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	B087272	A. BUILDING: _____ B. WING _____	12/18/2024

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BRANCHES SENIOR LIVING LLC	6222 BEACHY WICHITA, KS 67208

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S 000	INITIAL COMMENTS The following represent the findings of an initial certification survey for the above named Home Plus facility conducted on 12/17/24 and 12/18/24.	S 000		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of four residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure all required sections of the "Functional Capacity Screen" (FCS) for	S5080		

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

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S5080	Continued From page 1 resident (R)102 was completed. Findings included: - R102's medical record revealed she moved into the facility on 09/03/24 with a diagnosis of dementia. The 09/03/24 FCS did not have the "Instrumental Activities of Daily Living" section completed. On 12/18/24 at 11:40 AM Administrative Staff acknowledged that all sections of R102's FCS were not completed. The operator failed to ensure all required sections of R102's FCS was completed.	S5080		
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.	S5105		

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S5105	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1) The facility reported a census of four residents with three residents included in the sample. 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, R102 and R103. Findings included: - R101's medical record revealed she moved into the facility on 08/26/24 with a diagnosis of Alzheimer's Disease. The 08/26/24 FCS identified R101 required staff assistance with treatments and triggered for communication and decision making. The 08/26/24 NSA did not address R101's need for assist with treatments and did not address what services staff provided for impaired communication and decision making. On 12/18/24 at 11:13 AM Administrative Staff A acknowledged R101's NSA did not address all that triggered on the FCS. The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS.	S5105		

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S5105	Continued From page 3 - R102's medical record revealed she moved into the facility on 09/03/24 with a diagnosis of dementia. The 09/03/24 FCS identified R102 required physical with management of medications, treatments, had severely impaired cognition, impaired vision and impaired decision making. The 09/03/24 NSA did not address R102's need for assistance with medications, and treatments and did not address what services staff provided for impaired cognition, impaired vision and impaired decision making. On 12/18/24 at 11:40 AM Administrative Staff A acknowledged R101's NSA did not address all that triggered on the FCS. The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS. - R103's medical record revealed he moved into the facility on 11/30/24 with a diagnosis of Alzheimer's Disease. The 11/30/24 FCS identified R103 triggered for impaired vision and impaired decision making. The 11/30/24 NSA did not address what services staff provided R103 in regard to his impaired vision and impaired decision making. On 12/18/24 at 11:52 AM Administrative Staff A acknowledged R103's NSA did not address all that triggered on the FCS.	S5105		

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S5105	Continued From page 4 The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS.	S5105		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement 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; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2) The facility reported a census of four residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101 was reviewed and revised after she signed on for hospice care. Findings included:	S5116		

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S5116	Continued From page 5 - R101's medical record revealed she moved into the facility on 08/26/24 with a diagnosis of Alzheimer's Disease. The most current NSA available in R101's medical records was dated 08/26/24 with no documentation to show a revised NSA was completed since this date to indicate R101 was placed on hospice. On 03/27/24 at 01:09 PM "Certified Medication Aide" (CMA) B stated R103 had a fall about a month after being admitted to the facility and did not fully recover. R103 had a decline in condition and was put on hospice and now mobilized using a wheelchair. On 12/17/24 at 04:04 PM Administrative Staff B stated an addendum was not completed when R101 was admitted to hospice care on 08/30/24. The operator failed to ensure designated staff revised the NSA for R101 when she started services with hospice.	S5116		
S5161 SS=F	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d)	S5161		

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S5161	Continued From page 6 The facility reported a census of four residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for Resident (R)101, R102 and R103. Findings included: - R101's medical record revealed she resident moved into the facility on 08/26/24 with a diagnosis of Alzheimer's Disease. R101's most recent "Functional Capacity Screen" (FCS) was completed on 08/26/24 and revealed she required staff assistance with bathing, dressing, toileting, transfers, mobility, eating, management of medications and treatments, bladder incontinence and was severely impaired cognition and communication. R101's most recent NSA was completed on 08/26/24 and failed to identify the nurse responsible for the implementation and supervision of the health care service plan. On 12/18/24 at 11:13 AM Administrative Staff A acknowledged R101's NSA did not indicate who the licensed nurse responsible was. The operator failed to ensure the NSA identified who the licensed nurse responsible for the implementation and supervision of the health care services plan for R101.	S5161		

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S5161	Continued From page 7 - R102's medical record revealed he moved into the facility on 09/03/24 with a diagnosis of dementia. R102's most recent FCS was completed on 09/03/24 and revealed she required staff assistance with bathing, dressing, toileting, transfers, mobility, eating, management of medications and treatments, bladder incontinence, was severely impaired cognition and communication and was at risk for falls and impaired vision. R102's most recent NSA was completed on 09/03/24 and failed to identify the nurse responsible for the implementation and supervision of the health care service plan. On 12/18/24 at 11:40 AM Administrative Staff A acknowledged R101's NSA did not indicate who the licensed nurse responsible was. The operator failed to ensure the NSA identified who the licensed nurse responsible for the implementation and supervision of the health care services plan for R102. - R103's medical record revealed he moved into the facility on 11/30/24 with a diagnosis of Alzheimer's Disease. R103's most recent FCS was completed on 11/30/24 and revealed he required staff assistance with bathing, dressing, toileting, transfers, mobility, management of medications and treatments, bladder incontinence, was severely impaired cognition and was at risk for impaired cognition, was at risk for falls, impaired	S5161		

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S5161	Continued From page 8 vision, and impaired hearing. R103's most recent NSA was completed on 11/20/24 and failed to identify the nurse responsible for the implementation and supervision of the health care service plan. On 12/18/24 at 11:52 AM Administrative Staff A acknowledged R101's NSA did not indicate who the licensed nurse responsible was. The operator failed to ensure the NSA identified who the licensed nurse responsible for the implementation and supervision of the health care services plan for R103.	S5161		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced	S5192		

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S5192	Continued From page 9 by: KAR 26-42-206 (e) The facility had a census of four residents. All four residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature as evidenced by missing documentation on the food temperature logs. Findings included: - On 12/17/24 at approximately 12:00 PM an observation of the kitchen revealed there was missing documentation for food temperatures for the following days: 11/28/24, 11/29/24, 11/30/24, 12/01/24, 12/02/24, 12/08/24, and 12/09/24. According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or higher and cold foods must be maintained at an internal temperature of 41 F or below. The operator failed to ensure food items were served at the proper temperature.	S5192		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon	S5215		

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S5215	Continued From page 10 admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of four residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the "Emergency Management Plan" (EMP) with employees and residents. Findings included: - On 12/17/24 a request for documentation for quarterly EMP reviews with staff and residents was requested. No documentation was provided for the third quarter of 2024. On 12/17/24 at 01:30 PM Administrative Staff A stated she was not able to find any quarterly reviews of the EMP with staff and residents. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff.	S5215		

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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 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 four residents. Based on interview and record review for three residents and five new employee records, 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. Findings included: - Review of five newly hired staff records revealed the following: "Certified Nurse Aide" (CNA) C's employee record revealed a hire date of 07/01/24. The	S5230		

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S5230	Continued From page 12 operator failed to ensure a TB Symptom Screening Questionnaire and the second step of a two-step TST was completed. CNA D's employee record revealed a hire date of 07/15/24. The operator failed to ensure a TB Symptom Screening Questionnaire and the second step of a two-step TST was completed. Licensed Nurse E's employee record revealed a hire date of 10/28/24. The operator failed to ensure a TB Symptom Screening Questionnaire was completed. CNA F's employee record revealed a hire date of 06/24/24. The operator failed to ensure a TB Symptom Screening Questionnaire was completed. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of ...employment ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." 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 regarding newly hired employees. - Resident (R)101 moved into the facility on 08/26/24 with a diagnosis of Alzheimer's Disease.	S5230		

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S5230	Continued From page 13 Review of R101's medical record revealed she did not have a TB Symptom Screen Questionnaire completed, had the first step of the two-step administered late and did not have a second step completed. On 12/18/24 at 11:13 AM Administrative Staff A stated neither a TB Symptom Screening Questionnaire or the second step of the two-step "TB Skin Test" (TST) was completed for R101. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of residency ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105. - R102 moved into the facility on 09/03/24 with a diagnosis of dementia. Review of R102's medical record revealed she did not have a TB Symptom Screen Questionnaire completed. On 12/18/24 at 11:40 AM Administrative Staff A stated a TB Symptom Screening Questionnaire was not completed for R101. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new	S5230		

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S5230	Continued From page 14 resident ...shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of residency ..." The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105. - R103 moved into the facility on 11/30/24 with a diagnosis of Alzheimer's Disease. Review of R103's medical record revealed he did not have a TB Symptom Screen Questionnaire completed and the first step of the two-step TST was administered late on 12/09/24. On 12/18/24 at 11:52 AM Administrative Staff A stated a TB Symptom Screening Questionnaire was not completed for R102. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of residency ...Each new resident ...shall receive a two-step TST or an IGRA ...within 7 days of residency." The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105.	S5230		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication	S5313		

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S5313	Continued From page 15 (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of four residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over-the-counter medications (OTC). Findings included: - On 12/17/24 at 11:45 AM an observation of the medication cart revealed the following OTC medications not labeled with a resident's full name: Resident (R)101: One bottle of Spring Valley Melatonin 1 milligrams (mg.)	S5313		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087272	A. BUILDING: _____ B. WING _____	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANCHES SENIOR LIVING LLC	6222 BEACHY WICHITA, KS 67208

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S5313	Continued From page 16 One bottle of Spring Valley Melatonin 3 mg. R104: One bottle of Carlyle brand Melatonin 1 mg. Two bottles of Nature's Bounty Melatonin 3 mg One box of REMfresh Melatonin 2 mg. R105: One bottle of Walgreens Tussin DM Observation also revealed the following OTC medications labeled only as STOCK: Two bottles of Equate Pain Reliever 500 mg. One bottle of Walgreens Arthritis Pain Reliever One bottle of Walgreens Melatonin 5 mg. Two bottles of Equate Ibuprofen 200 mg. Three bottles of Major Milk of Magnesia One bottle of Imodium Two bottles of Good Neighbor Pharmacy ClearLax One bottle of MiraLAX On 12/17/24 at 11:50 AM Administrative Staff A acknowledged the presence of OTC medications not labeled with the full name of the resident as well as numerous medication containers identified as STOCK. The operator failed to ensure all OTC medications were labeled with the resident's full name.	S5313		