STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087116	A. BUILDING: _____ B. WING _____	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRECIOUS GEMS HOMES AT POLO DR	5502 POLO DRIVE WICHITA, KS 67208

(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 represents the findings of a resurvey with attached complaints #192010, #190669, #190400, #190354, #189615, #189493, #189226 at the above named home plus conducted on 02/18/25.	S 000		
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. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1) The facility reported a census of 10 residents with three included in the sample and two closed record reviews. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSAs) for Residents (R) 3, and R5, and R6 described the	S5105		

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

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S5105	Continued From page 1 services they received based on their "Functional Capacity Screens" (FCS). Findings included: - Record review for R3 revealed an admission date of 11/04/24 with a diagnosis of multiple sclerosis. The 11/04/24 "FCS" identified R3 had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties and was marked at risk for falls. The 11/04/24 "NSA" failed to describe the services R3 received for cognitive difficulties and falls. On 02/17/25 at 03:39 PM Administrative Staff A confirmed R3's "NSA" failed to describe the services he received for cognitive difficulties and to prevent injury from falls. - Record review for R5 revealed an admission date of 07/02/29 with a diagnosis of diabetes. The 07/27/24 "FCS" identified R5 was unable to perform management of treatments. The 07/22/24 "NSA" failed to describe the services R5 received for management of treatments. On 02/17/25 at 03:46 PM Administrative Staff A confirmed R5's "NSA" failed to describe the services she received for management of treatments.	S5105		

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S5105	Continued From page 2 - Record review for R6 revealed an admission date of 02/03/25 with diagnoses of bipolar disorder and diabetes mellitus type 2. The 02/03/25 "FCS" identified R6 was marked at risk for falls The 02/03/25 "NSA" failed to describe the services R6 received to prevent injury from falls. On 02/17/25 at 04:05 PM Administrative Staff A confirmed R6's "NSA" failed to describe the services he received to prevent injury from falls. On 02/17/25 at 04:13 PM an "NSA" policy was requested which the facility failed to provide. The operator failed to ensure the "NSAs" for R3, R5, and R6 described the services they received based on their "FCS."	S5105		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of 10 residents.	S5195		

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S5195	Continued From page 3 The facility had a kitchen where food was stored, prepared, and served. Based on observation and interview the operator failed to ensure designated staff stored food items under safe conditions. Findings included: - Observation on 02/17/25 at 09:11 AM revealed a refrigerator in the kitchen that contained food items for the residents. The following opened and partially used food items lacked open dates: One 96-ounce (oz) bottle of apple juice One 64-oz bottle of tomato juice One plastic container of shrimp and crab salad On 06/26/24 at approximately 09:11 AM Certified Medication Aide (CMA) D confirmed some food items in the refrigerator lacked open dates. The August 2017 Kansas Department of Agriculture's "Focus on Food Safety" booklet documented food items must be date marked after the original container was opened and can be held up to seven days if refrigeration was adequate at 41 degrees Fahrenheit or less. The administrator failed to ensure designated staff stored food items under safe conditions.	S5195		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached.	S5380		

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S5380	Continued From page 4 (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2) The facility reported a census of 10 residents. Based on observation and interview the operator failed to ensure designated staff maintained water temperatures within a safe range between 98 degrees Fahrenheit (F) and 120 degrees F. Findings included: - Observation on 02/17/25 during initial tour revealed the facility had two bathrooms where residents bathed and one kitchen with a sink accessible to the residents. At 10:18 AM the water temperature in the east bathroom sink was 131.8 degrees Fahrenheit (F). At 10:25 AM the water temperature in the west bathroom sink was 130.8 degrees F. At 10:27 AM the water temperature in the kitchen sink was 138.0 F per state surveyor thermometer and 139.0 per facility's thermometer. Review of facility's "Water Temperature Log" for 2025 revealed spaces for designated staff to log water temperatures on a weekly basis in each bathroom. The temperature log for January and	S5380		

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S5380	Continued From page 5 February 2025 lacked water temperatures for the third and fourth weeks of January and the first and second weeks of February. Temperatures were not logged for four weeks in a row prior to the third week in February. On 02/17/25 at approximately 10:27 AM CMA D confirmed water temperature in kitchen sink was approximately 138.0 degrees F. On 02/17/25 at 10:39 AM Administrative Staff B stated she turned the thermostat down on the hot water heater. On 02/17/25 at approximately 11:14 AM Resident (R) 6 stated the water temperature was neither too hot nor too cold while taking showers. On 02/17/15 at 01:52 PM R3 stated the water for showering was not hot enough. On 02/17/25 at 02:14 PM the water temperature in the west bathroom sink was 109.3 degrees F. On 02/17/25 at 04:13 PM a water temperature policy was requested which the facility failed to provide. The operator failed to ensure designated staff maintained water temperatures within a safe range between 98 degrees F and 120 degrees F.	S5380		