STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075009	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME OF THE FLINT HILLS 2	11761 LEGACY PLACE SAINT GEORGE, KS 66535

(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 represents the findings of a resurvey with attached complaint #184138, 184038, and 171095 at the above named home plus facility conducted on 08/14/24 and 08/15/24.	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 15 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, R2, and R3 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 07/30/24 with a diagnosis of memory loss. The 07/30/24 FCS identified R1 was sometimes understandable and sometimes understood others during communication. The 07/30/24 NSA failed to describe the services he received for his difficulty with communication. - Record review for R2 revealed an admission date of 06/27/24 with a diagnosis of senile degenerations of the brain. The 06/26/24 FCS identified R2 had difficulty with short-term memory, long-term memory, memory/recall, decision-making cognitive difficulties, was sometimes understandable with communication, rarely understanded others and was identified with impaired decision-making. The 06/27/24 NSA failed to describe the services R2 received for cognitive difficulties, communication and impaired decision making. - Record review for R3 revealed an admission date of 03/17/20 with a diagnosis of dementia. The 07/02/24 FCS identified R3 was identified as a risk for falls and had impaired vision. The 07/02/24 NSA failed to describe the services he received for prevention of falls and his impaired vision. On 08/15/24 at approximately 11:11 AM Administrative Nurse B confirmed R1, R2, and R3's NSA failed to describe the services provided based on their FCS.	S5105		

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S5105	Continued From page 2 The operator failed to ensure the NSA for R1, R2, and R3 described the services provided based on their FCS.	S5105		