STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087270	A. BUILDING: _____ B. WING _____	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LININGS SENIOR LIVING LLC	228 S CEDAR PO BOX 38 GODDARD, KS 67052

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S 000	INITIAL COMMENTS The following citations represent the findings of an Initial Licensure Survey for the above named Home Plus Facility conducted on 09/03/24 and 09/04/24.	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 seven residents(R). The sample included three residents. Based on observation, interview, and record review for two (R3, and R4) of three sampled residents, the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and the resident's service needs that included a description of the services	S5105		

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
	B087270	A. BUILDING: _____ B. WING _____	09/04/2024

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S5105	Continued From page 1	S5105		

the resident would receive.

Findings included:

- R3's medical record revealed she moved into the facility on 12/01/23 with diagnosis of Parkinson's disease.

On 09/03/24 at 09:44 AM Administrative Nurse B reported the "Functional Capacity Screen", Negotiated Service Agreement", and the "Health Care Service Plan" (FCS/NSA/HCSP) are all one document.

R3's FCS/NSA/HCSP dated 05/08/24 revealed she needed physical assistance or was unable to participate in activities of daily living. It revealed R3 had a current problem/risk for falls/unsteadiness and directed to "See fall risk assessment" for services related to falls and that she had no glasses. The NSA section of the document failed to identify services related to falls and impaired vision.

Observation 09/03/24 at 11:59 AM Administrative Nurse/Operator A stood in front of R3, held onto the gait belt and had R3 scoot and lean forward. As R3 did this Administrative Nurse/Operator A and then assisted R3 to stand. The resident moved her feet very small steps and then moved them backwards to sit on the wheelchair.

Interview on 09/09/24 at 09:26 AM Certified Nurse Aide (CNA) C reported R3 was at risk for falls so we encourage her to keep her feet up when she is in the recliner and we always use a gai belt when we transfer her.

On 09/04/24 at 09:36 AM Administrative Nurse B reported they do the assessment and meet with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087270	A. BUILDING: _____ B. WING _____	09/04/2024

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S5105	Continued From page 2	S5105		

the resident and family to complete the FCS/NSA/HCSP. After reviewing the FCS/NSA/HCSP, Administrative Nurse B acknowledged she had not identified services related to falls or impaired vision for R3.

The operator failed to ensure designated staff included services related to falls and impaired vision to ensure R3's needs were met.

- R4's medical record revealed he moved into the facility on 12/15/23 with diagnosis of dementia and diabetes mellitus.

On 09/03/24 at 09:44 AM Administrative Nurse B reported the "Functional Capacity Screen", Negotiated Service Agreement", and the "Health Care Service Plan" (FCS/NSA/HCSP) are all one document.

R4's FCS/NSA/HCSP dated 02/21/24 identified he needed physical assistance with management of medications, had impaired cognition, risk for falls/unsteadiness, and had impaired vision. The NSA section of the document failed to identify Certified Medication Aides prepared and dialed R4's insulin to the ordered dosage and the resident self-injected it, did not identify services related to cognition, falls, or his impaired vision.

Observation on 09/03/24 at 10:59 AM R4 raised his lift chair and Licensed Nurse D put his walker in front of him, got beside him and helped lift using the gait belt, and then walked with him to the restroom holding onto the gait belt.

Observation on 09/03/24 at 12:16 PM Certified Medication Aide (CMA) E prepared R4's Lispro insulin according to sliding scale directions. She primed the pen with two units and then dialed it to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087270	A. BUILDING: _____ B. WING _____	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5105	Continued From page 3 two units. CMA E then explained to R4 it was time for his insulin and he raised his shirt, CMA E wiped his skin with alcohol pad and then handed R4 the insulin pen and he poked himself and then pushed the plunger, injecting the two units. Interview on 09/03/24 at 11:01 AM Licensed Nurse D reported staff needed to use a gait belt and walk with him using a front wheeled walker because he ca be unsteady at times. Interview on 09/04/24 at 09:20 AM Administrative Nurse B acknowledged R4's FCS/NSA/HCSP did not include services related to falls, impaired cognition, impaired vision, and did not specify that the CMA dialed his insulin and he self-injected it. The operator failed to ensure R4's FCS/NSA/HCSP included services to be provided related to fall risk, impaired vision, cognition, and specifics to insulin administration.	S5105		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.	S5116		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087270	A. BUILDING: _____ B. WING _____	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5116	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2) The facility reported a census of seven residents (R). The sample included three residents. Based on observation, interview and record review, the operator failed to ensure the review and if necessary, the revision of the Negotiated Service Agreement for one(R4) of three sampled residents when the resident had a significant change in condition, as defined in KAR 26-39-100. Findings Included: -- R4's medical record revealed he moved into the facility on 12/15/23 with diagnosis of dementia and diabetes mellitus. On 09/03/24 at 09:44 AM Administrative Nurse B reported the "Functional Capacity Screen", Negotiated Service Agreement", and the "Health Care Service Plan" (FCS/NSA/HCSP) are all one document. R4's FCS/NSA/HCSP dated 02/21/24 identified he needed physical assistance with completing a pivot transfer using a gait belt. He required physical assistance with mobility and was unable to walk and received Home Health Services from a local Home Health company. Observation on 09/03/24 at 10:59 AM R4 raised his lift chair and Licensed Nurse D put his walker in front of him, got beside him and helped lift using the gait belt, and then walked with him to the restroom holding onto the gait belt.	S5116		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087270	A. BUILDING: _____ B. WING _____	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LININGS SENIOR LIVING LLC	228 S CEDAR PO BOX 38 GODDARD, KS 67052

(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
S5116	Continued From page 5 Interview on 09/03/24 at 11:01 AM Licensed Nurse D reported staff needed to use a gait belt and walk with him using a front wheeled walker because he ca be unsteady at times. Interview on 09/04/24 at 08:56 AM Administrative Nurse B reviewed R4's FCS/NSA/HCSP and acknowledged she should have completed an addendum or new FCS/NSA/HCSP after he finished therapy and started walking with assist of staff. The operator failed to ensure designated staff reviewed and revised R4's FCS/NSA/HCSP when he stopped physical therapy services and had an improvement in his ability to walk using a front wheeled walker.	S5116		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S5215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087270	A. BUILDING: _____ B. WING _____	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LININGS SENIOR LIVING LLC	228 S CEDAR PO BOX 38 GODDARD, KS 67052

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S5215	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (d)(3) The facility reported a census of seven residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan (EMP) with all residents and all staff. Findings included: - On 09/03/24 at 09:55 AM Administrative Nurse B reported she reviewed the emergency management plan with residents upon admission but did not realize until recently that it needed to be reviewed quarterly as well. She provided signature pages and the EMP dated 07/01/24 as when they started doing the quarterly reviews for the residents. On 09/03/24 at 09:56 AM Administrative Nurse B acknowledged they had not completed the quarterly reviews with residents according to regulations. - On 09/03/24 at 09:57 PM Administrative Nurse B reported either she or Administrative Nurse/operator A reviewed the emergency management plan with staff upon hire and talk about it at different staff meetings. Review of the information from the "Education Book" provided by Administrative Nurse B revealed the EMP had been reviewed on 01/29/24, 08/07/24 and 08/29/24. Administrative Nurse B was unable to provide evidence of reviewing the EMP with employees the second	S5215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087270	A. BUILDING: _____ B. WING _____	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LININGS SENIOR LIVING LLC	228 S CEDAR PO BOX 38 GODDARD, KS 67052

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S5215	Continued From page 7 quarter of 2024. Interview on 09/03/24 at 10:00 AM, Administrative Nurse B acknowledged they did not have record of staff EMP review the second quarter of 2024. The operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the emergency management plan with all residents and staff.	S5215		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (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. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of seven 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 three (R3, R4, and R5) of three sampled residents. Findings included: On 09/03/24 at 09:44 AM Administrative Nurse B reported the "Functional Capacity Screen",	S5251		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087270	A. BUILDING: _____ B. WING _____	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LININGS SENIOR LIVING LLC	228 S CEDAR PO BOX 38 GODDARD, KS 67052

(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 8	S5251		

Negotiated Service Agreement", and the "Health Care Service Plan" (FCS/NSA/HCSP) are all one document.

- R3's medical record revealed she moved into the facility on 12/01/23 with diagnosis of Parkinson's disease.

R3's FCS/NSA/HCSP dated 05/08/24 identified she required physical assistance with activities of daily living or was unable to participate in completion of the task. She was unable to manage her medications/ medical treatments and had impaired cognition.

Review of R3's electronic E-Notes" included the following documentation:
01/21/24 the resident observed by staff leaning to the left and not responding to staff. Facility staff called 911 and R3 went to a local hospital and returned on 01/23/24. The record lacked follow up as to resident's status upon return from the hospital.
02/03/24 R3 had another unresponsive episode to which R3 gradually became responsive. The record lacked follow-up after the unresponsive episode.
02/21/24 identified R3 felt a lot better after her COVID episode. The record lacked documentation of R3 having testing or that she was COVID positive and/or symptoms related to COVID.
03/09/24 - R3 had a fall in the bathroom with bruising to her buttock. The record lacked follow up for any possible post fall injuries.

R3's E-Notes included documentation from 05/14/24 through 06/23/24 of the resident having a cough, complaining of chest congestion but the record lacked documentation of physician

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087270	A. BUILDING: _____ B. WING _____	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5251	Continued From page 9	S5251		

notification, if new orders were received and the results of such orders.

Interview on 09/04/24 at 09:34 AM Administrative Nurse B reported documentation should included anytime there are changes in care, new orders, and something different like a fall we need to document it. Administrative Nurse B acknowledged she had not documented follow-up concerns or changes in medications.

The operator failed to ensure designated staff documented follow up after R3 had unresponsive episodes, falls, and medication changes.

- R4's medical record revealed he moved into the facility on 12/15/23 with diagnoses of dementia and diabetes mellitus.

On 09/03/24 at 09:44 AM Administrative Nurse B reported the "Functional Capacity Screen", Negotiated Service Agreement", and the "Health Care Service Plan" (FCS/NSA/HCSP) are all one document.

R4's FCS/NSA/HCSP dated 02/21/24 identified he needed physical assistance with activities of daily living (ADL) except for eating which included directions for staff to provide assistance with ADLs. He also needed physical assistance with management of medications and medical treatments which qualified staff administered. R4 had impaired cognition and was also at risk for falls.

Review of R4's "E-Notes" included the following documentation:
12/28/23 R4 had increased confusion, elevated blood sugar and heart rate as well as blood pressure. Facility Nurse contacted 911 and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087270	A. BUILDING: _____ B. WING _____	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LININGS SENIOR LIVING LLC	228 S CEDAR PO BOX 38 GODDARD, KS 67052

(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 10	S5251		

resident went to local hospital and returned on 01/01/24. The documentation on 01/01/24 identified the resident was placed in isolation due to testing positive for COVID. The record lacked documentation of resident status post hospitalization, confusion, heart rate and blood pressures or any symptoms/treatment related to COVID.
01/15/24 resident had a "catatonic episode" while in the bathroom, 911 was contacted and resident was sent to hospital.
02/21/24 resident returned from rehab facility and had three unstageable wounds on his right foot. Right inner ankle: 1 inch x 0.5 centimeters black scab, Top of Right outer foot: Stage 1 pressure sore, and the inside of left foot: Unstageable pressure sore with black eschar.
The record lacked any additional documentation of R4's wounds, or follow up as to possible cause of catatonic episode and monitoring post episode.

On 09/04/24 at 09:20 AM Administrative Nurse B reported that she documented initially on the wounds and the Home Health then was to document on them at their visits. Administrative Nurse B also acknowledged the record lacked follow up when R4 had changes in his condition.

The operator failed to ensure designated staff documented R4's wounds, COVID, and status post fall.

- Review of R5's medical record revealed she moved into the facility on 08/06/24 with diagnoses of interstitial lung disease and heart failure.

On 09/03/24 at 09:44 AM Administrative Nurse B reported the "Functional Capacity Screen", Negotiated Service Agreement", and the "Health Care Service Plan" (FCS/NSA/HCSP) are all one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087270	A. BUILDING: _____ B. WING _____	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LININGS SENIOR LIVING LLC	228 S CEDAR PO BOX 38 GODDARD, KS 67052

(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 11	S5251		

document.

R5's FCS/NSA/HCSP dated 08/06/24 identified R5 needed physical assistance with activities of daily living (ADLs) except for eating. She was unable to manage her medications and was at risk for falls. The FCS/NSA/HCSP included directions for staff on assisting her to ensreu her needs were met and services to be provided.

R5's record included the following physicians orders:
08/15/24 discontinue OxyContin ER (a narcotic pain medication) and increase furosemide (diuretic) to 80 milligrams for five days for increase in cough and crackles.
08/26/24 - decrease senna plus from two tablets twice a day to one tablet twice a day due to diarrhea.

Review of R5's E-Log notes included documentation on 08/09/24 of 1000 cc (cubic centimeters) output from catheter and then on 08/10/24 that resident was using the restroom and no catheter.

Review of R5's "E-Notes" lacked documentation of the resident having her catheter removed and follow up to ensure she did not have urinary retention. It also lacked documentation of R5 getting new orders to discontinue her OxyContin and increase her furosemide or follow up for any adverse effects of not getting the pain medication or results of increasing her diuretic as to her cough and crackles in her lungs. The record also lacked documentation of R5 having diarrhea and the need to decrease senna plus and the results of decreasing the medication.
08/11/24 the resident had a fall with a skin tear to right elbow. The record lacked follow up on R5's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087270	A. BUILDING: _____ B. WING _____	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LININGS SENIOR LIVING LLC	228 S CEDAR PO BOX 38 GODDARD, KS 67052

(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 12 status post fall. 08/17/24 R5 complained of chest pain after walking to and from the restroom - The record lacked documentation what was done and follow up on R5's complaint of chest pain. Interview on 09/04/24 at 09:30 PM Administrative Nurse B acknowledged R5's record lacked documentation related to changes in medications and the results of the changes as well as follow up on falls and her complaint of chest pain. The operator failed to ensure R5's record included documentation of symptoms of diarrhea, new orders with significant changes in medications and follow up on those changes. It also lacked follow up on falls with skin tear and residents complaint of chest pain.	S5251		