STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087271	A. BUILDING: _____ B. WING _____	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE HOME PLUS LLC	742 W 50TH CT S WICHITA, KS 67217

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S 000	INITIAL COMMENTS The following represent the findings of the initial survey for the above named home plus conducted on 09/05/24.	S 000		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of two residents with both included in the sample. Based on interview and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) for Resident (R) 1 accurately reflected his functional capacity at the time of screening. Findings included: - Record review for R1 revealed an admission date of 07/18/24 with diagnoses of hemiplegia and type two diabetes mellitus. The 07/13/24 "FCS" identified R1 had short-term and long-term memory, memory/recall, and decision-making cognitive impairments scored at a total of "10." The 07/18/24 "Negotiated Service Agreement" (NSA) failed to describe the services provided for	S5095		

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

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S5095	Continued From page 1 cognition. On 09/05/24 at approximately 02:14 PM Administrative Staff A confirmed R1's "FCS" score for cognition was not accurate. The department's "Resident Functional Capacity Screen" form Section D. Cognition - Memory, Recall instructed "Record results from exam in manual." The department's updated 07/11/08 "Resident Functional Capacity Screen Manual" pages 12-14 included instructions to enter a "0" if there was no difficulty or a "1" if there was difficulty for each of four items in Section D. Cognition - Memory, Recall for a total no greater than four. On 09/05/24 at approximately 02:42 PM an "FCS" policy was requested which the facility failed to provide. The operator failed to ensure the "FCS" for R1 accurately reflected his functional capacity at the time of screening.	S5095		
S5105 SS=F	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	S5105		

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S5105	Continued From page 2 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 two residents with both included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSAs) for Residents (R) 1, and R2 described the services they received based on their "Functional Capacity Screens" (FCS). Findings included: - Record review for R1 revealed an admission date of 07/18/24 with diagnoses of hemiplegia and type two diabetes mellitus. The 07/13/24 "FCS" identified R1 required physical assistance for management of treatments; had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties; and was marked at risk for impaired vision. The 07/18/24 "NSA" failed to describe the services R1 received for management of treatments, cognitive difficulties, and impaired vision. - Record review for R2 revealed an admission date of 05/31/24 with a diagnosis of dementia.	S5105		

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S5105	Continued From page 3 The 07/11/24 "FCS" identified R1 required physical assistance for management of treatments; had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties; sometimes understood others during communication; and was marked at risk for impaired hearing and impaired decision-making. The 07/11/24 "NSA" failed to describe the services she received for management of treatments, cognitive difficulties, communication, impaired hearing, and impaired decision-making. On 09/05/24 at approximately 02:14 PM Administrative Staff A confirmed R1 and R2's "NSAs" lacked documentation of who was responsible for administration of select medications. On 06/18/24 at approximately 11:57 AM Administrative Nurse B confirmed R2, R1, and R3's "NSAs" failed to describe the services provided based on their "FCSs." On 09/05/24 at approximately 02:42 PM an "NSA" policy was requested which the facility failed to provide. The operator failed to ensure the "NSAs" for R1, and R2 described the services they received based on their "FCSs."	S5105		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care	S5230		

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S5230	Continued From page 4 equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of two residents. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for two out of five samples staff. Findings included: - Record review for Administrative Staff A revealed a hire date of 06/17/24. Administrative Staff A's record lacked evidence of documentation a TB symptom screening was completed within seven days of hire. Record review for Certified Medication Aide (CMA) E revealed a hire date of 08/28/24. CMA E's record lacked evidence of documentation a TB symptom screening was completed within seven days of hire.	S5230		

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S5230	Continued From page 5 On 09/05/24 at approximately 02:14 PM Administrative Staff A confirmed her and CMA E's records lacked evidence of documentation a TB symptom screening was completed within seven days of hire. On 09/05/24 at approximately 02:42 PM a TB policy was requested which the facility failed to provide. The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented each new employee shall have an TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within seven days of hire. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S5230		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas	S5258		

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S5258	Continued From page 6 nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1) The facility reported a census of two residents. Based on interview and record review the operator failed to ensure evidence of licensure or certification was completed for all five sampled staff upon hire. Findings included: - Record review for five employees revealed the following: Administrative Staff A's employee record revealed a hire date of 06/17/24. The employee record lacked evidence the registry was contacted to check licensure status. Certified Medication Aide (CMA) B's employee record revealed a hire date of 06/17/24. The employee record lacked evidence the registry was contacted to check certification status. Certified Nurse Aide (CNA) C's employee record revealed a hire date of 07/22/23. The employee record lacked evidence the registry was contacted to check certification status.	S5258		

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S5258	Continued From page 7 CMA D's employee record revealed a hire date of 07/22/24. The employee record lacked evidence the registry was contacted to check certification status. CMA E's employee record revealed a hire date of 08/28/24. The employee record lacked evidence the registry was contacted to check certification status. On 09/05/24 at approximately 02:14 PM Administrative Staff A confirmed staff records lacked evidence documentation that licensure or certification was completed for all five sampled staff upon hire. The facility's undated "Licensure of Nursing Personnel" policy documented at time of employment a copy of the employee's current license and registration was filed in the employee's record. Until license was verified, the employee would not perform any duties requiring licensure. The operator failed to ensure evidence of licensure or certification was completed for all five sampled staff and criminal background checks were completed for four certified sampled staff upon hire.	S5258		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this	S5286		

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S5286	Continued From page 8 service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of two residents with both included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 1's "Negotiated Service Agreements" (NSA) identified who was responsible for the administration select medications. Findings included: - Record review for R1 revealed an admission date of 07/18/24 with diagnoses of hemiplegia and type two diabetes mellitus. The 07/18/24 "Functional Capacity Screen" (FCS) identified R1 required supervision for management of medications. The 07/18/24 "NSA" identified facility staff provided supervision and management of medications, and R1 self-administered his medications. The 07/18/24 "NSA" failed to identify who was responsible for the administration of select medications including insulin which resident self-injected. On 09/05/24 at approximately 02:14 PM Administrative Staff A confirmed R1's "NSA"	S5286		

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S5286	Continued From page 9 lacked documentation of who was responsible for administration of select medications. On 09/05/24 at approximately 02:42 PM an "NSA" policy was requested which the facility failed to provide. The operator failed to ensure R1's "NSA" identified who was responsible for administration of select medications.	S5286		