STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087196	A. BUILDING: _____ B. WING _____	06/18/2024

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ABBA AGAPE CARE HOMES LLC	223 BURR OAK ROAD WICHITA, KS 67206

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints #186743 and #181834 at the above named home plus conducted on 06/17/24 and 06/18/24.	S 000		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(g) The facility reported a census of eight residents. Based on observation and interview the operator failed to ensure a notice of the availability of the facility's policies and procedures was posted in a place accessible to all residents. Findings included: - Observation on 06/17/24 at approximately 02:10 PM during the initial tour revealed a notice that the facility's policies and procedures were available, was not posted. On 06/17/24 at approximately 02:10 PM Administrative Staff A confirmed a notice of the facility's policies and procedures available, was not posted.	S5029		

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

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S5029	Continued From page 1 The operator failed to ensure a notice of the availability of the facility's policies and procedures was posted in a place accessible to all residents.	S5029		
S5055 SS=F	26-42-101 (l) Survey Report l) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a common area to residents and any other individuals wishing to examine survey results. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(l) The facility reported a census of eight residents. Based on observation and interview the operator failed to ensure the most recent survey results were available in a common area. Findings included: - Observation on 06/17/24 at approximately 02:10 PM during the initial tour revealed the most recent survey results were not available to examine in a common area. On 06/17/24 at approximately 02:10 PM Administrative Staff A confirmed the survey results were not in a common area. The operator failed to ensure the most recent survey results were available in a common area.	S5055		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement	S5105		

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S5105	Continued From page 2 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 eight residents with three included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSA) for Residents (R) 2, R1, and R3 described the services they received based on their "Functional Capacity Screens" (FCS). Findings included: - Record review for R2 revealed an admission date of 10/01/23 with a diagnosis of schizophrenia. The 10/01/23 "FCS" identified R2 was unable to perform management of treatments; had short-term and long-term memory,	S5105		

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S5105	Continued From page 3	S5105		

memory/recall, and decision-making cognitive difficulties; was sometimes understandable and sometimes understood others during communication; and was marked for falls, impaired vision, impaired decision-making, and inappropriate behavior.

The 10/01/23 "NSA" failed to describe the services he received for management of treatments, cognitive difficulties, communication, falls, impaired vision, impaired decision-making, and inappropriate behavior.

- Record review for R1 revealed an admission date of 05/31/24 with a diagnosis of dementia.

The 05/31/24 "FCS" identified R1 had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties and was marked for falls

The 05/31/24 "NSA" failed to describe the services she received for cognitive difficulties and to prevent injury from falls.

- Record review for R3 revealed an admission date of 05/28/24 with a diagnosis of hypertension.

The 05/28/24 "FCS" identified R3 was unable to perform management of treatments and she had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties.

The 05/28/24 "NSA" failed to describe the services she received for management of treatments and for cognitive difficulties.

On 06/18/24 at approximately 11:57 AM Administrative Nurse B confirmed R2, R1, and

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S5105	Continued From page 4 R3's "NSAs" failed to describe the services provided based on their "FCSs" The operator failed to ensure the "NSAs" for R2, R1, and R3 described the services provided based on their "FCSs."	S5105		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of eight residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSA) for residents (R's) R1, R2 and R3, named the licensed nurse responsible for implementing and supervising their "Healthcare Service Plans" (HSP). Findings included: - Record review for R2 revealed an admission date of 10/01/23 with a diagnosis of schizophrenia. The 10/01/23 "Functional Capacity Screen" (FCS) identified R2 required physical assistance with bathing; was unable to perform management of medications and treatments; was occasionally	S5161		

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incontinent of bladder; had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties; was sometimes understandable and sometimes understood others during communication; and was marked for falls, impaired vision, impaired decision-making, and inappropriate behavior.

The 10/01/23 "NSA" identified facility staff would provide physical assistance with bathing, management of medications, and R2 wore incontinence products for bladder incontinence. The "NSA" failed to describe the services he received for management of treatments, cognitive difficulties, communication, falls, impaired vision, impaired decision-making, and inappropriate behavior.

R2's "NSA" failed to name the licensed nurse responsible for implementing and supervising his "HSP."

- Record review for R1 revealed an admission date of 05/31/24 with a diagnosis of dementia.

The 05/31/24 "FCS" identified R1 required physical assistance with bathing, dressing, toileting, and transfers; was unable to perform walking/mobility and management of medications and treatments; was frequently incontinent of bladder; had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties and was marked for falls, impaired vision, impaired hearing, and impaired decision-making.

The 05/31/24 "NSA" identified facility staff would provide physical assistance with bathing, dressing, toileting, walking mobility with a wheelchair, and transfers with a gait belt;

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S5161	Continued From page 6 management of medications; she wore incontinence products for bladder incontinence, glasses for impaired for vision, and hearing aids for impaired hearing; and she had durable power of attorney (DPOA) for impaired decision-making. The "NSA" failed to describe the services she received for cognitive difficulties and to prevent injury from falls. R1's "NSA" failed to name the licensed nurse responsible for implementing and supervising her "HSP." - Record review for R3 revealed an admission date of 05/28/24 with a diagnosis of hypertension. The 05/28/24 "FCS" identified R3 was unable to perform management of medications and treatments; she was occasionally incontinent of bladder; and she had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties; and was marked for impaired decision-making. The 05/28/24 "NSA" identified facility would provide management of medications; she wore incontinence products for bladder incontinence; and she had a DPOA for impaired decision making. The "NSA" failed to describe the services she received for management of treatments and for cognitive difficulties. R3's "NSA" failed to name the licensed nurse responsible for implementing and supervising her "HSP." On 06/18/24 at 11:57 AM Administrative Nurse B confirmed the residents' "NSAs" failed to name the nurse responsible for implementing and supervising their "HSPs."	S5161		

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S5161	Continued From page 7 The operator failed to ensure the residents' "NSAs" named the licensed nurse responsible for implementing and supervising their "HCPs."	S5161		
S5240 SS=D	26-42-105 (a) Resident Records (a) The administrator or operator of each home plus shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices. (1) Designated staff shall maintain the record of each discharged resident who is 18 years of age or older for at least five years after the discharge of the resident. (2) Designated staff shall maintain the record of each discharged resident who is less than 18 years of age for at least five years after the resident reaches 18 years of age or at least five years after the date of discharge, whichever time period is longer. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(a)(1) The facility reported a census of eight residents with three included in the sample and one selected for closed record review. Based on interview and record review the operator failed to ensure designated staff maintained Resident (R) 4's record for at least five years after her discharge. Findings included: - R4 admitted to the facility about 10/26/22 and lived there about six months.	S5240		

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S5240	Continued From page 8 On 06/18/24 the resident record for R4 was requested which the facility failed to provide. On 06/18/24 at 09:02 AM Administrative Nurse B stated the company took ownership of the facility on 10/01/23. All current and discharged residents' and all staff records were removed from the facility by the previous owner at that time. Attempts to obtain the records from the previous operator failed. Facility staff had to recreate all resident and staff records beginning at the new ownership. On 06/18/23 at approximately 12:57 PM Administrative Nurse B confirmed R4 had previously lived at the facility and her medical record was not available as it was included in all the records removed by the previous owner. The operator failed to ensure designated staff maintained R4's record for at least five years after her discharge.	S5240		
S5313 SS=F	26-41-205 (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 9 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The facility reported a census of eight residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages of all over-the-counter (OTC) medications. Findings included: - Observation on 06/17/24 at 02:12 PM revealed Administrative Staff A unlocked and opened the medication cart where the medications for the residents were stored. The following over-the-counter medications were not labeled with residents' full names: One bottle of Tylenol 650 milligrams (mg); 225 caplets One bottle of calcium 600 mg; 120 tabs One a Day 65+ 150 tabs One bottle of Tylenol 500 mg; 200 caplets One bottle of Ocuvite 60 tabs One bottle of Ocuvite 120 tabs One bottle of iron 65 mg; 180 tabs One bottle of niacin 50 mg; 100 tablets One bottle of omeprazole 20 mg; 14 capsules One bottle of loratidine 10 mg; 300 tabs One bottle of B-12 1000 micrograms (mcg) 250 caplets One bottle of L-Lysine 500 mg; 250 tabs On 06/17/24 at approximately 02:12 PM Administrative Staff A confirmed the OTC	S5313		

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S5313	Continued From page 10 medication was not labeled with residents' full names. The facility's undated "Medication Administration Policy" failed to address labeling of over-the-counter medications. The operator failed to ensure all OTC medications were labeled with the residents' full names.	S5313		