STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087210	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD SENIORS, LLC	1226 S BYRON ROAD WICHITA, KS 67209

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S 000	INITIAL COMMENTS The following citations represent the findings of Re-Licensure Survey for the above named Assisted Living facility conducted on 05/01/25.	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 two residents(R) with both residents sampled. Based on observation, interview, and record review the operator failed to ensure designated staff completed one (R3) of two sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability related to dressing and toileting. Findings Included: - R3's medical record revealed he moved into the facility on 01/24/25 with a diagnoses of eczema and depression. R3's "Functional capacity Screen" (FCS) dated 01/24/25 revealed he needed supervision with dressing and toileting.	S5095		

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

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S5095	Continued From page 1 R3's "Negotiated Service Agreement" (NSA) dated 01/24/25 revealed staff would provide set up and supervision with assisting resident to dress his upper body but needed to provide physical assistance with dressing his lower body. It also identified he was incontinent at times and needed physical assistance with toileting. Observation on 05/01/25 at 10:14 AM R3 walked down the hall out of his room to the dining room using his front wheeled walker. He had on gripper socks over his compression socks, shorts and T-shirt. Interview on 05/01/25 at 09:54 AM Certified Nurse Aide B reported she had to help him with getting dressed in the mornings, putting on his compression socks and with pulling his shorts up and down when he goes to the restroom. The operator failed to ensure designated staff completed R3's FCS accurately to identify his need for physical assistance with dressing and toileting.	S5095		
S5130 SS=D	26-42-202 (j) NSA Outside Resources (j) If a resident's negotiated service agreement includes the use of outside resources, the designated staff shall perform the following: (1) Provide the resident, the resident's legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting	S5130		

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S5130	Continued From page 2 outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(j)(3) The facility reported a census of two residents (R) which were both included in the sample review. Based on interview and record review, the operator failed to ensure if a resident received a service from an outside resource, designated staff monitored services and ensured services met professional standards of practice for one (R3) of three residents. Findings included: - R3's medical record revealed he moved into the facility on 01/24/25 with a diagnoses of eczema and depression. R3's "Functional capacity Screen" (FCS) dated 01/24/25 revealed he needed physical assistance with medications and was unable to manage medical treatments. R3's "Negotiated Service Agreement" (NSA) dated 01/24/25 identified home health provided wound care. Review of R3's nurse notes included he received Home Health Services for stasis ulcers on both lower legs and wounds on his left foot. Interview on 05/01/25 at 01:33 PM	S5130		

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S5130	Continued From page 3 Operator/Nurse A if she is in the facility when Home Health is they would tell her what they were doing for his wounds but acknowledged she had no notes from their visits and was not in the facility each time Home Health was. The operator failed to ensure designated staff monitored Home Health Services related to wound care to ensure they met professional standards of practice.	S5130		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility reported a census of two residents. Based on record review and interview, the	S5192		

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S5192	Continued From page 4 operator failed to ensure staff prepared food using safe methods and ensured staff served foods at the proper temperature for all residents in the facility. - During initial tour on 05/01/25 at 10:55 AM review of the March and April Food temperature logs revealed the following: March 2025 - The record did not include any food temperatures for the 9th , 10th , 11th , 23rd , 29th , and 30th . The 13th , 18th, 22nd, and 26th only had food temperatures for breakfast. April 2025 - The record included breakfast temperatures only for the 10th, 14th, and 22nd . The 16th, 17th, 23rd and 24th had no food temperatures for supper. Interview on 05/01/25 at 11:11 AM Operator/Nurse reported the staff are supposed to check the temperature for all the foods they cook. The operator failed to ensure staff checked the temperature of foods to ensure staff cooked it to the proper temperature as well as served at a proper temperature.	S5192		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan;	S5215		

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S5215	Continued From page 5 (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (d)(3) The facility reported a census of two residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by the failure to ensure designated staff conducted quarterly reviews of the home's emergency management plan with all residents and staff. Findings included: - Review of information provided by Operator/Nurse A on 05/01/25 at 11:34 AM the emergency management plan had only been reviewed with employees on 04/25/24 and with residents on 07/07/24. Interview on 05/01/25 at 11:40 AM Operator/Nurse A acknowledged she had not kept up with completing the quarterly reviews consistently with both employees and residents. The operator failed to ensure disaster and	S5215		

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S5215	Continued From page 6 emergency preparedness by the failure to conduct quarterly reviews of the emergency management plan with all residents and staff.	S5215		
S5251 SS=D	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 two residents(R). The sample included two record reviews. Based on interview, and record review the operator failed to ensure the medical record contained 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 one (R3) of two sampled residents. Findings included: - R3's medical record revealed he moved into the facility on 01/24/25 with a diagnoses of eczema and depression. R3's "Functional capacity Screen" dated 01/24/25 revealed he needed physical assistance with management of medications and	S5251		

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S5251	Continued From page 7 was unable to manage his medical treatments. R3's "Negotiated Service Agreement" (NSA) dated 01/24/25 revealed Certified Medication Aides or Licensed Nurse would manage medications and medical treatments. R3's nursing progress notes included the following documentation: 01/24/25 - when he moved in both of his feet and lower legs were wrapped due to edema and sores on his feet. Home Health will see R3 three times per week to care for sores. 01/25/25 Home Health Nurse here and resident noted to have healing stasis ulcers to both lower legs and wounds on the toes of his left foot. The rest of R3's record lacked documentation of the facility Nurse assessing R3's ulcers and sores on his feet. The record also lacked documentation of R3's eczema and severity of it and treatment of it. Interview on 05/01/25 at 01:35 PM Operator/Nurse A acknowledged she should have been documenting on the wounds of his feet and legs as they healed. The operator failed to ensure designated staff documented all symptoms and indications of concerns related to R3's leg ulcers.	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful	S5258		

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S5258	Continued From page 8 completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1) The facility reported a census of two residents. Based on record review and interview the operator failed to provide evidence of completing the required registry checks upon hire for two of five newly hired staff. This had the potential to affect all residents for whom the employees provided care. Findings included: - Review of newly hired employee records revealed the following:	S5258		

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S5258	Continued From page 9 Certified Nurses Aide (CNA) B hired on 03/24/25 lacked evidence of registration check completed upon hire. Interview on 05/01/25 at 11:18 AM Operator/Nurse A looked through multiple files and reported she could not find the registration check for CNA B. The operator failed to ensure newly hired employee records contained evidence of completion of the required registry check upon hire.	S5258		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication	S5315		

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S5315	Continued From page 10 aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1) The facility reported a census of two residents. Based on observation and interview, the operator failed to ensure staff stored medications securely to ensure only "Licensed Nurses" and "Medication Aides" had access to the stored medications. Findings included: - Surveyor made an unannounced visit was made to the facility on 05/01/25 at 09:45 AM and upon entering the facility the only staff present in the facility was Certified Nurse Aide (CNA) B. Observation on 05/01/25 at 10:23 AM the medication cart keys were on top of the cart, accessible to any resident or employee. CNA B confirmed the keys were the ones for the medication cart and said staff kept the keys in the side tray on the medication cart. With CNA B present, Surveyor tried the keys, and they did	S5315		

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S5315	Continued From page 11 open the medication cart and had a key for the narcotic box. Interview on 05/01/25 at 11:16 PM Operator/Nurse A reported she usually just put the keys in the tray on the side of the cart. Operator/Nurse A acknowledged if the keys were kept in the tray, that would leave them accessible to anyone in the facility, including Certified Nurse Aides and residents. The operator failed to ensure staff stored all medications securely by having the keys accessible only to a Licensed Nurses and Certified Medication Aide.	S5315		