STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023016	A. BUILDING: _____ B. WING _____	06/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OMA'S HOUSE	1701 RESEARCH PARK DRIVE 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 resurvey for the above named home plus conducted on 06/25/24.	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 11 residents with three included in the sample. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreements" (NSA) for Residents (R) 1 and R2 described the services they received based on their "Functional Capacity Screens" (FCS). Findings included:	S5105		

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

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S5105	Continued From page 1 - Record review for R1 revealed an admission date of 06/17/24 with a diagnosis of atrial fibrillation. The 06/18/24 "FCS" identified R1 had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties; was rarely or never understandable and sometimes understood others during communication. The 06/18/24 "NSA" documented in a handwritten note at the bottom of the third page "Unable to make needs known." The "NSA" failed to describe the services she received for cognitive difficulties and communication. On 06/25/24 at 03:39 PM Administrative Nurse B confirmed R1's "NSA" failed to describe the services she received for cognitive difficulties and communication. - Record review for R2 revealed an admission date of 05/20/21 with a diagnosis of dementia. The 06/05/24 "FCS" identified R2 had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties; was rarely or never understandable and sometimes understood others during communication. The 06/05/24 "NSA" failed to describe the services she received for cognitive difficulties and communication. On 06/25/24 at 03:43 PM Administrative Staff A and Administrative Nurse C confirmed R2's "NSA" failed to describe the services she received for cognitive difficulties and communication.	S5105		

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S5105	Continued From page 2 The administrator failed to ensure the "NSAs" for R1 and R2 described the services provided based on their "FCSs."	S5105		
S5190 SS=F	26-42-206 (d) Dietary Services (d)(1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(d)(1) The facility reported a census of 11 residents. The facility had a kitchen where food was stored, prepared, and served. Based on observation and interview the administrator failed to ensure designated staff posted the weekly menu. Findings included: - Observation on 06/25/24 at 09:49 AM revealed a menu was not posted for residents to access. On 06/25/24 at 11:10 AM Certified Medication Aide (CMA) D confirmed a menu was not posted. The administrator failed to ensure designated staff posted the weekly menu.	S5190		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be	S5195		

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S5195	Continued From page 3	S5195		

stored in the areas used for food storage, preparation, or serving.

(g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-206(f)

The facility reported a census of 11 residents. The facility had a kitchen where food was stored, prepared, and served. Based on observation and interview the administrator failed to ensure food items were stored under safe conditions.

Findings included:

- Observation on 06/25/24 at 09:49 AM revealed a refrigerator in the kitchen contained food items for the residents. There was a 32-ounce sized container of vanilla yogurt with what appeared to be one-half to two-thirds full and was beginning to separate. The container lacked an open date.

On 06/25/24 at approximately 09:49 AM Certified Medication Aide (CMA) D confirmed the yogurt lacked the date it was opened.

The August 2017 Kansas Department of Agriculture's "Focus on Food Safety" booklet documented food items must be date marked after the original container was opened and can be held up to seven days if refrigeration was adequate at 41 degrees Fahrenheit or less.

The administrator failed to ensure food items were stored under safe conditions.

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S5300	Continued From page 4	S5300		
S5300 SS=D	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 11 residents with three included in the sample. Based on interview and record review the administrator failed to ensure facility staff administered all medications to Resident (R) 1 in accordance with her medical care provider's orders. Findings included: - Record review for R9 revealed an admission date of 06/17/24 with a diagnosis of atrial fibrillation.	S5300		

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S5300	Continued From page 5 The 06/18/24 "Functional Capacity Screen" (FCS) identified R1 was unable to perform management of medications. The 06/18/24 "Negotiated Service Agreement" (NSA) identified facility staff would administer medications as ordered. The June 2024 "Medication Administration Record" (MAR) documented R1 was prescribed metoprolol 50 milligrams (mg) tablet by mouth twice daily and to hold if systolic blood pressure was less than 110 or heart rate was less than 60 beats per minute (bpm). R1 was also prescribed losartan 100 mg tablet by mouth daily and to hold if systolic blood pressure was less than 110 or heart rate was less than 60 beats bpm. Review of R1's MAR for June revealed facility staff administered metoprolol twice daily and losartan once daily on 06/18/24 through the morning of 06/25/24 which was 7 days. Review of R1's record revealed lack of evidence of documentation of blood pressure and heart rate results. On 06/25/24 at 03:24 PM Administrative Nurse B confirmed R1's record lacked evidence of documentation of blood pressure and heart rate results to ensure staff administered metoprolol and losartan per R1's medical care provider's orders. The administrator failed to ensure facility staff administered all medications to R1 in accordance with her medical care provider's orders.	S5300		

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S5328	Continued From page 6	S5328		
S5328 SS=D	26-42-205 (l) (3) Medication Regimen Review Documentation (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l)(3) The facility reported a census of 11 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the quarterly medication regimen review was maintained in Resident (R) 3's record. Findings included: - Review of R3's record revealed an admission date of 04/06/23 with a diagnosis of Alzheimer's disease. The 04/11/24 "Functional Capacity Screen" (FCS) identified R3 was unable to perform management of medications. The 04/11/24 "Negotiated Service Agreement" (NSA) for R3 identified facility staff would provide management of medications. Review of R3's record revealed lack of evidence of documentation of the most recent medication regimen reviews. On 06/26/24 at approximately 03:32 PM Administrative Nurse C confirmed R3's most recent medication regimen review was not in his	S5328		

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S5328	Continued From page 7 record. The operator failed to ensure the quarterly medication regimen review was maintained in Resident (R) 3's record.	S5328		