STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087153	A. BUILDING: _____ B. WING _____	04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORD SENIOR CARE INC - ROCKWOOD	6807 E ROCKWOOD ROAD WICHITA, KS 67206

(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 with complaint investigations 187997, 189544, 191276, 192300 for the above named Home Plus Facility conducted on 03/31/25 and 04/01/25.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c)(2) The facility reported a census of seven residents(R). The sample included three residents and two closed record reviews. Based on observation, interview, and record review the operator failed to ensure designated staff completed a resident "Functional Capacity Screen" for one (R4) of three sampled residents following a significant change in condition as defined in KAR 26-39-100. Findings Included: - Review of R4's medical record revealed she	S5085		

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

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S5085	Continued From page 1 moved into the facility on 11/15/24 with diagnosis of dementia. R4's "Functional Capacity Screen" (FCS) dated 11/15/24 identified R4 needed physical assistance with toileting and was continent of bladder having an indwelling catheter. R4's record included a provider order to discontinue her indwelling catheter on 12/23/24. Observation on 03/31/25 at 12:20 PM Certified Medication Aide (CMA) B assisted R4 to transfer out of bed into her wheelchair for lunch which revealed the resident no longer had an indwelling catheter. Interview on 03/31/25 at 01:50 PM CMA B reported R4 needed assistance with toileting, used to have an indwelling catheter and now had bladder incontinence. The resident's record lacked a completed "Functional Capacity Screen" identifying R4 had bladder incontinence after the indwelling catheter was removed. Interview on 04/1/25 at 02:09 PM Administrative staff A acknowledged when Hospice removed R4's indwelling catheter she had a change in functional ability and was now incontinent of bladder. The operator failed to ensure a FCS was completed for R4 identifying she had bladder incontinence after an indwelling catheter was removed.	S5085		

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S5095	Continued From page 2	S5095		
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 seven residents(R). The sample include three residents and two closed record reviews. Based on interview and record review the operator failed to ensure designated staff completed one (R8) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability related to management of medications and inappropriate behaiors. Findings Included: - R8's medical record revealed he moved into the facility on 03/17/25 with a diagnoses of schizophrenia. R8's "Functional Capacity Screen" (FCS) dated 03/17/25 identified he was independent with management of medications and did not identify he had inappropriate behaviors. R8's "Negotiated Service Agreement" dated 03/17/25 identified qualified staff would	S5095		

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S5095	Continued From page 3	S5095		

administer resident all of his medications and he could easily get agitated, and staff needed to provide redirection, offer choices and allow him to sit quietly.

Interview on 03/31/25 at 03:20 PM R8 stated he had three distinct personalities, and each one had a name. He reported one of the personalities was evil and would cuss and yell when he felt threatened or disagreeable with what was going on. He stated he wanted to go home but did not think he could because he felt there were people against it.

Interview on 03/31/25 at 03:32 PM Administrative Staff A and "Certified Medication Aide (VMA) B acknowledged R8 did have behaviors. He could be very demanding and come toward staff in an intimidating manner and almost threatening to staff. Administrative Staff A reported when he is upset, he cusses and yells, but she can usually redirect him pretty easily. CMA B reported he has never it anyone or been aggressive with someone, but has knocked things off the table or shelf before when he was mad.

On 04/01/25 at 12:32 PM Administrative Staff A acknowledged R8's FCS was not accurate because staff do have to administer all his medications even though he thinks he could do it and he does have inappropriate behaviors.

The operator failed to ensure designated staff completed R8's FCS accurately to identify his need to have staff administer medications and that he had inappropriate behaviors.

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S5116	Continued From page 4	S5116		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2) The facility reported a census of seven residents (R). The sample included three residents and two closed record reviews. Based on interview and record review, the operator failed to ensure a licensed nurse reviewed and if necessary revised one (R4) of three sampled resident records "Negotiated Service Agreement" when the resident had a significant change in service needs. Findings included: - Review of R4's medical record revealed she moved into the facility on 11/15/24 with diagnosis of dementia.	S5116		

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S5116	Continued From page 5 R4's "Functional Capacity Screen" (FCS) dated 11/15/24 identified R4 needed physical assistance with toileting and was continent of bladder having an indwelling catheter. R4's "Negotiated Service Agreement" (NSA) dated 11/15/24 identified R4 had an indwelling catheter which was changed monthly by Hospice staff and incontinent supplies were provided by Hospice. R4's record included a provider order to discontinue indwelling catheter on 12/23/24. The residents record lacked an "Amended Negotiated Service Agreement" related to the discontinuation of the indwelling catheter. Interview on 04/1/25 at 02:09 PM Administrative staff A acknowledged the services related to no longer having an indwelling catheter changed and the nurse should have done an addendum. The operator failed to ensure designated staff reviewed/revised R4's NSA when her indwelling catheter was discontinued.	S5116		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.	S5126		

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S5126	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (h) The facility reported a census of seven residents (R). The sample included three residents and two closed record reviews. Based on interview and record review for one (R3) of three sampled residents the operator failed to ensure that everyone involved in the development/ revision of the "Negotiated Service Agreement" signed the agreement. Findings included: - Review of R4's medical record revealed she moved into the facility on 11/15/24 with diagnosis of dementia. R4's "Functional Capacity Screen" (FCS) dated 11/15/24 identified R4 needed physical assistance with activities of daily living, needed assistance with management of medications and treatments. R4's "Negotiated Service Agreement" (NSA) dated 11/15/24 identified qualified staff would provide health care services based on the FCS and received services from a local Hospice company. The NSA included information the nurse conducted a phone review with R4's legal representative who could not come to sign the NSA so it was mailed for signatures. The record lacked documentation designated staff contacted R4's legal representative after it was mailed to ensure the NSA was signed by all who participated in its development.	S5126		

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S5126	Continued From page 7 The operator failed to ensure that everyone involved in the development of R4's NSA signed it.	S5126		
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 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: KAR 26-42-206 (c) The facility reported a census of seven residents(R). The sample included three residents, and two closed record reviews. Based on observation, interview, and record review the operator failed to ensure one (R3) of three sampled residents record included approved instructions from a medical care provider or licensed dietitian on how to prepare R3's "mechanical soft" diet.	S5185		

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S5185	Continued From page 8 Findings included: - Review of the resident roster provided by Administrative Staff A on 03/31/25 did not identify any residents received a therapeutic diet. . - R3's medical record revealed she moved into the facility on 12/09/24 with a diagnosis of dysphagia. R3's "Functional capacity Screen" dated 12/09/24 identified she was independent with eating and had short term memory deficit. R3s "Negotiated Service Agreement" (NSA) revealed staff were to provide R3 a "mechanical soft" diet. R'3's admission orders included provision of a "mechanical soft diet"> Observation on 03/31/25 at 12:30 PM Certified Medication Aide (CMA) B service R3 cut up fish sticks, peas and carrots, and seasoned rice. Interview on 04/01/25 at 10:17 AM CMA B reported she thought they had instructions for a Mechanical soft diet but was not sure where they were. CMA B also reported there were no residents currently on a mechanical soft diet. CMA B stated for R3, she eats oatmeal or scrambled eggs for breakfast and staff cut up her meats into smaller pieces. On 04/01/25 Administrative staf A provided directions for a "soft diet" which included what foods a resident could and could not have, to cut	S5185		

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S5185	Continued From page 9 into small pieces and add broth or gravy if needed. However, the directions were not signed indicating approval by the resident's medical provider or a licensed dietitian. Interview on 04/01/25 at 10:44 AM Administrative staff A reported she had not gotten instructions specific when R3 moved into the facility how to provide her "mechanical soft diet", and her current directions are not signed as approved by the physician or a dietitian. The operator failed to ensure staff had instructions from a medical care provider or licensed dietitian on how to prepare a "minced moist" stage five diet.	S5185		
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) The facility reported a census of seven residents(R). The sample included three residents and two closed record reviews. Based on interview, and record review the operator failed to ensure the medical record contained	S5251		

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S5251	Continued From page 10	S5251		

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 two (R3, R8) of three sampled residents.

Findings included:

- R3's medical record revealed she moved into the facility on 12/09/24 with a diagnoses of encephalopathy and malnutrition.

R3's "Functional capacity Screen" dated 12/09/24 identified she was unable to participate in bathing, dressing, and toileting, ad needed physical assistance with transfers, mobility, and management of medications.

R3s "Negotiated Service Agreement" (NSA) dated 12/09/24 revealed qualified staff would assist R3 with activities of daily living and administered R3's medications.

Review of R3's Hospice Medication profile noted by Administrative Nurse C included the following medications changes:
01/09/25 - Tramadol (narcotic pain medication) and Seroquel (antipsychotic medication) were initiated.
The record lacked documentation of the resident having pain, symptoms of pain, or symptoms that would require initiating an antipsychotic medication.
03/06/25 - Tramadol was increased from once a day to twice a day.
The record lacked documentation of the resident having pain or symptoms of pain for which the Tramadol needed to be increased.

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S5251	Continued From page 11 03/13/25 - Seroquel was increased from 25 milligrams to 75 milligrams. The record lacked documentation to identify a need to increase the Seroquel. Interview on 03/31/25 at 03:47 PM Administrative Nurse C reported staff are expected to contact her if there are any new incidents that need to be documented on. Interview on 04/01/25 at 10:38 AM Administrative Staff A reviewed R3's notes and acknowledged the staff did not document symptoms of pain or other concerns to indicate the need to initiate or increase Tramadol and Seroquel. The operator failed to ensure designated staff documented all symptoms and indications of concerns which resulted in the initiating and increase of pain and antipsychotic medications. - R8's medical record revealed he moved into the facility on 03/17/25 with a diagnoses of schizophrenia. R8's "Functional Capacity Screen" (FCS) dated 03/17/25 identified he was independent with activities of daily living and did not identify he had inappropriate behaviors. R8's "Negotiated Service Agreement" dated 03/17/25 identified he got easily get agitated, and staff needed to provide redirection, offer choices and allow him to sit quietly. Interview on 03/31/25 at 03:20 PM R8 stated he had three distinct personalities, and each one had a name. He reported one of the	S5251		

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S5251	Continued From page 12 personalities was evil and would cuss and yell when he felt threatened or disagreeable with what was going on. He stated he wanted to go home but did not think he could because he felt there were people against it. Interview on 03/31/25 at 03:32 PM Administrative Staff A and "Certified Medication Aide (VMA) B acknowledged R3 did have behaviors. He could be very demanding and come toward staff in an intimidating manner and almost threatening to staff. Administrative Staff A reported when he is upset, he cusses and yells, but she can usually redirect him easily. CMA B reported he has never it anyone or been aggressive with someone but has knocked things off the table or shelf before when he was mad. Interview on 03/31/25 at 3:35 PM Administrative Staff A reported staff used a behavior log to document behaviors and looked in the book and confirmed there had been no documentation related to the resident's cussing, yelling, and knocking things off the table. The operator failed to ensure R8's record included documentation of his behaviors.	S5251		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards	S5300		

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S5300	Continued From page 13 of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The facility reported a census of seven residents(R). The sample included three residents and two closed record reviews. Based on record review and interview the operator failed to ensure staff administered medications according to a signed Medical Providers order for one (R3) of three sampled residents for whom the facility was responsible for administering medications. Findings included: - R3's medical record revealed she moved into the facility on 12/09/24 with a diagnoses of encephalopathy and malnutrition. R3's "Functional capacity Screen" dated 12/09/24 identified she needed physical assistance with management of medications and was unable to manage medical treatments. R3s "Negotiated Service Agreement" (NSA)	S5300		

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S5300	Continued From page 14 dated 12/09/24 revealed qualified staff administered R3 all her medications and qualified staff or skilled nursing administered all medical treatments. R3's record included two pages of "Admission Orders" dated 12/09/24 but neither page was signed by a medical provider. The record also included a Hospice medicine profile dated 03/13/25 but it too, had not been signed by a medical provider. R3's record included paper "Medication Administration Records" that included initials of qualified staff from 12/09/25 to current date that identified facility staff had administered R3 her medications. Interview on 04/01/25 at 10:37 AM Administrative Staff A reviewed R3's admission orders and the Hospice medication profile and acknowledged none of the orders had been signed by a medical provider. The operator failed to ensure a signed medical provider's order was obtained for R3's medications when she moved into the facility.	S5300		