STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087135	A. BUILDING: _____ B. WING _____	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLARK ROBIN	254 S ROBIN ROAD 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 citation represents the findings of a Re-Licensure Survey with complaint investigations 175319, 187005, 190026, 193075 for the above named Home Plus facility conducted on 02/10/25, 02/11/25, 02/13/25.	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 26-42-202(a) The facility reported a census of eight residents. The sample included three residents. Based on interview and record review the operator failed to ensure one (R4) of three residents had an initial	S5080		

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

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S5080	Continued From page 1 Negotiated Service Agreement" completed at admission. Findings included: - Review of R4's "Electronic Medical Record" (EMR) included an admission date of 11/23/22 with a diagnosis of Alzheimer's Dementia. R4's record included a "Functional Capacity Screen" (FCS) dated 11/04/23 and another one dated 09/13/23. R4's record also include a discharge summary dated 11/23/22 for R4 to be discharged to current facility. R4's record Failed to include a FCS completed on or before admission to facility. Interview on 01/11/25 at 12:32 PM Administrative Nurse B reported the company moved R4 into this home on 11/23/22. She also reported the FCS dated 11/04/22 was for the previous house, and acknowledged designated staff failed to complete a new FCS when R4 moved into the facility. Review of the undated "Functional Capacity Screening" policy revealed a FCS will be completed on admission. The operator failed to ensure designated staff completed the FCS for R4 on or before admission to the facility.	S5080		
S5115 SS=D	26-42-202 (c) Admission Negotiated Service Agreement	S5115		

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S5115	Continued From page 2 (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(c) The facility reported a census of eight residents. The sample included three residents.Based on interview and record review the operator failed to ensure one (R4) of three residents had an initial Negotiated Service Agreement" completed at admission. Findings included: - Review of R4's "Electronic Medical Record" (EMR) included an admission date of 11/23/22 with a diagnosis of Alzheimer's Dementia. R4's record included a "Functional Capacity Screen" (FCS) dated 11/04/23 and another one dated 09/13/23. R4 record also include a discharge summary dated 11/23/22 for R4 to be discharged to current facility. R4's record Failed to include a "Negotiated Service Agreement" (NSA) completed upon admission. Interview on 01/11/25 at 12:32 PM Administrative Nurse B reported the company moved R4 into this home on 11/23/22. She also reported the	S5115		

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S5115	Continued From page 3 NSA dated 11/04/22 was for the previous house, and acknowledged designated staff failed to complete a new NSA when R4 moved into the facility. Review of the undated "Negotiated Services Agreement" policy revealed the Negotiated Services Agreement will be completed upon admission. The operator failed to ensure designated staff completed the NSA for R4 upon admission to the facility.	S5115		
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: K.A.R 26-42-207(c) The facility reported a census of 8 residents (R).	S5230		

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S5230	Continued From page 4 The sample included three residents and five newly hired staff. Based on interview and record review for two (R4, R5) of three sampled residents and one of five newly hired employees revealed the operator failed to ensure the facility remained in compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of Certified Medication Aide C's (CMA) employee record revealed a hire date of 10/01/22. It included a TB symptom screen completed on 03/03/22 and another on 08/02/23. Her record also had a two-step TB skin test initiated on 03/03/22. On 02/11/24 at 09:42 AM via electronic interview Administrative Staff D reported the facility had CMA C's previous file and did not start the full KDADS process until 2023. The operator failed to ensure designated staff completed a TB symptom screen and a two-step TB skin test when CMA C was hired on 10/01/22. - Review of R4's "Electronic Medical Record" (EMR)revealed she moved into the facility on 11/23/22 with a diagnosis of Alzheimer's disease. R4's EMR failed to include a second TB skin test. - Review of R5's EMR revealed he moved into the facility on 11/23/22 with a diagnosis of major depressive disorder.	S5230		

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S5230	Continued From page 5 R5's EMR failed to include a second TB skin test. Interview on 02/11/25 at 12:20 PM for R4 and R5, Administrative Nurse C reported when R4 and R5 moved into this facility she did not realize since they were just moving from one house to the next they needed to have the two-step completed again. Review of the departments "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new resident shall have an initial TB symptom screen that included the components of the "Tuberculosis Symptom Screen Questionnaire" within seven days of residency and shall receive a two-step TB skin test within seven days of residency. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
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)	S5251		

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S5251	Continued From page 6 The facility reported a census of eight residents(R). The sample included three residents. Based 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 three (R3, R4, R5) of three sampled residents. Findings included: - R3's "Electronic Medical Record (EMR) revealed he moved into the facility on 01/17/25 with a diagnosis of vascular dementia. R3's "Functional Capacity screen dated 01/17/25 revealed he required physical assistance with bathing, toileting, dressing, and was unable to participate in the management of his medications and medical treatments. R3's "Negotiated Service Agreement" dated 01/17/25 identified all services would be provided by qualified staff including management of his medications. It identified resident had behaviors of yelling and putting himself on the ground. R3's "Health Care Service Plan" dated 01/17/25 revealed he is easily agitated, requires redirection and patience, and that the word "no" is a trigger. R3's EMR included the following medical providers orders: 01/17/25 Quetiapine (an antipsychotic) once a day in the evening for behaviors.	S5251		

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S5251	Continued From page 7 01/21/25 Pataday Once Daily Relief Extra Strength eye drops one drop each eye daily for redness. Review of R3's "Communication Notes" (nursing progress notes) revealed the following: 01/17/25 - R3 admitted with diagnosis of vascular dementia. The documentation did not include any history of behaviors. 01/22/25 - First shift staff notified nurse that during the night the resident had a fall. Provider and DPOA were notified. Full assessment completed no noted injuries. R3's record lacked any documentation as to the reason why the Pataday was initiated or what the results were once given. It also lacked follow up documentation post fall for any potential latent injuries. Interview on 02/11/25 at 10:36 AM Administrative Nurse A reported the nurses were the only ones who document in the resident record at this time. We do follow up documentation if there is any injury and update the care plan if it needed. Interview on 02/1325 at 09:12 AM Administrative Nurse B reported a communication note should be put in when we do anything for the resident, family communication, physician notifications, it needs to tell the whole story. The operator failed to ensure R3's record included documentation of what the symptoms of illness, incident, what was done, and the results of what was done. - Review of R4's "Electronic Medical Record"	S5251		

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(EMR) included an admission date of 11/23/22 with a diagnosis of Alzheimer's Dementia.

R4's "Functional Capacity Screen" dated 09/13/24 revealed she needed physical assistance with bathing, dressing and toileting and management of medications. She also had impaired cognition and a risk for falls.

R4's "Negotiated Service Agreement" dated 09/13/24 revealed qualified staff provded assistance with activities of daily living, management of medications, and had a risk for falls and unsteadiness. She also had socially inappropriate behaviors and impaired decision making ability.

R4's record included the following physicians' orders"
09/06/23 - Cephalexin (antibiotic) 500 mg TID x five days for Urinary Tract Infection (UTI).
10/27/23 - Lasix (diuretic) 20 mg daily for edema.
11/28/23 - Fluticasone propionate one spray in nostrils once a day for rhinitis.
01/16/24 - Miconazole topical two times a day as needed for yeast.
3/12/24 - Trazodone (antidepressant) 50mg daily at bedtime for insomnia -- Rexulti (antipsychotic)1 mg twice a day for dementia with psychosis and explosive disorder.
4/11/24 - Xyzal (antihistamine) 5 mg take one-half tablet delivery evening for allergic rhinitis.

R4's "Communication Notes" (nurse notes) revealed the following:
The record lacked documentation related to the resident starting an antibiotic on 09/06/23 and

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follow up if the symptoms of the UTI resolved.
The record lacked documentation related to the symptoms of needing to initiate Lasix on 10/27/23 and what the results from administering the Lasix.
The record lacked documentation of symptoms related to the resident starting Fluticasone on 11/28/23 and if was effective.
The record also lacked documentation of the resident's symptoms and results of treatment related to use of Miconazole (antifungal) for yeast.
The record lacked documentation of the resident's symptoms and results related to initiating Trazodone (antidepressant) for insomnia.
The record lacked documentation of symptoms and results of treatment related to the initiation of Xyzal (antihistamine).
The resident had a fall on 09/18/24 resulting in a bruise on her right forehead. The record lacked nurse follow up for any latent injuries post fall.

Interview on 02/11/25 at 10:36 AM Administrative Nurse A reported the nurses were the only ones who document in the resident record at this time. We do follow up documentation if there is any injury and update the care plan if it needed.

Interview on 02/1325 at 09:12 AM Administrative Nurse B reported a communication note should be put in when we do anything for the resident, family communication, physician notifications, it needs to tell the whole story.

The operator failed to ensure R4's record included documentation of what the symptoms of illness, incident, what was done, and the results

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S5251	Continued From page 10 of what was done. - R5's "Electronic Medical Record" EMR identified he moved into the facility on 11/23/22 with diagnosis of major depressive disorder. R5's "Functional Capacity Screen" dated 09/13/24 identified he needed physical assistance with bathing and was independent with all other activities of daily living including transfers and walking/mobility. He had a risk for falls and impaired cognition. Review of R5's "Communication Notes" revealed the following: 01/19/23 - on 01/18/23 while in the transportation van of local all inclusive elderly care program the resident fell and ended going to the emergency room due to cognitive changes. The record lacked documentation of nurse follow up after he returned to the facility. The record included an incident report of falls on 05/24/24 and 10/23/24 and the record lacked documentation of follow up for potential latent injuries post fall. 02/22/23 - back abrasions to be left open to air and coccyx wound is good with skin prep to peri-wound, offload and cover with foam dressing. The record lacked descriptive documentation of his back abrasions, how he got them, when did staff first identify his coccyx wound and description/measurement of the wound, and results of treatment. 02/24/23 - back wound assessed, measured 2.5cm in diameter and .5cm deep. The record lacked additional documentation related to the wound and treatment.	S5251		

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S5251	Continued From page 11 12/08/23 tested positive for COVID. The record lacked documentation of symptoms, treatment and results of treatment for COVID. 10/23/24 - resident had a fall but the record lacked documentation of follow-up for potential latent injuries post fall. Interview on 02/11/25 at 10:36 AM Administrative Nurse A reported the nurses were the only ones who document in the resident record at this time. We do follow up documentation if there is any injury and update the care plan if it needed. Interview on 02/13/25 at 09:12 AM Administrative Nurse B reported a communication note should be put in when we do anything for the resident, family communication, physician notifications, it needs to tell the whole story. Review of the facility's undated "Resident Records" policy revealed the documentation of all incidents, symptoms and other indications of illness or injury including the date, time of occurrence, and the action taken and results of action. The operator failed to ensure R5's record included documentation of what the symptoms of illness, incident, what was done, and the results of what was done.	S5251		