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	B087260	A. BUILDING: _____ B. WING _____	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE KOTTAGE #5	1678 N CHARLES 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 Re-Licensure Survey with complaint investigation 185644 for the above named Home Plus conducted on 12/04/24 and 12/05/24.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c)(2) The facility reported a census of eight residents(R). The sample included three residents and one focused record review. Based on observation, interview, and record review the operator failed to ensure designated staff completed a resident "Functional Capacity Screen" for one (R5) of three sampled residents following a significant change in condition as defined in KAR 26-39-100. Findings Included: - Review of R5's medical record revealed she moved into the facility on 06/17/24 with a diagnoses of atrial fibrillation, hypertensive heart disease.	S5085		

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

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S5085	Continued From page 1 R5's current "Functional Capacity Screen" (FCS) dated 06/17/24 revealed she needed physical assistance with bathing, dressing, toileting, and transfers, and supervision with walking/mobility and eating. It did not include she used a highback wheelchair for mobility. R5's 'Negotiated Service Agreement" included the following revisions: added wheelchair provided by Hospice, catheter placed and changed by Hospice, and discontinue walker and standby assistance for mobility and transfers, added requires assist of one staff for mobility and transfers. Interview on 12/05/24 at 11:13 AM Certified Nurse Aide (CNA) E reported R5 was more independent when she first moved in and could speak fluently in multiple languages. She initially used the walker and would transfer herself, but when she came back from the hospital, she needed assistance with everything. We now have cards that she can point to when she is wanting something or we are asking her questions, she needs two of us to help her transfer in and out of her wheelchair and needed more assistance with eating. Observation on 12/04/24 at 12:15 PM R5 sat in the high back wheelchair in the dining room table. Administrative CMA D sat beside R5 and helped her to eat her sandwich and meal. Observation on 12/05/24 at 11:47 AM CNA E and CNA F went into the front room to help R5 get up for lunch. CNA F put a gait belt around her and put her shoes on and then with staff on each side of her they lifted her up out of the recliner and transferred her into the high back wheelchair, put	S5085		

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S5085	Continued From page 2 the foot pedals on and then took her into the dining room. Interview on 12/05/24 at 04:17 PM Administrative Nurse B acknowledged R5 had a significant decline but did not realize she needed to complete a new FCS. The operator failed to ensure designated staff completed a FCS for R5 after she experienced a decline in status resulting in a significant change in condition as defined in KAR 26-39-100.	S5085		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (h) The facility reported a census of five residents (R). The sample included three residents. Based on interview and record review for one (R3) of three sampled residents the operator failed to ensure that everyone involved in the development/ revision of the "Negotiated Service Agreement" signed the agreement. Findings included: - Review of R5's medical record revealed she moved into the facility on 06/17/24 with a	S5126		

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S5126	Continued From page 3 diagnoses of atrial fibrillation, hypertensive heart disease. R5's current "Functional Capacity Screen" (FCS) dated 06/17/24 revealed she needed physical assistance with bathing, dressing, toileting, and transfers, and supervision with walking/mobility and eating. It did not include she used a high back wheelchair for mobility. R5's record included six revisions/addendum's to the "Negotiated Service Agreement" (NSA). Three of the revisions included catheter discontinued by Hospice on 11/09/24, Discontinued Hospice services with one company on 11/13/24 and started services with another company on 11/14/24. None of the three revisions/addendums were signed by R5's legal representative. Interview on 12/05/24 at 04:23 PM Administrative Nurse acknowledged R5's legal representative had not signed the addendums yet and they were waiting for her to sign them. The operator failed to ensure that everyone involved in the revision/addendum of R5's NSA signed the revisions.	S5126		
S5171 SS=D	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (i)	S5171		

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S5171	Continued From page 4 The facility reported a census of eight residents. The sample included three residents and one focused record review. Based on observation, interview, and record review the operator failed to ensure all health care services were provided to one (R6) of one focused resident by qualified staff in accordance with acceptable standards of practice related to certified staff and preparing/assisting R6 to self inject her insulin. Findings included: - Review of R6's medical record revealed she moved into the facility on 10/09/23 with diagnoses of diabetes mellitus type II. R6's "Functional Capacity Screen" dated 10/09/24 revealed the resident was unable to manage her medications or medical treatments. The resident also had impaired short-term memory and decision making ability. R6's "Negotiated Service Agreement" (NSA) dated 10/09/24 revealed qualified staff administered R6 her medications and dialed her insulin pen to the correct dosage and the resident would press the plunger. The NSA included the following specific instructions: 1. Staff will ensure resident will wash hands 2. Staff will prep skin with alcohol pad 3. Staff will ensure the pen needle is against the skin of the abdomen and stays in place for 5-10 seconds at the injection site. 4. Staff will pull the needle out of the skin, remove the needle from the pen and dispose of the needle in the sharps container. Observation on 12/04/24 at 12:23 PM Certified Medication Aide (CMA) C gathered the insulin	S5171		

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S5171	Continued From page 5 pen and took it to R6 for administration of insulin. CMA C had wiped an area on R6's abdomen with an alcohol pad, put the safety needle on the pen, dialed the pen to eight units, and then placed the pen up against R6's abdomen. While CMA C held the pen against R6's abdomen he told the resident to push down the plunger, which she did. CMA C then pulled the insulin pen out of R6's abdomen and disposed of the safety needle and put the insulin pen in the medication cart. Interview on 12/04/24 at 12:33 PM Administrative CMA D reported when the CMA's dial the insulin pens, they are just supposed to be dialing it and giving it to the resident to self inject. The operator failed to ensure CMA C followed standards of practice related to the preparation and assistance with a resident who self-injects their insulin.	S5171		
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 eight residents(R). The sample included three residents and one focused record review. Based	S5251		

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S5251	Continued From page 6	S5251		

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 two (R3 and R4) of three sampled residents.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 08/15/22 with a diagnosis of Alzheimer's dementia.

R3's "Functional Capacity screen dated 10/18/24 revealed she was unable to participate in toileting, transfers, and mobility and required physical assistance with bathing and dressing. She also had impaired cognition and hat risk for falls.

R3's "Negotiated Service Agreement" identified all services would be provided by qualified staff and staff would assist with activities of daily living and required assistance of two with transfers using a mechanical lift.

R3's care plan included information that she slid out of her wheelchair on 07/09/24 and one of the two wheelchair cushions was removed, and she slid out of the wheelchair again on 07/12/24 with no injuries noted.

Review of R3's nursing notes included the following documentation:
10/29/24 - increase Lasix (diuretic) and potassium due to extra fluid on resident's lower extremities.
07/09/24 - 9:14 pm - during a transfer resident started to slide out of sling as sling was too far up on resident and staff lowered resident to the floor,

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nurse notified.
07/9/24 - 8:45 am - Nurse assessed resident after sliding out of wheelchair this morning and no injuries identified.

Interview on 12/05/24 at 03:05 PM Administrative Nurse B reported she would have expected to have follow up documentation on Lasix and edema, and acknowledged staff failed to document in the nurses notes on a fall R3 had on 07/12/24.

The record lacked documentation of follow up related to edema and increasing Lasix, and documentation of a fall on 07/12/24 out of her wheelchair with follow up related to potential for residual injuries.

- Review of R4's medical record revealed he moved into the facility on 07/25/24 with diagnoses of lower back pain, diabetes and hypertension.

R4's "Functional Capacity Screen" (FCS) dated 10/30/24 identified he needed physical assistance of staff with activities of daily living and was unable to manage his medications.

R4's "Negotiated Service Agreement" (NSA) dated 10/30/24 qualified staff would assist R4 with activities of daily living and identified qualified staff would administer all medications and medical treatments.

Review of R4's nursing notes since 07/25/24 revealed the following documentation:
08/05/24 - complained of tailbone pain, Tylenol increased to scheduled at midnight
08/10/24 - complained of hip and back pain - was sent via Emergency Medical Services to local

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S5251	Continued From page 8	S5251		

hospital and was admitted for observations.
08/21/24 - monthly summary included resident had not returned from hospital yet.
09/01/24 - Complain of lower back pain - new order to start Voltaren gel
09/04/24 - has complained of headache and backpain since return - new order for tramadol for pain.
09/10/24 - resident would like Tramadol scheduled so he doesn't forget he has it - order changed.
09/13/24 - blood pressure running high more consistently - medical provider notified and new order for Lisinopril
09/17/24 - resident requested eye drops for dry eyes - and new order for Systane drops ordered.
10/30/24 -- skin breakdown and redness to coccyx has diminished significantly provider notified and discontinue bordered gauze and calmoseptine daily.
11/13/24 - New order for Pristiq (antidepressant) for depression

The documentation lacked follow up related to an additional dose of Tylenol for tailbone pain, documentation when resident returned from a Hospital stay, follow up when Voltaren gel was started or when Tramadol was changed from as needed to scheduled. Resident also started Lisinopril (antihypertensive) and Systane eye drops for dry eyes, and Pristiq, with no follow up as to results from those medications. The record also included discontinuation of a medical treatment related to skin breakdown and redness to coccyx discontinued, but the record lacked prior documentation of R4 having skin breakdown.

Interview on 12/05/24 at 03:34 PM Administrative Nurse B acknowledged the documentation in

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S5251	Continued From page 9 R4's record should have included follow up on the changes in medications and their results. The operator failed to ensure R4's record included complete documentation related to R4's medication changes and his return to the facility from the hospital.	S5251		
S5335 SS=E	28-39-437 Construction (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: KAR 28-39-437 (a) The facility reported a census of eight residents. Based on observation and interview the operator failed to ensure staff maintained chemicals in secured areas to maintain the safety of all residents and the public. Findings included: - During initial tour on 12/04/24 surveyor had the following observations of chemicals in areas that were not secured from confused residents or visitors: Observation on 12/04/24 at 10:00 AM in the south	S5335		

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S5335	Continued From page 10 communal bathroom was a bottle of Lysol disinfectant spray on the sink counter. The unlocked bathroom cabinet contained Clorox toilet bowel cleaner, two spray bottles of glass cleaner and one spray bottle of scrubbing bubbles bathroom cleaner. Observation on 12/4/24 at 1013 AM under the unlocked North bathroom sink was a bottle of bathroom grime fighter and a bottle of Clorox bleach toilet cleaner. All of the above chemicals had different type of warning labels regarding safety and to keep out of reach of children. Interview on 12/04/24 at 10:40 AM Administrative staff A acknowledged all chemicals were to be secured and the cabinets should have been locked. The operator failed to ensure staff kept chemicals safely secured to maintain safety for all residents and the public.	S5335		