STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087220	A. BUILDING: _____ B. WING _____	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ULTRA CARE HOME PLUS	11537 E. HARRY STREET WICHITA, KS 67207

(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 citations represent the findings of a resurvey with a complaint #189947 at the above named Home Plus conducted on 11/20/24 and 11/21/24.	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: 5105 26-42-202(a)(1) The facility reported a census of eight residents with three residents included in the sample. Based on observation, 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)103 and R104.	S5105		

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

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S5105	Continued From page 1 Findings included: - R103's medical record revealed she moved into the facility on 05/05/22 with a diagnosis of Type 2 diabetes mellitus. The 05/11/24 FCS identified R103 was unable to mobilize herself and utilized a wheelchair for mobility. The 05/11/24 NSA did not address what services staff provided R103 concerning mobility. The 05/11/24 Service Care Plan documented R103 used a wheelchair mostly for mobility and was independent with navigating her wheelchair. On 11/20/24 at 04:27 PM the resident was alert and oriented and sat in her wheelchair and watching television. On 11/21/24 at 09:43 PM Administrative Staff A stated R103 was mainly independent with mobility in her wheelchair but said there were times when staff helped push R103 in her wheelchair. Administrative Staff A acknowledged R103's NSA did not address what services staff provided for mobility. The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS. - R104's medical record revealed she moved into the facility on 07/31/24 with a diagnosis of vascular dementia. The 07/31/24 FCS identified R104 was unable to	S5105		

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S5105	Continued From page 2 mobilize herself and was marked for impaired vision. The 07/31/24 NSA did not address what services staff provided R104 concerning mobility and did not address R104's impaired vision. The 07/31/24 Service Care Plan documented R104 used a wheelchair mostly for mobility. On 11/20/24 at 02:15 PM R104 sat in her wheelchair looking out a window in the area between the kitchen and den. Staff assisted R104 with wheelchair mobility. On 11/21/24 at 09:49 AM Administrative Staff A acknowledged R104's NSA did not address what services staff provided the resident for mobility and did not address impaired vision. The operator failed to ensure R104's NSA was fully developed to include all items that triggered on the FCS.	S5105		