STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087194	A. BUILDING: _____ B. WING _____	01/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RL ROSIE	619 S MAIZE COURT WICHITA, KS 67209

(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 Re-Licensure Survey for the above named Home Plus Facility conducted on 01/09/25 and 01/13/25.	S 000		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of 11 residents(R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure designated staff completed one (R3) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability to participate in activities of daily living. Findings Included: - R3's medical record revealed he moved into the facility on 08/01/24 with a diagnoses of hemiplegia left side, dysphagia and type II diabetes. R3's "Functional Capacity Screen" (FCS) dated	S5095		

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

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S5095	Continued From page 1 07/31/24 identified he needed physical assistance with eating and could not participate in the task of walk/mobility. Review of physician's orders dated 12/09/24 directed staff to provide the following: 1. Jevity (a type of nutritional supplement) 1.2 Cal 8-ounce carton at lunch and dinner via peg-tube (the introduction of a nutrition through a surgically inserted tube into the stomach through the abdominal wall). 2. Jevity 1.2 cal continuous feed via peg-tube at 80 milliliters per hour from 07:00 PM to 07:00 am. Observation on 01/08/24 at 11:22 AM Certified Medication Aide (CMA) C prepared R3's medication to be administered via Peg-tube CMA C gathered water and crushed/dissolved the medication and proceeded to give R3 his medication via Peg -tube. Resident was up in his wheelchair in his room and when staff finished administering his medications, they pushed R3 to the dining room table via wheelchair. Interview on 01/08/24 at 02:22 PM CMA C reported R3 required total assistance with all of his cares. She reported staff had to feed him and he could eat a pureed diet and also get fed a protein drink through his peg-tube twice a day and during the night. Interview on 01/13/24 at 08:40 AM Licensed Nurse D reported she coded a "2" on eating because he needed staff to physically help him to eat, and a "3" on mobility because he did not walk and needed staff to push his wheelchair. After review of the FCS manual Licensed Nurse D acknowledged she should have coded his	S5095		

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S5095	Continued From page 2 feeding a "3' since he gets most of his nutrition through a peg-tube and his mobility a "2" because he is mobile via wheelchair with staff assistance. The operator failed to ensure designated staff completed R3's FCS accurately according to the FCS manual, to reflect his functional ability related to mobility and eating.	S5095		
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 by: KAR 26-42-206 (e) The facility reported a census of 11 residents. Based on record review and interview, the operator failed to ensure staff prepared food	S5192		

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S5192	Continued From page 3	S5192		

using safe methods and ensured staff served foods at the proper temperature for all residents in the facility.

- During initial tour on 01/08/25 at 09:53 AM, review of the food temperature logs revealed calendar for the month with the food to be prepared for each meal and foods that needed to be temped were in red.

November 2024 - All foods in red included a temperature on them - other foods that were in black that did not include a temperature included fried potatoes, tater tots, candied sweet potatoes, yogurt, mashed potatoes, gravy, green beans, vegetable soup, sauteed zucchini, rice, green bean casserole, cottage cheese, French toast, tomato soup, baked potato, chicken salad sandwich, vegetable soup, carrots and peas, Spanish rice, and potato salad.

December 2024 - food items in black without food temps included: - yogurt, mashed potatoes, mixed veggies, gravy, loaded baked potatoes, spinach, Mexican rice, cottage cheese, peas, broccoli, fried potatoes, carrots, sweet potato fries, included different types of cold salads, vegetable soup, refried beans, stuffing, broccoli/cheese, mac and cheese, chicken salad, tuna salad and scalloped potatoes.

January 2025 - foods items that did not include food temperatures included : fried potatoes, corn, tater tots, green beans, steamed cabbage, mac and cheese soup, peas, seasoned pasta, mashed potatoes, and gravy.

Interview on 01/08/25 at 02:34 PM Operator A

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S5192	Continued From page 4 reported facility staff are to check the temperature of any meat, eggs and record the temperature on the food temperature log. The food that is in red on the calendar is the food they are supposed to temp. Interview on 01/08/25 at 02:45 PM Administrative Nurse B reported they had been told staff did not have to check the temperature of cold foods if they are served directly from the refrigerator and served within 15 minutes. Review of the undated policy provieded on 01/13/25 by Operator A revealed the company would hold all potentially hazardous foods at proper temperatures. The operator failed to ensure staff checked the temperature of foods to ensure staff cooked it to the proper temperature as well as served the food at a proper temperature.	S5192		