| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B078029 | A. BUILDING: _____ B. WING _____ | 07/30/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HAVEN HOUSE | 410 NORTH RENO AVENUE HAVEN, KS 67543 |

| (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<br><br>The following citations represent the findings of a Re-Licensure Survey for the above named Home Plus facility conducted on 07/29/24 and 07/30/24. | S 000 | | |
| S5161 SS=F | 26-42-204 (d) Health Care Services<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-204 (d)<br><br>The facility reported a census of eight resident (R)s. The sample included three residents. Based on interview for all residents, and record review, the operator failed to ensure all residents, including three (R3, R4, R5) of three sampled residents "Negotiated Service Agreements" included the name of the licensed nurse responsible for the implementation and supervision of the "Health Care Service Plan".<br><br>Findings included:<br><br>- Review of R3's medical record revealed he moved into the facility on 03/01/22 with diagnoses of dementia and left below the knee amputee. .<br><br>R3's "Functional Capacity Screen" dated 03/12/24 revealed he needed physical assistance with all activities of daily living and was at risk for falls. | S5161 | | |

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 |
|---|---|---|---|
| | B078029 | A. BUILDING: _____ B. WING _____ | 07/30/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HAVEN HOUSE | 410 NORTH RENO AVENUE HAVEN, KS 67543 |

| (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 |
|---|---|---|---|---|
| S5161 | Continued From page 1 | S5161 | | |

Review of R3's "Negotiated Service Agreement" (NSA) dated 03/12/24 included a line "Name of licensed nurse responsible for implementation and supervision of nursing plan" with a place to put the nurse's name. The space was blank.

- Review of R4's medical record revealed she moved into the facility on 08/21/23 with a diagnosis of diabetes type II.

R4's "Functional capacity Screen" dated 04/30/24 revealed she needed physical assistance with bathing, dressing and management of medications.

Review of R4's "Negotiated Service Agreement" (NSA) included a line "Name of licensed nurse responsible for implementation and supervision of nursing plan" with a place to put the nurse's name. The space was blank.

- Review of R5's medical record revealed she moved into the facility on 06/05/24 with diagnoses of hypertension and depression.

R5's "Functional Capacity Screen" revealed dated 05/30/24 revealed she needed physical assistance with bathing and dressing and with management of medications.

R5's "Negotiated Service Plan" (NSA) dated 06/05/24 included a line "Name of licensed nurse responsible for implementation and supervision of nursing plan" with a place to put the nurse's name. The space was blank.

Interview on 07/29/24 at 02:12 PM for all residents in the facility, Operator/Licensed Nurse A reviewed the NSA and acknowledged the NSAs did not have a place that identified the facility

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B078029 | A. BUILDING: _____ B. WING _____ | 07/30/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HAVEN HOUSE | 410 NORTH RENO AVENUE HAVEN, KS 67543 |

| (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 |
|---|---|---|---|---|
| S5161 | Continued From page 2<br>nurse responsible for implementing and supervision of the service plan.<br><br>The operator/Licensed Nurse A failed to ensure each resident's NSA included the named of the facility nurse responsible for the implementation ad supervision of the health service plan. | S5161 | | |
| S5251 SS=D | 26-42-105 (f) (11) Resident Records Documentation of Incidents<br><br>(f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-105(f)(11)<br><br>The facility reported a census of eight residents(R). The sample included three residents. Based on interview and record review the operator failed to ensure the medical record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date and time, action taken, and results of the action for one (R4) of three sampled residents.<br><br>Findings included:<br><br>- R4's medical record revealed she moved into the facility on 08/21/23 with diagnosis of diabetes type II.<br><br>R4's "Functional Capacity Screen" (FCS) dated | S5251 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B078029 | A. BUILDING: _____ B. WING _____ | 07/30/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HAVEN HOUSE | 410 NORTH RENO AVENUE HAVEN, KS 67543 |

| (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 3 | S5251 | | |

04/30/24 identified she needed physical assistance with bathing, dressing and management of her medications and medical treatments. The FCS also identified R4 had slight impaired cognition.

R4's "Negotiated Service Agreement' (NSA) dated 04/30/24 identified certified and licensed staff provided R4 assistance with bathing, dressing, and administered medications. It also identified the Certified Medication Aide dialed R4's insulin pen to ordered dosage and the resident self-injected her insulin. It identified staff provided reminders and cues related to her dementia.
Review of R4's "Observation" notes revealed the following:
09/01/23 - resident having increased "behaviors" and new orders for Buspar (antianxiety) and Lorazepam (Antianxiety) obtained.
The record lacked documentation regarding signs or symptoms, or non-drug interventions used prior to starting Buspar and Lorazepam for anxiety. The record also failed to include if the medications helped to improve behaviors.
09/07/23 - increase Lantus insulin and start Vraylar (antipsychotic) for depression and Tylenol twice a day for pain.
The record lacked documentation of signs/symptoms which indicated the need to initiate Vraylar for depression.
09/12/23 - discontinue Vraylar and start Abilify (antipsychotic).
The record continued to lack documentation of signs and symptoms related to need for an antipsychotic medication.
10/18/23- new order to start Remeron (antidepressant).
The record lacked documentation of signs and symptoms of continued depression.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B078029 | A. BUILDING: _____ B. WING _____ | 07/30/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HAVEN HOUSE | 410 NORTH RENO AVENUE HAVEN, KS 67543 |

| (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 4<br><br>11/29/23 - New order to increase Abilify.<br>The record lacked signs and symptoms of need to increase Abilify.<br>01/04/24 - New order for Bupropion (antidepressant) and continue all current medications.<br>The record continued to lack documentation of signs and symptoms related to R4's need for antipsychotic and antidepressant medications.<br>03/06/24 - Decrease Remeron (antidepressant) in the evening.<br>03/13/24 - Received injections from Nurse Partitioner for back pain.<br>The record lacked documentation if the injections helped with her pain or not.<br><br>Interview on 07/30/24 at 08:15 AM<br>Operator/Licensed Nurse A reported she expected staff to document any changes in status, follow-up on falls, follow- up on antibiotics and any major events. They notify the nurse of any concerns and the nurse then follows up in the notes after assessing the resident. R4's notes included changes in medications that included antipsychotic, antidepressant, and pain medications to which Operator/Licensed Nurse A acknowledged understanding the record should have included documentation on her symptoms/behaviors and follow-up after medications were initiated.<br><br>The operator failed to ensure R4's medical record contained documentation related to signs and symptoms that would require starting antipsychotic, antianxiety, and antidepressant medications as well as results of medications being initiated. | S5251 | | |