of orders provided for the reddened area to the coccyx and the document further lacked follow actions taken and results of the actions taken for the reddened area to the coccyx.	S5251		

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	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5251	Continued From page 23 On 04/03/24 the resident stated that CMA A "slapped" her and would not give her any water. The operator was notified and a meeting was scheduled for 10:00PM on 04/03/24 with CMA A and the operator to investigate the allegation. The entry lacked a time, and further lacked documentation actions taken after R1 made the allegation. On 04/09/24 the resident was seen by the LN after she returned home from the hospital. The entry lacked a time, and the document lacked an entry stating why R1 was sent to the hospital. 04/10/24 Resident was hollering and hitting the walls upon staff arrival to the facility. R1 alleged that CMA A was abusive to her. The operator was contacted, and an investigation was opened. The entry lacked a time, and further lacked documentation of the incident, actions taken and results of the actions taken. 04/16/24 Resident seen by LN after returning from the hospital "Yesterday". The entry lacked a time, and the document lacked an entry stating why R1 was sent to the hospital. Interview with R2 on 04/22/24 at approximately 09:15 AM confirmed the staff have treated him well and that he has not seen any staff hurting other residents. He did indicate that there was a staff member who was no longer there that had	S5251		

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	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5251	Continued From page 24 been "Rude". Interview with R1 on 04/22/24 at approximately 10:00 AM confirmed she felt safe, and the staff took care of her. She could not make herself understood when asked if anyone hurt her, while talking she did slowly shake her head indicating no. She appeared relaxed and comfortable during the interview. When asked what she did to her knee she shrugged her shoulders. - Record review for R2 revealed and admission date of 03/19/24 with diagnoses of hypokalemia, sickle cell trait, methamphetamine abuse, paraplegia, essential hypertension, neurogenic bladder, spasticity, muscle weakness, multiple fractures of the thoracic spine, laceration of the kidney, history of traumatic brain injury, history of deep vein thrombosis, and pressure injury of sacral and region of the back, decubitus wound to the coccyx, and presence of a Foley catheter. Review of R2's FCS dated 04/11/24 revealed R2 was unable to perform bathing, toileting, transferring, or walking. He required physical assistance with dressing. He was unable to manage his own medications or medical treatments. He had a Foley catheter in place, and he was cognitively intact. He was able to make himself understood and he understood others. He used an electric wheelchair mobility device. Review of R2's combined NSA/HSP instructed facility staff to provide the following health services; physical assistance with bathing, dressing, administering his medications, and one	S5251		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5251	Continued From page 25	S5251		

staff to assist with transferring with the slide board. Facility staff to manage his medications. The local home health agency was managing the wound care.
Review of R2's "Progress Notes" dated 03/25/24 to 03/27/24 revealed the following entries:

The first entry stated R2 admitted from a hospital approximately 2 hours away. He was able to make his needs known, he used a slide board for transfers, he had a wound vacuum to the coccyx and a Foley catheter in place.

The entry in the "Progress Notes" lacked a date and a time.

On 03/25/24 a "Tuberculosis" (TB) test was administered.

The entry lacked a time and the "Progress Notes" further lacked documentation of the TB skin test results.

Interview on 04/22/24 at approximately 02:30 PM with R2 revealed he had been working with physical therapy and had recently been discharged from their service.

The resident "Progress Notes" lacked any documentation of the resident being discharged from physical therapy services.

- Record review for R3 revealed an admission date of 03/01/24 with diagnoses of primary malignant neoplasm of the lung, hypothyroidism, type two diabetes mellitus without complications, gout, anemia, thrombocytopenic disorder,

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	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

(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
S5251	Continued From page 26	S5251		

depressive disorder, essential hypertension, bradycardia, chronic obstructive lung disease, chronic kidney disease stage three, cognitive deficit in communication skills, primary malignant neoplasm of the kidney, and atherosclerosis of coronary artery.

Review of R3's FCS dated 03/10/24 revealed R3 required physical assistance with bathing, dressing and toileting. She required supervision with transferring and walking. She lacked the ability to manage her own medications and medical treatments. She was frequently incontinent and had impaired decision making. She was able to make herself understood and she understood others. She was marked with falls and impaired decision making. She used a walker mobility device.

Review of R3's combined NSA/HSP instructed the facility staff to provide the following health services; physical assistance with bathing, dressing, assist with toileting every two hours, and walking. Facility staff to provide supervision with transferring and manage her medications. The document listed a local home health and did not describe the services to be provided.

Review of R3's "Progress Notes" dated 3/25/24 revealed the only two entries;

The first entry stated R3 admitted from a local skilled rehabilitation facility, she was incontinent, she was alert and oriented with some confusion. She ambulated with a walker.

The entry lacked a date and time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5251	Continued From page 27 On 03/25/24 a "Tuberculosis" (TB) test was administered. The entry lacked a time and the "Progress Notes" further lacked documentation of the TB skin test results. Interview on 04/22/24 at approximately 03:10 PM confirmed the resident records for R1, R2 and R3 lacked the required documentation of all incidents, to include the date, time, actions taken and results of the actions taken. The operator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the date, time, actions taken, and results of the actions taken for R1, R2, and R3.	S5251		
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	S5258		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5258	Continued From page 28 (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: K.A.R. 26-42-102 (d) (2) (3) The facility reported a census of 3 residents. The sample included 3 residents and 5 newly hired employees. Based on record review and interview the operator failed to ensure the criminal background checks were performed at the time of hire for "Certified Mediation Aide's" (CMA)'s A, B, D, and "Certified Nurse Aide" (CNA) E. The operator further failed to have documentation for CMA A from the "Kansas Nurse Aide Registry" showing a finding of not having abused, neglected, or exploited a resident in an adult care home. Findings included: - Record review CMA A revealed she did not have an employee file. Interview on 04/22/24 with Operator C confirmed he had checked the registry and she was a CMA, he continued to state that he did not run a criminal background check on CMA A, and he further confirmed he terminated CMA A 04/22/24 and she had not been to work since the end of	S5258		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

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OPEN ARMS HOME PLUS	649 N STRATFORD LN WICHITA, KS 67206

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S5258	Continued From page 29 her shift on 04/10/22. CMA A was named as the perpetrator in an allegation of abuse reported to the department. Record review for CMA B revealed she began employment on 03/08/24. The date of submission for the criminal background check was 04/18/24. Record review for CMA D revealed she began employment on 04/09/24. The date of submission for the criminal background check was 04/18/24. Record review for CNA E revealed she began employment on 03/24/24. The date of submission for the criminal background check was 04/18/24. Interview on 04/18/24 at approximately 05:10 PM with operator C confirmed the employee records lacked background checks done at the time of hire. The operator failed to ensure the criminal background checks were performed at the time of hire for CMA's A, B, D, and CNA E. The operator further failed to have documentation for CMA A from the "Kansas Nurse Aide Registry" showing a finding of not having abused, neglected, or exploited a resident in an adult care home.	S5258		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a	S5265		

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	B087265	A. BUILDING: _____ B. WING _____	04/22/2024

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S5265	Continued From page 30 medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (a) The facility reported a census of 3 residents. The sample included 3 "Residents'" (R)'s. Based on observation, interview, and record review the operator failed to ensure the licensed nurse performed an assessment for R1 that determined she could safely and accurately self-administer her inhaler. Findings included: - Record review for R1 revealed an admission date of 03/19/24 with diagnoses of Lumbago, left lumbar radiculopathy, aftercare following joint replacement surgery, acquired unequal leg length on right side, Thyroid nodule, long term	S5265		

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S5265	Continued From page 31 use of Insulin, type two diabetes mellitus uncontrolled, diabetes, allergies, degenerative joint disease of left knee, degenerative joint disease of left hip, breast cancer, Pancreatic cystadenoma, depression, presence of cardiac pacemaker, presence of arteriovenous fistula, anemia in chronic kidney disease, history of cerebrovascular accident, and is a chronic hemodialysis patient. Review of R1's "Functional Capacity Screen" (FCS) dated 03/19/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring and walking. She lacked the ability to manage her own medications, she was frequently incontinent, and had impaired decision making. She was sometimes able to make herself understood and she understood others. She used a wheelchair mobility device. Review of R1's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) Identified the following services to be provided by facility staff: physical assist with bathing, toileting, mobility, and transfers. R1 received speech and physical therapy from a local home health agency. The combined NSA/HSP did not identify/instruct that R1 would self-administer her inhaler. R1's record lacked an evaluation of her physical, cognitive, and functional ability to safely and accurately self-administer her inhaler. Record review of R1's medication orders for 04/01/24 revealed the following order: Albuterol HFA 90 micrograms inhaler; inhale two puffs by	S5265		

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S5265	Continued From page 32 mouth every four hours as needed. Observation on 04/22/24 at approximately 09:30AM R1 is sitting at the end of the breakfast table and from her purse she removed an inhaler and laid it on the breakfast table. Interview on 04/22/24 at approximately 03:10PM with Operator C confirmed R1's record lacked an assessment performed by the LN of R1's ability to safely and accurately self-administer her inhaler.	S5265		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (b) The facility reported a census of 3 residents. The sample included 3 "Residents'" (R)'s. Based on observation, interview, and record review the operator failed to ensure R1's "Negotiated Service Agreement" (NSA) accurately reflected that she would manage the administration of her Albuterol inhaler.	S5286		

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S5286	Continued From page 33 Findings included: - Record review for R1 revealed an admission date of 03/19/24 with diagnoses of Lumbago, left lumbar radiculopathy, aftercare following joint replacement surgery, acquired unequal leg length on right side, Thyroid nodule, long term use of Insulin, type two diabetes mellitus uncontrolled, diabetes, allergies, degenerative joint disease of left knee, degenerative joint disease of left hip, breast cancer, Pancreatic cystadenoma, depression, presence of cardiac pacemaker, presence of arteriovenous fistula, anemia in chronic kidney disease, history of cerebrovascular accident, and is a chronic hemodialysis patient. Review of R1's "Functional Capacity Screen" (FCS) dated 03/19/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring and walking. She lacked the ability to manage her own medications, she was frequently incontinent, and had impaired decision making. She was sometimes able to make herself understood and she understood others. She used a wheelchair mobility device. Review of R1's combined NSA/"Health Service Plan" (HSP) Identified the following services to be provided by facility staff: physical assist with bathing, toileting, mobility, and transfers. R1 received speech and physical therapy from a local home health agency. The combined NSA/HSP did not identify/instruct that R1 would self-administer her inhaler.	S5286		

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S5286	Continued From page 34 Record review of R1's medication orders for 04/01/24 revealed the following order: Albuterol HFA 90 micrograms inhaler; inhale two puffs by mouth every four hours as needed. Observation on 04/22/24 at approximately 09:30AM R1 is sitting at the end of the breakfast table and from her purse she removed an inhaler and laid it on the breakfast table. Interview on 04/22/24 at approximately 03:10PM with Operator C confirmed R1's NSA/HSP did not reflect that R1 would manage the administration of her Albuterol inhaler. The operator failed to ensure R1's "Negotiated Service Agreement" (NSA) accurately reflected that she would manage the administration of her Albuterol inhaler.	S5286		
S5313 SS=F	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.	S5313		

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S5313	Continued From page 35 This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (g) (3) The facility reported a census of three residents. Based on observation and interview the Operator failed to ensure the "Licensed Nurse" (LN) or Licensed Pharmacist placed the full name of the resident on the bottles/containers of "Over the Counter" (OTC) medications. Findings included: - Observation on 04/22/23 at approximately 09:00AM of the locked medication cart located in the home's kitchen, CMA B unlocked the cart in the first drawer in the very left section were the following OTC's that lacked the resident full name; a bottle of Ibuprofen 200 milligrams and 23 individually dosed Diphenhydramine HCL 25 milligrams which had been removed from the original packing box. In the second drawer down on the far-right side of the drawer were the following OTC bottles which were labeled with R3's first name and last initial: I bottle of Century 21 D3 capsules, 1 bottle of Magnesium 400 milligrams capsules, and 1 bottle of Equate Aspirin 81 milligrams. Interview with "Certified Medication Aide" (CMA) B at approximately 09:00 AM confirmed the bottles of OTC's located in the facility's medication cart lacked the resident's full names. Interview on 04/22/23 at approximately 03:10PM with Operator C confirmed he is not a CMA, and he would be meeting with the facility LN to go	S5313		

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S5313	Continued From page 36 over survey findings. The Operator failed to ensure the LN or Licensed Pharmacist placed the full name of the resident on the bottles/containers of OTC medications.	S5313		