STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087279	A. BUILDING: _____ B. WING _____	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INFINITY LOVING HOME PLUS LLC	7334 E ELM CT WICHITA, KS 67206

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S 000	INITIAL COMMENTS The following citations represent the findings of an Initial Licensure Survey for the above named Home Plus Facility conducted on 05/07/25 and 05/08/25.	S 000		
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 two residents (R). The sample included both residents. Based on observation, interview and record review, the operator failed to ensure a licensed nurse reviewed and if necessary revised one (R3) of two sampled residents "Negotiated Service Agreement" when the resident had a significant change in service needs.	S5116		

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

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S5116	Continued From page 1 Findings included: - R3's medical record revealed she moved into the facility on 03/29/25 with a diagnoses of cerebral vascular accident and hemiplegia. R3's "Functional capacity Screen" dated 03/29/25 revealed she needed physical assistance with Activities of Daily Living (ADL), management of medications and had impaired cognition. R3's "Negotiated Service Agreement" (NSA) dated 03/29/25 revealed staff provided physical assistance with ADLs and qualified staff administered medications. The NSA did not identify the resident used a transfer pole or a sit-to-stand lift for transfers. Observation on 05/08/25 at 11:10 AM the resident had a sit-to-stand lift in her room and a transfer pole beside her bed. Interview on 05/08/25 at 11:12 AM Certified Medication Aide C reported staff used the transfer pole when getting R3 in and out of bed and the sit-to-stand lift for other transfers. Interview on 05/08/25 at 12:08 PM Operator/Nurse A reported the family brought the transfer pole and the sit-to-stand lift was obtained after she had moved into the facility. Operator/Nurse A acknowledged she had not revised the NSA to identify the resident now used a transfer pole and sit-to-stand lift. The operator failed to ensure designated staff reviewed/revised R3s NSA when her service	S5116		

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S5116	Continued From page 2 needs changed.	S5116		
S5171 SS=D	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: KAR 26-42-204 (i) The facility reported a census of two residents(R). The sample included both residents. Based on observation, interview, and record review the operator failed to ensure designated staff assessed one (R3) of two sampled resident's who used a transfer pole and had bilateral bed assistive devices to ensure that they were secure, not a restraint, and the resident could use them safely. Findings included: - R3's medical record revealed he moved into the facility on 03/29/25 with a diagnoses of cerebral vascular accident and hemiplegia. R3's "Functional capacity Screen" dated 03/29/25 revealed she needed physical assistance with Activities of Daily Living (ADL), management of medications and had impaired cognition. R3's "Negotiated Service Agreement" (NSA) dated 03/29/25 revealed staff provided physical assistance with ADLs and qualified staff	S5171		

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S5171	Continued From page 3 administered medications. R3's record lacked documentation of completing an assessment for the resident's ability to safely use the transfer pole or the bed rails to ensure they were not a restraint. Observation/interview on 05/07/25 at 03:31 PM revealed the resident had a transfer pole beside her bed that she used when she got in and out of bed. R3 stated the staff open her hand and then she holds on with both when she gets in and out of bed. Observation on 05/08/25 at 11:10 AM revealed R3 had bilateral bed rails on her bed that were in the raised position. Interview on 05/08/25 at 12:09 PM Administrative Staff B reported he checked the transfer pole to make sure it was good and secure, but he had not assessed it to make sure the resident could use it safely. He also acknowledged he had not completed the assessment form for bed rails. The operator failed to ensure designated staff assessed the functionality of R3's transfer pole and bed rails to ensure she could safely use them, they were secure, and the bed rails were not a restraint.	S5171		
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	S5215		

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S5215	Continued From page 4 employment to the home ' s emergency management plan; (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. Findings included: - Review of information provided by Administrative Staff B on 05/08/25 at 09:40 AM included reviews of the emergency management plan on March 2025 but lacked evidence of reviewing it with residents. Interview on 05/08/25 at 09:45 AM Administrative Staff B reported he has not reviewed the emergency management plan with the residents but did with the family when they moved in.	S5215		

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S5215	Continued From page 5 The operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the emergency management plan with all residents.	S5215		
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 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 two (R3 and R4) of two sampled residents. Findings included: - R3's medical record revealed he moved into the facility on 03/29/25 with a diagnoses of cerebral vascular accident and hemiplegia. R3's "Functional capacity Screen" dated 03/29/25 revealed she needed physical	S5251		

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S5251	Continued From page 6	S5251		

assistance with Activities of Daily Living (ADL), management of medications and had impaired cognition.

R3's "Negotiated Service Agreement" (NSA) dated 03/29/25 revealed staff provided physical assistance with ADLs and qualified staff administered medications.

R3's nursing progress notes included the following documentation:
03/29/25 at 1540 - included documentation of moving into the facility but did not include a nurse's signature.
03/29/25, 03/30/25, 03/31/25, and 04/01/25 nursing notes failed to include the time written and the nurses signature.

Interview on 05/08/25 at 09:06 AM Operator/Nurse A reviewed Nurses Notes with Surveyor and acknowledged she failed to sign and date some of the notes.

The operator failed to ensure designated staff included the time of documentation and failed to include the nurse's signature.

- Review of R4's record revealed she moved into the facility on 03/26/25 with diagnoses of having a brain bleed.

R4's 'Functional Capacity Screen dated 03/26/25 identified she required physical assistance with activities of daily living, medication administration and was at risk for falls.

R4's "Negotiated Service Agreement" dated 03/26/25 identified staff would provide assistance

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S5251	Continued From page 7 with activities of daily living and administer her medications. R4's nursing progress notes included documentation for 03/26/25, 03/27/25, 03/28/25, and 04/18/15 documentation failed to include the time and the nurse's signature. The documentation on 04/18/25 identified the resident went to the emergency room via emergency medical services but failed to include any documentation of the resident returning to the facility. Interview on 05/08/25 at 11:45 AM Operator/Nurse A reviewed her nursing notes and acknowledged she failed to include the time and her signature on the documentation. Operator/nurse A also acknowledged she failed to document when R4 returned to the facility from the emergency room. The operator failed to ensure designated staff included the time of documentation and failed to include the nurse's signature.	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 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	S5258		

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S5258	Continued From page 8 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 complete the required registry checks upon hire for three of five newly hired staff. and failed to complete the required criminal background checks upon hire for three 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: Operator/Registered Nurse A hired on 03/01/25 did not have her licensure checked/printed until 05/07/25.	S5258		

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S5258	Continued From page 9 Administrative Staff B hired on 03/01/25 did not have his Certified Nurse Aide (CNA) registration checked until 04/04/25. Certified Medication Aide C hired on 03/26/25 did not have her registration checked until 04/4/25 and her criminal background check submitted until 04/07/25. CNA D hired on 03/27/25 did not have his criminal background check submitted until 04/07/25. CMA E hired on 03/27/25 did not have her criminal background check submitted until 04/07/25. Interview on 05/08/25 at 10:32 AM Administrative staff B reported when they thought about hiring someone, he would look in the computer and check to make sure they were on the registry but did not realize initially that he needed to print them out. He also reported he did not realize he needed to do the criminal background checks before someone could work. The operator failed to ensure newly hired employee records contained evidence of completion of the required registry check upon hire and criminal background checks submitted upon hire.	S5258		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall	S5313		

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S5313	Continued From page 10 place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of two residents (R). Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each package and/or bottle/tube of over-the-counter medications. Findings included: - On 05/07/25 at 03:44 PM Operator/RN A unlocked the medication cart which revealed the following medications without a resident's full name on the bottle: Melatonin, Tylenol 325 milligrams (mg), Tylenol Extra Strength, stool softener, Unopened bottle of Tylenol, Laxative powder, Philips Milk of Magnesia. Interview on 05/07/25 at 03:46 PM, Operator/Nurse A acknowledged over the counter medications should have the residents name written on them.	S5313		

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S5313	Continued From page 11 The operator failed to ensure each over-the-counter medication included the residents' full name on the package and the medication container.	S5313		
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 two 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 provided by Operator/RN A on 05/07/25 revealed the facility had a census of two residents who had no cognitive impairment. During initial tour on 05/07/25 at 03:17 PM observations revealed the following unsecured chemicals:	S5335		

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S5335	Continued From page 12 On the bathroom counter by the sink in the main hall was a plastic container of Clorox disinfecting wipes and a spray bottle of Lysol disinfecting spray. Above the washer was a cabinet labeled "cleaning supplies" that was not locked. It contained a bottle of liquid bounce, spray bottle of Windex, jug of Fabuloso all purpose cleaner, Gallon of Clorox bleach, and a bottle of Downey beads. In another restroom the open medicine cabinet contained a bottle of Lysol toilet bowl cleaner and a spray can of Lysol disinfectant. Interview on 05/07/25 at 03:21 PM Administrative Staff B acknowledged chemicals were supposed to be in locked cabinets and secured. The operator failed to ensure staff kept chemicals safely secured to maintain safety for all residents and the public.	S5335		