STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087231	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANI HOME PLUS	1201 N PINECREST ST 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 citations represent the findings of the licensure resurvey with attached complaint number 192224 for the above named facility conducted on 02/19/24.	S 000		
S5171 SS=E	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: K.A.R 26-42-204 (i) The facility reported a census of 8 residents. The sample included 3 "Residents'" (R)'s and one closed record review. Based on observation, interview, and record review the Operator failed to ensure health care services were provided within professional standards of practice when the Operator failed to ensure a periodic reassessment was performed for R2 and R3 showing their bed assist devices continued to pose no risk for entrapment, confirmed the bed assist devices were not a restraint, R2 and R3's ability to continue to safely use the bed assist devices and document the findings in R2 and R3's medical records. Findings included: - Record review for R2 revealed a readmission date of 12/04/24 with diagnoses of essential hypertension, Parkinson's Disease, major depressive disorder, and moderate wheezing.	S5171		

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

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S5171	Continued From page 1 Review of R2's "Functional Capacity Screen" (FCS) dated 12/04/24 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and supervision with eating. R2 lacked the ability to manage his own medications/medical treatments, was incontinent, and had impaired short-term memory, long-term memory, memory recall and decision making. R2 was usually able to make himself understood and he usually understood others. R2 was marked at risk for falls and impaired decision making. Review of R2's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) dated 12/04/24 instructed facility staff to provide one staff member to provide physical assistance with bathing, dressing, toileting, transferring and provide R2 a "Pureed Diet". R2's NSA/HSP lacked a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA. Review of R2's medical record revealed a document titled "Side-Rail Use Assessment Form" and was dated 03/25/22. Observation on 02/19/25 at approximately 04:45 PM of R's 2 bed revealed the head of the hospital bed sat against the northwest corner of the room. Attached to each side of the top of the bed were side rails in the shape of a rectangle that measured approximately 32 inches in width and approximately 18 inches in length. There were 8 bars in the opened space of the rail.	S5171		

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S5171	Continued From page 2 - Record review for R3 revealed an admission date of 01/19/24 with diagnoses of unspecified dementia with psychotic disturbance, unspecified anxiety disorder, senile degeneration of the brain, chronic pain, unspecified dementia with agitation. Review of R3's FCS dated 03/04/24 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. R3 lacked the ability to manage her own medications/medical treatments and was frequently incontinent. R3 had impaired short-term memory, long-term memory, memory recall and decision making. R3 was sometimes able to make herself understood and she sometimes understood others. R3 was marked at risk for falls, impaired vision, socially inappropriate disruptive behavior, and impaired decision making. Review of R3's combines NSA/HSP dated 03/04/24 instructed facility staff to provide 2 certified staff to provide physical assistance with bathing, dressing, toileting, transferring. R3's NSA/HSP lacked a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA. Review of R3's medical record revealed a document titled "Side-Rail Use Assessment Form" and was dated 01/19/24. Observation on 02/19/25 at approximately 04:45 PM of R's 3 bed revealed the head of the hospital bed sat against the southwest corner of	S5171		

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S5171	Continued From page 3 the room with the left side of the bed against the southwest wall of the room. Attached to the right side of the top of the bed was a side rail in the shape of a rectangle that measured approximately 32 inches in width and approximately 18 inches in length. There were 8 bars in the opened space of the rail. The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following: Complete an assessment of the resident to confirm that the device is not a restraint. Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record. Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record. If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the comments section. Include a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA.	S5171		

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S5171	Continued From page 4 Document periodic reassessments of the resident's use of the device and their ability to use it safely and reassessment of the safety of the device in the resident's record. Interview on 02/19/25 at approximately 05:00 PM with Operator B confirmed the medical records for R2 and R3 lacked documentation of a periodic reassessment performed for R2 and R3 showing their bed assist devices continued to pose no risk for entrapment, confirmed the bed assist devices were not a restraint, R2 and R3's ability to continue to safely use the bed assist devices and document the findings in R2 and R3's medical records. The Operator failed to ensure health care services were provided within professional standards of practice when the Operator failed to ensure a periodic reassessment was performed for R2 and R3 showing their bed assist devices continued to pose no risk for entrapment, confirmed the bed assist devices were not a restraint, R2 and R3's ability to continue to safely use the bed assist devices and document the findings in R2 and R3's medical records.	S5171		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened	S5185		

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S5185	Continued From page 5 consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-206 (c) The facility reported a census of 8 residents. The sample included 3 "Residents'" (R)'s and one closed record review. Based on observation, interview, and record review the Operator failed to ensure the physician ordered mechanically altered diet for R2 was prepared according to instructions form a medical care provider or licensed dietician. Findings included: - Review of the facility provided "Resident Roster" revealed one out of eight residents received a "Therapeutic Diet". Record review for R2 revealed a readmission date of 12/04/24 with diagnoses of essential hypertension, Parkinson's Disease, major depressive disorder, and moderate wheezing. Review of R2's "Functional Capacity Screen" (FCS) dated 12/04/24 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and	S5185		

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S5185	Continued From page 6	S5185		

supervision with eating. R2 lacked the ability to manage his own medications/medical treatments, was incontinent, and had impaired short-term memory, long-term memory, memory recall and decision making. R2 was usually able to make himself understood and he usually understood others. R2 was marked at risk for falls and impaired decision making.

Review of R2's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) instructed facility staff to provide one staff member to provide physical assistance with bathing, dressing, toileting, transferring and provide R2 a "Pureed Diet".

Review of R2's medical record revealed an order dated 12/04/24 and was signed by R2's medical provider revealed R2 was to readmit to the facility, and to "Start Pureed Diet" with a diagnoses of aspiration risk.

Observation on 02/19/25 at approximately 11:45 AM of R2's lunch revealed the meal included beans that had been altered to a smooth state.

Interview on 02/19/25 at approximately 10:30 AM with "Certified Medication Aide" (CMA) A confirmed she used a machine that changes the texture of the food to "pureed", and she did not have any instructions on how to prepare altered food textures.

Interview on 02/19/25 at approximately 05:00 PM with Operator B confirmed the facility did not have instructions from the medical provider or a licensed dietician on how to prepare the mechanically altered diet for R2.

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S5185	Continued From page 7 The Operator failed to ensure the physician ordered mechanically altered diet for R2 was prepared according to instructions form a medical care provider or licensed dietician.	S5185		
S5230 SS=E	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. The sample included 3 "Residents'" (R)'s and one closed record review. Based on observation, interview, and record review the Operator failed to ensure the home's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R1, R2, and R3.	S5230		

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S5230	Continued From page 8 Findings included: - Record review for R1 revealed an admission date of 01/03/25 with diagnoses of hypertension, wounds, arthritis, and multiple decubitus ulcers. Review of R1's medical record revealed a document titled "Tuberculosis Screening" that was dated 01/05/25. R1's medical record lacked documentation of the required two step TB skin test being administered within seven days of admission to the home. Record review for R2 revealed a readmission date of 12/04/24 with diagnoses of essential hypertension, Parkinson's Disease, major depressive disorder, and moderate wheezing. Review of R2's medical record revealed a document titled "Tuberculosis Screening" that was dated 02/04/24. R2's medical record lacked documentation of the required two step TB skin test being administered within seven days of admission to the home. - Record review for R3 revealed an admission date of 01/19/24 with diagnoses of unspecified dementia with psychotic disturbance, unspecified anxiety disorder, senile degeneration of the brain, chronic pain, unspecified dementia with agitation.	S5230		

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S5230	Continued From page 9 Review of 3's medical record revealed a document titled "Tuberculosis Screening" that was dated 01/19/24 with the first step of the required two step TB skin test administered on 01/20/24 and read negative on 01/23/24. The required second step of the required two step TB skin test was administered on 02/06/24 and read negative on 02/08/24. R3's medical record lacked documentation of an annual TB screening. Interview on 02/19/25 at approximately 05:00 PM with Operator B confirmed the medical records for R1 and R2 lacked the required two step TB skin test, and Operator B further confirmed R3's medical record lacked the required annual TB screening. The Operator failed to ensure the home's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R1, R2, and R3.	S5230		
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	S5335		

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S5335	Continued From page 10	S5335		

fire marshal.
This REQUIREMENT is not met as evidenced by:
K.A.R 28-39-437 (a)

The facility reported a census of 8 residents. Based on observation and interview the Operator failed to ensure the facility was maintained to protect the health and safety of residents, personnel, and the public.

Findings included:

- Observation on 02/19/25 at approximately 09:40 AM during the facility tour with "Certified Medication Aide" (CMA) A, in the bathroom located on the west side of the home, the built-in cabinets on the right wall freely opened and the following chemicals sat on the bottom shelf;

1 large bottle of Clorox
1 spray bottle of Febreze air freshener
1 bottle of acetone
3 spray bottles of Clorox cleaner.

Observation in the front entry way revealed a wall that faced the front door that had a picture that measured approximately 16 inches in width and approximately 36 inches in length. There was broken glass in the frame in the middle of the picture. On the left side approximately halfway down the picture a section of the broken glass was misaligned approximately a quarter of an inch.

Interview on 02/19/25 at approximately 05:00 PM with Operator B confirmed all chemicals were to

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S5335	Continued From page 11 be secured, and agreed the misaligned glass posed a safety risk. The Operator failed to ensure the facility was maintained to protect the health and safety of residents, personnel, and the public.	S5335		