STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087048	A. BUILDING: _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ESTATES WICHITA	10550 E 21ST STREET NORTH WICHITA, KS 67206

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints # 186341, 188027, 190191 and 190729 at the above named Assisted Living conducted on 10/29/24, 10/30/24 and 10/31/24.	S 000		
S 230 SS=D	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: 0230 KAR 26-39-102(b)(1) The facility reported a census of 54 residents. The sample included three residents and two abbreviated record reviews. Based on interview,	S 230		

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

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S 230	Continued From page 1 and record review the operator failed to ensure a copy of resident (R)103's advanced directive for resuscitation status was maintained in her medical record. Findings included: - R103 admitted to the facility on 11/29/21 with a diagnosis of Alzheimer's Disease. Review of R103's medical records revealed the records lacked documentation of a code status was on file in her medical records. Review of R103's medical records revealed a physician's order dated 01/25/22 for a "Do Not Resuscitate" (DNR) but the medical records did not contain an actual DNR signed by the resident or her durable power of attorney (DPOA). On 10/31/24 at 02:02 PM Licensed Nurse B stated there was an order for a DNR in R103's medical records but there was not an actual signed DNR. The operator failed to ensure a copy of R103's DRN was maintained in her medical record.	S 230		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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	S3085		

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S3085	Continued From page 2 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: 3085 KAR 26-41-202(a)(1) The facility reported a census of 54 residents with three residents included in the sample and two abbreviated record reviews. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)101 and R102 and failed to identify the payor for services provided by an outside provider for R101. Findings included: - R101's medical record revealed he moved into the facility on 12/12/23 with a diagnosis of Alzheimer's Disease. The 06/20/24 FCS identified R101 was independent with transfers. The 09/19/24 Addendum to the NSA revealed	S3085		

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S3085	Continued From page 3 R101 received services for physical therapy/occupational therapy but did not describe what particular services R101 received or who was responsible for payment of those services. On 10/31/24 at 01:17 PM Licensed Nurse (LN) C stated R101 received physical therapy services from a local home health provider due to having had a fall. The operator failed to ensure R101's NSA was fully developed to include all services received from an outside provider or who was responsible for payment of services received. - R102's medical record revealed she moved into the facility on 05/23/23 with diagnoses of overactive bladder and open wound of the left buttock. The 02/05/24 FCS identified R102 required physical assistance with medical treatments and was frequently incontinent of bladder. The 02/05/24 NSA did not address what services staff provided R102 concerning treatment of her wounds and did not address R102's frequent incontinence. On 10/31/24 at 01:48 PM Administrative Nurse B stated staff applied a protective cream to wounds three times a week but neither the NSA or the care plan specifically indicated what services staff provided R102 for treatment of wounds and what services were provided for incontinence issues. The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		

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S3186	Continued From page 4	S3186		
S3186 SS=D	26-41-205 (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 service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: 3186 KAR 26-41-205(b) The facility reported a census of 54 residents. The sample included three residents and two abbreviated record reviews. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101 identified the responsible person for administration and management of selected medications. Findings included: -R101's medical record revealed he moved into the facility on 12/12/23 with a diagnosis of Alzheimer's disease. The 06/20/24 Functional Capacity Screen	S3186		

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S3186	Continued From page 5 indicated R101 required physical assistance with the management of his medications. The 06/20/24 NSA documented staff administered R101's medications. The NSA did not identify that R101 self-administered saline nasal spray. Review of R101's medical records revealed a physician's order dated 04/01/24 for Saline Nasal Spray Solution 0.65 percent, one spray in both nostrils three times a day for dry nares. Unsupervised, self-administration. May keep at bedside. On 10/31/24 at 02:09 PM Licensed Nurse (LN) C stated the resident self-administered his saline nasal spray. LN C stated R101's NSA did not identify that R101 self-administered his own saline nasal spray. The operator failed to ensure the NSA identified who was responsible for administration and management of R101's saline nasal spray.	S3186		
S3310 SS=D	26-41-207 (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 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; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s	S3310		

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S3310	Continued From page 6 tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: 3310 KAR 26-41-207(c) The facility reported a census of 54 residents. Based on record review and interview the administrator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Resident (R)101 admitted to the facility on 12/12/23 with a diagnosis of Alzheimer's Disease. Review of medical records revealed R101 did not have a second step of a two-step TB skin test (TST) completed upon admission to the facility. On 10/31/24 at 10:23 AM Administrative Staff A stated that she was not able to locate a second step of the two-step TST for R101. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency ..." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult	S3310		

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S3310	Continued From page 7 care homes adopted by reference in K.A.R. 26-39-105.	S3310		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: 3320 KAR 28-39-254 (a) The facility reported a census of 54 residents. Based on observation, record review and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all	S3320		

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S3320	Continued From page 8 residents. Findings included: - An observation on 10/29/24 at approximately 03:25 PM the 400 Hall Mechanical Room had a keypad lock but was found unlocked. The room contained numerous one-gallon cans of paint, five-gallon containers of paint, a 24- ounce spray bottle of Eliminator Weed & Grass Killer, a one-quart bottle of Quikrete Concrete Bonding Adhesive and numerous other chemicals that contained a KEEP OUT OF REACH OF CHILDREN warning label. On 10/29/24 at approximately 03:25 PM Licensed Nurse B acknowledged the door to the mechanical room should be locked at all times. On 11/04/24 a policy concerning chemical storage was requested but none was provided. The operator failed to ensure staff kept chemicals locked for resident safety.	S3320		