STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087158	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT CARE SENIOR LIVING	14422 TWINLAKE DRIVE WICHITA, KS 67230

(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 conducted on 03/05/25.	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 nine residents(R). The sample include three residents. Based on observation, interview, and record review the operator failed to ensure designated staff completed one (R5) 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: - R5's medical record revealed he moved into the facility on 01/21/25 with a diagnoses of epilepsy and major depressive disorder. R5's "Functional Capacity Screen" FCS dated 01/21/25 identified he was unable ro participate in transfers and walk/mobility.	S5095		

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

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S5095	Continued From page 1 R5's "Negotiated Service Agreement" dated 01/21/25 identified the resident needed assistance of 1-2 staff for transfers and used wheelchair for mobility. Interview on 03/5/25 at 9:33 AM R5 stated he needed help to get in and out of the wheelchair and it took 1-2 people to transfer him depending on how strong he felt. Observation on 03/5/25 at 10:54 PM Certified Medication Aide (CMA) C and CMA D assisted the resident to transfer out of the wheelchair and onto the toilet. R5 had propelled himself over by the bathroom and then CMA C and CMA D got the sit-to-stand lift to help R5. R5 put his feet up on the foot platform and CMA D put the sling around him and then connected it to the lift. R5 held onto the bars and stood up with assist of the lift. Staff then proceeded to take him into the bathroom and assist with toileting. Interview on 03/05/25 at 01:18 PM CMA C reported he can assist a little with dressing, can propel himself around in his wheelchair, but we must transfer him in and out of bed and in and out of the wheelchair. Interview on 03/05/25 at 01:24 PM Administrative Nurse B reviewed R5's FCS and acknowledged he does transfer but has to use a lift and he is mobile, but does not walk. She acknowledged she had not completed his FCS accurately when he moved into the facility. The operator failed to ensure designated staff completed R5's FCS accurately according to the	S5095		

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S5095	Continued From page 2 FCS manual, to reflect his functional ability related to transfers and mobility.	S5095		
S5335 SS=F	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 fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The facility reported a census of nine residents. Based on observation and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents and the public. Findings included: - Review of the resident roster on 03/05/25 revealed the facility had a census of nine residents with seven of the nine residents identified as having impaired cognition. During initial tour on 03/05/25 at 07:39 AM revealed the following unsecured chemicals: In the unlocked laundry area on the counter by the sink sat a five-gallon bucket of laundry	S5335		

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S5335	Continued From page 3 detergent with a pump and the lid not secured. Right next to the laundry area is a bathroom with closets where staff stored other cleaning products. There were child proof locks on the doors but were on incorrectly to ensure no resident or visitor had access to the cleaners. The closet included one gallon of bleach, spray bottle with "Bleach" written on it, two spray bottles that had "sanitizer" written on them and two spray bottles of cook-top cleaner. All of the items included warnings to keep out of reach of children as well as additional warnings for skin and eyes. Interview on 03/05/25 at 08:20 AM Administrative Staff A confirmed the cabinet locks were not on correctly and then he changed them to ensure chemicals were properly secured. The operator failed to ensure staff kept chemicals safely secured to maintain safety for all residents and the public.	S5335		
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. (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:	S5380		

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S5380	Continued From page 4 KAR 28-39-437 (i) (2) The facility reported a census of nine residents. Based on observation and interview the operator failed to provide safety for all nine residents by the failure to ensure the temperature of hot water ranged between 98 degrees Fahrenheit (F) and 120 degrees F at sinks that were accessible to residents. Findings included: - During initial tour on 03/05/25 from 7:42 AM to 07:50 AM surveyor checked the hot water temperatures of the following resident accessible areas: The laundry room sink - after approximately one minute the thermometer read 141 degrees Fahrenheit (F). The communal restroom in the main hall read 132 degrees F at 30 seconds and 141.3 at 59 seconds. The far west restroom read 134 degrees F at 30 seconds and 142.8 degrees F at 42 seconds, and 145.7 degrees F at one minute. The kitchen sink read 131.8 degrees F at 25 seconds and 143.9 degrees F at 45 seconds. The far east restroom took a little longer to warm up and read 98 degrees F at 30 seconds and 142.1 degrees F at one minute. Interview on 03/05/25 at 08:20 AM Administrative staff A reported yesterday Certified Medication Aide C had reported it was hot, so he had turned the hot water heater down. Administrative staff A said they had been having fluctuations from day to day on the temperatures of the hot water and also depending on the time of day. He stated	S5380		

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S5380	Continued From page 5 they had just started checking the temperatures recently and included temperatures of 115 for the month of March. Administrative staff checked the hot water heater, and it was set to "hot' and so he turned it down to Low. The operator failed to provide safety for ten residents by the failure to ensure temperature of hot water ranged between 98 degrees F and 120 degrees F at sinks accessible to residents.	S5380		