STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087216	A. BUILDING: _____ B. WING _____	07/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN BOOMERS HOME PLUS, LLC	6953 E KENTFORD CIRCLE WICHITA, KS 67226

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S 000	INITIAL COMMENTS The following citations represent the findings of a complaint investigation, # KS00187408 conducted on 07/01/24 for the above named Home Plus Facility. The allegations made in the complaint were substantiated and the facility identified in noncompliance with regulations surveyed.	S 000		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (h) The facility reported a census of seven residents (R). The sample included one resident for focused review. Based on interview and record review for R1 the operator failed to ensure that everyone involved in the development of the "Negotiated Service Agreement" signed the agreement. Findings included: - R1's medical record revealed an admission date of 03/26/21 with diagnoses of Cerebral vascular accident with mild expressive aphasia, contractures, and care dependent due to extreme weakness. R1's most current combined "Functional Capacity	S5126		

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

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S5126	Continued From page 1 Screen/Negotiated Services/Health Service Plan" is dated 08/28/23. An interview on 07/01/24 at 09:27 AM Administrative Staff B reported a new "Functional Capacity Screen/Negotiated Services/Health Service Plan" (FCS/NSA/HSP) had been done by the nurse and was on the operator's computer waiting for the legal representative's signature. On 07/02/24 at 09:29 AM, Administrative Staff B provided the FCS/NSA/HSP dated 03/01/24. R1's combined (FCS/NSA/HSP) dated 03/01/24 revealed R1 was unable to participate in the activity of daily living tasks and needed total assistance of staff to complete them. It included directions for staff total assistance for all ADLS, except it identified she requested to no longer be transferred out of the bed and for an emergency evacuation staff were to log-roll her onto the "fire sled" and then pull her to the nearest emergency exit to the designated safe area at the end of the driveway. On 07/02/24 at 09:29AM Administrative Staff B confirmed the FCS/NSA/HCSP dated 03/01/24 (120+ days ago) had not been signed by R1's legal representative yet. The operator failed to ensure each person involved in the development of R1's FCS/NSA/HSP signed it.	S5126		
S5205 SS=J	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient	S5205		

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S5205	Continued From page 2 number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(a) The facility reported a census of 7 Residents (R)s. Based on observation, interview, and record review, the operator failed to provide a sufficient number of qualified staff to evacuate R1, a resident identified as totally dependent on staff for transfers, in the event of an emergency, to a secure location. The operator provided an approved plan related to sufficient staff to provide safe evacuation for R1 to the department on 02/28/24 for a previous citation. The plan identified the operator would ensure two staff worked on first and second shift and there would be a second person, "sleeper" available to assist on night shift. R1's "Functional Capacity Screens" dated 08/28/23 and 03/01/24 identified R1's functional ability for, transfers and mobility had not changed, thus still requiring the assistance of two qualified staff for safe evacuation from the home in case of an emergency. Findings included: - Observation upon arrival at the facility on 07/01/24 at 04:30 AM revealed Certified Medication Aide (CMA) C was the only employee in the facility. CMA C provided the resident roster which revealed six out of seven residents required physical assistance with activities of daily living and did not identify any residents as requiring assistance of two staff for transfers.	S5205		

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S5205	Continued From page 3 - R1's medical record revealed an admission date of 03/26/21 with diagnoses of Cerebral Vascular Accident with mild expressive aphasia, contractures, and care dependence due to extreme weakness. R1's previous combined "Functional Capacity Screen/Negotiated Services/Health Service Plan" (FCS/NSA/HSP) dated 08/28/23 identified R1 as unable to participate in activities of daily living and required total assistance in the tasks of bathing, dressing, toileting, transfers, mobility, eating, management of medications, and medical treatments. R1 was identified as incontinent of bladder and had impaired decision-making ability. The FCS/NSA/HSP further identified R1 as dependent on two-staff assistance with the use of a full body mechanical lift for "all" transfers. In the event of an emergency, it identified R1 needed to be transferred to a wheelchair with assistance of two staff and one staff would push her to the designated safe area. R1's most recent combined "Functional Capacity Screen/Negotiated Services/Health Service Plan" (FCS/NSA/HSP) dated 03/01/24 revealed R1 had the same functional abilities as the 08/28/23 agreement. She was unable to participate in all tasks and needed total assistance of staff to complete activities of daily living (ADL) including transfers and mobility. It included the same directions for staff to provide assistance for all ADLS, except it identified R1 requested to no longer be transferred out of the bed. Additionally, in the event of an emergency evacuation, staff were to log-roll her onto the "fire sled" and then pull her to the nearest emergency exit to the designated safe area at the end of the driveway.	S5205		

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S5205	Continued From page 4 Review of the undated "Simplified Care Plan" provided by CMA C revealed R1 required total care for her daily routine with maximum assistance and she used a mechanical lift to sit in her chair when she felt up to it. It included staff to check, change, and reposition R1 every two hours. Review of the "Hospice Note" dated 04/30/24 revealed the resident was mostly bedbound and was unable to reposition herself due to weakness. The resident was incontinent of bladder and bowel and voiced concerns of being left in bowel movement yesterday. The hospice nurse communicated with staff concerns and resident's skin breakdown. Review of the facility provided schedules and timecards for March 30th and 31st, April, May, and June 2024, lacked documentation the facility scheduled two qualified staff for greater than 5 hours each day. The records further showed 93 days the facility lacked two qualified staff in the home for greater than 5 hours each day, even though R1 required two staff assistance for transfers and two staff assistance to evacuate the facility in the event of an emergency. Observation on 07/01/24 at 04:46 AM R1 lay in bariatric bed with a low air loss mattress. With the bed in the lowest position from the mattress to the floor measured 27 to 30 inches depending on where the measurement was taken. Interview on 07/01/24 at approximately 02:11 PM with Administrative Staff/ Certified Nurse Aide B, confirmed the facility stopped staffing two people in the facility on 03/29/24. She further confirmed training was provided to staff on the "Carpet Sled" but a simulation of taking a person off a bed and	S5205		

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S5205	Continued From page 5	S5205		

onto the floor using the sled device was not performed. She further confirmed the facility document provided, titled "Med Sled" was not the device the facility had for demonstration and use. During the same discussion, Administrative Staff E acknowledged that the "Carpet Sled" in R1's room was a "snow sled".

Review of education provided to staff on how to pull R1 using the plastic "carpet sled" revealed the demonstration included an employee who weighed 270 pounds, because she was "similar weight" to R1.

An interview on 07/01/24 at 08:05 AM with Administrative Nurse G reported the operator has documented that one person could turn and change R1 and stated the facility in-serviced the staff on how to evacuate R1 in an emergency. Staff were instructed to roll R1 out of bed onto the sled (a piece of plastic that slides across the floor) and then drag R1 out of the building to the designated safe area.

An interview on 07/02/24 at 07:17 AM with Administrative Nurse G reported the resident used to have a bed that was lower to the floor, but she now has a new bed. Administrative Nurse G stated she questions one staff's ability to get R1 out of the bed and onto the slide safely.

A confidential interview with certified staff during the survey process reported they do not get R1 out of bed anymore like they used to because she has a lot of pain.

A confidential interview with certified staff during the survey process reported there is only one staff in the facility typically between 08:00 PM and 07:00 AM and sometimes in the afternoon there

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S5205	Continued From page 6 is only one person in the facility. A confidential interview with certified staff during the survey process reported R1's condition has declined over the past few weeks, and R1 is no longer able to help at all when checking and changing her for incontinence. Certified staff reported the operator had an in-service downstairs and rolled one of the staff onto a sled. Staff were supposed to get the resident out of bed and onto the sled and then drag her out of the facility to the end of the driveway. The staff member stated the facility did not show staff how they were supposed to get R1 out of the bed and onto the sled . The staff member reported if she absolutely had to get the resident out of the bed because of an emergency she could but would potentially cause bruising or hurt the resident or herself while trying to do so. A confidential interview with certified staff during the survey process reported R1 could not help with any of her cares and staff were to do everything for her. She stated the staff used the mechanical lift to get R1 out of bed and into the wheelchair. If staff could not use the mechanical lift, they would need a lot of staff in the room to be able to get her out of bed and onto the sled. The certified staff member reported they would have to call 911 to get her out of bed if they were the only staff member present in the building. A confidential interview with certified staff during the survey process reported if there was an emergency and she was the only staff in the facility, she would have to contact Administrative Staff B to find out how to get R1 out of the facility. On 07/01/24 at 06:38 AM Surveyors informed CMA D the facility was in immediate jeopardy	S5205		

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S5205	Continued From page 7 because R1 required assistance of two staff for transfers and there was only one person in the facility during night shift and a portion of evening shift. On 07/01/24 at 09:13 AM Administrative Staff B called Operator A and told her the facility was in immediate jeopardy related to R1 for not having two qualified staff in the facility to transfer R1 to a safe location in case of an emergency. Communication on 07/01/24 at 09:42 AM via email Operator A confirmed she was informed the facility was in immediate jeopardy related to insufficient staff for evacuation of dependent residents in case of an emergency. Communication on 07/01/24 at 10:42 AM regarding the "fire sled" via email, Operator A reported she spoke with a few other operators asking suggestions on evacuating residents who required care similar to R1. Operator A also reported she talked to a local fireman about using a sled for transferring R1 in case of an emergency by staff sliding R1 off of the bed and pulling her out to a designated safe area. Operator A reported the fireman stated as long as it held her weight and staff could pull her out, he thought it sounded ok. Review of the facility policy "Emergency/Natural Disaster" dated 02/02/23 revealed, in the event of an emergency or natural disaster staff would ensure the safety of all residents by providing appropriate care and assisting residents to the evacuation location as applicable. The operator failed to ensure the provision of a sufficient number of qualified staff members to	S5205		

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S5205	Continued From page 8 take R1 to a designated safe location in an emergency or disaster situation. The facility provided one staff routinely on night shift and on different shifts periodically, even after receiving the same citation regarding insufficient staffing for R1 on 02/28/23 (ID -J4C511). Administrative Staff B in conjunction with Operator A provided an abatement plan on 07/01/24 which was accepted at 03:44 PM. The approved abatement plan included a schedule of staff who would cover the next three days to ensure two staff were present in the facility 24/7 with the provision the facility would send the department their full schedule for July 2024 by 07/02/24. The abatement plan identified the facility would always have two qualified staff in the facility, and during the third shift the second person would be a "sleeper" effective 07/01/24.	S5205		