STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087203	A. BUILDING: _____ B. WING _____	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATINUM CARE HOMES	5701 E 17TH NORTH 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 a Re-licensure Survey with complaint investigation 187593 for the above named Home Plus Facility conducted on 04/08/25 and 04/09/25.	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 five residents. The sample included three residents. Based on interview and record review the operator failed to ensure one (R3) of three residents had an initial "Functional Capacity Screen" completed at	S5080		

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

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S5080	Continued From page 1 admission. Findings included: - R3's medical record revealed she moved into the facility on 09/18/24 with diagnosis of psychosis and depressive disorder. R3's "Functional Capacity Screen" (FCS) dated 09/19/24 identified R3 did not participate in bathing or dressing, needed physical assistance with toileting and had impaired cognition. Interview on 04/09/25 at 09:51 AM Administrative Staff A reported R3 moved into the facility later in the day on 09/18/25 and acknowledged staff had not completed the FCS had until the day after moving in. The operator failed to ensure R3's FCS was completed on or before admission to the facility.	S5080		
S5115 SS=D	26-42-202 (c) Admission Negotiated Service Agreement (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 five 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	S5115		

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S5115	Continued From page 2 Negotiated Service Agreement" completed at admission. Findings included: -- R3's medical record revealed she moved into the facility on 09/18/24 with diagnosis of psychosis and depressive disorder. R3's "Functional Capacity Screen" (FCS) dated 09/19/24 identified R3 did not participate in bathing or dressing, needed physical assistance with toileting and had impaired cognition. R3's "Negotiated Service Agreement" (NSA) dated 09/19/24 had been completed by staff on the day after admission to the facility. Interview on 04/09/25 at 09:51 AM Administrative Staff A acknowledged R3's NSA had been completed the day after admission. The operator failed to ensure designated staff completed the NSA for R3 upon admission to the facility.	S5115		
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. This REQUIREMENT is not met as evidenced	S5126		

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S5126	Continued From page 3 by: KAR 26-42-202 (h) The facility reported a census of five residents (R). The sample included three residents. Based on interview and record review for one (R3) of three sampled residents the operator failed to ensure that everyone involved in the development of the "Negotiated Service Agreement" signed the agreement. Findings included: - R3's medical record revealed she moved into the facility on 09/18/24 with diagnosis of psychosis and depressive disorder. R3's "Functional Capacity Screen" (FCS) dated 09/19/24 identified R3 did not participate in bathing or dressing, needed physical assistance with toileting and had impaired cognition. R3's "Negotiated Service Agreement" (NSA) dated 09/19/24 included signatures of facility staff but was not signed by R3's DPOA/legal representative. Interview on 04/09/25 at 09:43 AM Administrative staff A reported the NSA is a group effort between facility staff, the resident, and the resident's legal representative. Administrative staff A acknowledged R3's legal representative had not signed the NSA. The operator failed to ensure that everyone involved in the development of R3's NSA signed it.	S5126		

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S5230	Continued From page 4	S5230		
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 five residents(R). The sample included three residents. Based on interview and record review for five of five newly hired staff, and two (R3, R4) of three sampled residents the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of 5 newly hired employees files revealed the following: -Certified Medication Aide (CMA) B hired on	S5230		

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S5230	Continued From page 5 02/28/25 did not have a TB symptom screen completed within seven days of hire, and did not have a current TB two-step skin test completed. - Certified Nurse Aide C hired on 03/05/25 did not have a TB symptom screen completed within seven days of hire, and did not get a second TB skin test completed. - CMA D hired on 03/18/24 did not have aa TB symptom screen completed within seven days of hire. - CMA E hired on 06/18/24 did not have a TB symptom screen completed within seven days of hire. -CMA F hired on 10/15/24 did not have a TB symptom screen completed within seven days of hire. Interview on 04/08/25 at 12:34 PM Administrative Staff A reported the facility completed a two-step skin test when hired and then did the symptom screen annually. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new employee shall receive a TB symptom screen that includes components of the Tuberculosis Symptom Screen Questionnaire within seven days of hire, and a two-step TB skin test within seven days of employment unless specific conditions are met. One of those conditions is that the employee provides satisfactory documentation of receiving the two-step within six months prior to employment that read negative. The operator failed to ensure five of five newly	S5230		

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S5230	Continued From page 6 hired staff had a TB symptom screen and skin testing in accordance with TB guidelines. - R3's medical record revealed she moved into the facility on 09/18/24 and lacked a TB symptom screen. - R4's medical record revealed she moved into the facility on 08/09/24 and lacked a TB symptom screen. Interview on 04/08/25 at 12:34 PM Administrative Staff A reported they completed a two-step skin test on admission but did the TB symptom screen annually after admission. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new resident shall receive a TB symptom screen that includes components of the Tuberculosis Symptom Screen Questionnaire within seven days of admission. The operator failed to ensure newly admitted residents had TB symptom screens completed within seven days of employment and moving into the facility.	S5230		