Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087146	A. BUILDING: _____ B. WING _____	11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RL HELEN	1377 N IROQUOIS ROAD WICHITA, KS 67203

(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 the licensure resurvey for the above named facility conducted on 11/25/24.	S 000		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S5315		

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

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S5315	Continued From page 1 This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205(h) The home reported a census of 7 residents. Based on observation and interview the Operator failed to ensure the Licensed Nurse or Certified Medication Aide stored all medications and biologicals securely and properly in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. Findings included: - Observation on 11/25/24 at approximately 09:20 AM of the bathroom on the southwest side of the home, in the southwest corner cabinets the first drawer freely opened and a spray bottle of "Dermal Wound Cleanser" from "Medline" laid in the drawer. Interview on 11/25/24 at approximately 04:00 PM with Operator A confirmed all medications and biologicals were to be secured. The Operator failed to ensure the Licensed Nurse or Certified Medication Aide stored all medications and biologicals securely and properly in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations.	S5315		
S5335 SS=E	28-39-437 Construction	S5335		

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S5335	Continued From page 2 (a) Each home-plus 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. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-437 (a) The home reported a census of 7 residents. Based on observation and interview the Operator failed to ensure the home was maintained to protect the health and safety of cognitively impaired residents by securing all chemicals. Findings included: - Review of the facility provided resident roster revealed the home had 7 residents all who were marked as having "Impaired Cognition". Observation on 11/25/24 at approximately 09:25 AM in the common area of the home, on the west wall was a set of cabinets. In the center of the cabinets a middle drawer freely opened and a bottle of Quartet dry erase board cleaner. On the back of the bottle was printed "Keep out of reach of children". Interview on 11/25/24 at approximately 04:00 PM with Operator A confirmed all chemicals were to be secured.	S5335		

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S5335	Continued From page 3 The Operator failed to ensure the home was maintained to protect the health and safety of cognitively impaired residents by securing all chemicals.	S5335		
S9999	Final Observations Kansas Statute 39-981. Authorized electronic monitoring; reasonable accommodations; notice; consent; use as evidence; prohibitions. (d) A resident, or such resident's guardian or legal representative, who wishes to conduct authorized electronic monitoring shall notify the adult care home on a form prescribed by the secretary for aging and disability services. (i) Each adult care home shall post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents. Scope and Severity of E. This requirement is not met as evidenced by: The home reported a census of 7 residents. The sample included 3 "Residents" (R). Based on observation and interviews for all residents, the facility failed to post a conspicuous notice at each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents. Findings included:	S9999		

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S9999	Continued From page 4	S9999		

- Record review for Resident (R)1 revealed and admission date of 08/14/24 with diagnoses of: cerebral
vascular accident, vascular dementia, delirium, hallucinations, cardio obstructive pulmonary disease, heart disease with failure, type two diabetes, major depressive disorder, atrial fibrillation, and hypertension.

Review of R1's "Functional Capacity Screen" (FCS) dated 10/08/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, and mobility. R1 required supervision with eating, and he lacked the ability to manage his own medications. R1 was incontinent, and had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. He was usually able to make himself understood and he usually understood others.

Review of R1's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) instructed facility staff to provide 2 staff assistance for bathing, one staff assistance for dressing, toileting, and 2 staff assistance with a mechanical lift for transfers. Qualified facility staff were to manage his medications and medial treatments. Under the section titled "Communication" in the "comments" section it was written" "Baby Monitor" and "Camera in room".

Observation on 11/25/24 at approximately 12:00 PM of R1's room revealed on the west side of the room was a nightstand and on the nightstand were two small electronic camera devices.

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S9999	Continued From page 5 Interview on 11/25/24 at approximately 04:00 PM with Operator A and Licensed Nurse B confirmed that one camera was a "live feed" to the facility staff "baby monitor" for R1's safety and security, and the second camera was a "live feed" to R1's wife. Operator A further confirmed all resident rooms lacked a posing stating the rooms of some residents may be monitored electronically. For all residents, the home failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.	S9999		