STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087284	A. BUILDING: _____ B. WING _____	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCE BEGONIA II AT CRESTVIEW HOUSE 2	3402 E. PINE STREET 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 an initial certification survey with a complaint #194021 at the above named Home Plus conducted on 05/13/25 and 05/14/25.	S 000		
S 110 SS=F	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: 0110 KAR 26-39-103(c)(1)(B) The facility reported a census of three residents.	S 110		

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

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S 110	Continued From page 1 Based on interview and record review the operator failed to ensure Resident (R)101, R102 and R103 were informed, both orally and in writing of the rules governing resident conduct and responsibility. Findings included: - R101 was admitted to the facility on 03/26/25 with a diagnosis of congestive heart failure. Review of R101's medical records failed to locate documentation that he was informed of the rules governing resident conduct and responsibility. On 05/14/25 at 11:25 AM Administrative Staff A stated R101 was not informed of resident responsibilities and code of conduct before admitting to the facility. The operator failed to ensure R101 was informed of the rules governing resident conduct and responsibility. - R102 was admitted to the facility on 04/13/25 with a diagnosis of bipolar disorder. Review of R102's medical records failed to locate documentation that she was informed of the rules governing resident conduct and responsibility. On 05/14/25 at 11:25 AM Administrative Staff A stated R101 was not informed of resident responsibilities and code of conduct before admitting to the facility. The operator failed to ensure R102 was informed	S 110		

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S 110	Continued From page 2 of the rules governing resident conduct and responsibility. - R103 was admitted to the facility on 03/01/25 with a diagnosis of diabetes mellitus. Review of R103's medical records failed to locate documentation that he was informed of the rules governing resident conduct and responsibility. On 05/14/25 at 11:25 AM Administrative Staff A stated R101 was not informed of resident responsibilities and code of conduct before admitting to the facility. The operator failed to ensure R103 was informed of the rules governing resident conduct and responsibility.	S 110		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: 5029 KAR 26-42-101(g) The operator reported a census of three	S5029		

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S5029	Continued From page 3 residents. Based on observation and interview the operator failed to ensure a notice of availability of policies and procedures related to resident services was posted in a place readily accessible to residents. Findings included: - On 05/13/25 at 12:20 PM during the initial tour of the facility a notice of availability of policies and procedures was not located. On 05/14/25 at 12:00 PM Administrative Staff B acknowledged a sign of availability of policies and procedures was not posted. The operator failed to ensure a notice of availability was posted in a place readily accessible to residents.	S5029		
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.	S5080		

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S5080	Continued From page 4 This REQUIREMENT is not met as evidenced by: 5080 KAR 26-42-201(a) The facility reported a census of three residents with all residents included in the sample. Based on interview, and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) for Resident (R)103 was signed by the designated staff who completed the assessment upon admission to the facility. Findings included: - R103's medical record revealed he moved into the facility on 03/01/25 with a diagnosis of diabetes mellitus. The 03/01/25 FCS was not signed by the designated staff who completed it. On 05/14/25 at 11:14 AM Administrative Staff A stated R103's admission FCS was not signed by the staff who completed it. The operator failed to ensure R103's FCS was signed by the designated staff who completed the assessment.	S5080		

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S5105	Continued From page 5	S5105		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: 5105 KAR 26-42-202(a)(1) The facility reported a census of three residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)101 and R102. Findings included:	S5105		

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S5105	Continued From page 6 - R101's medical record revealed he moved into the facility on 03/26/25 with a diagnosis of congestive heart failure. The 03/26/25 FCS revealed R101 had short-term and memory/recall issues. The 03/26/25 NSA did not address what services staff provided concerning R101's cognition. On 05/14/25 at 11:25 AM Administrative Staff A stated R101's NSA did not address his impaired cognition. The 03/18/2014 "Negotiated Service Agreement" policy documented, "Services are based on the functional capacity screen, service needs, and preferences. The operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS. - R102's medical record revealed she moved into the facility on 04/13/25 with a diagnosis of bipolar disorder. The 04/01/25 FCS documented R102 required physical assistance with bathing, dressing, toileting, was frequently incontinent, had short-term, long-term, memory/recall and decision-making impairment and triggered for falls/unsteadiness. The 04/13/25 NSA did not address what services staff provided concerning R102's bathing, dressing, toileting, was frequently incontinent, had short-term, long-term, memory/recall and	S5105		

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S5105	Continued From page 7 decision-making impairment and triggered for falls/unsteadiness. On 05/14/25 at 11:44 AM Administrative Staff A stated R102's NSA did not address all services staff provided based what triggered on the FCS. The 03/18/2014 "Negotiated Service Agreement" policy documented, "Services are based on the functional capacity screen, service needs, and preferences. The failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS.	S5105		
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: 5115 KAR 26-42-202(c) The facility reported a census of three residents with all residents included in the sample. Based on interview, and record review the operator failed to ensure a "Negotiated Service Agreement" (NSA) was developed for resident (R)103 upon admission to the facility. Findings included:	S5115		

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S5115	Continued From page 8 - R103 admitted to the facility on 03/01/25 with diagnosis of diabetes mellitus. The 03/01/25 Functional Capacity Screen documented R103 required physical assistance with bathing and dressing, required supervision with toileting, transfers, walking and mobility. Staff managed R103's medications and treatments. R103 had cognitive impairment with short-term memory, memory/recall and decision-making ability. Review of R103's medical records failed to locate a completed NSA. On 05/14/25 at 11:14 AM Administrative Staff A confirmed an admission NSA was not completed for R103. The operator failed to ensure designated staff developed an NSA for R103 upon admission to the facility.	S5115		
S5126 SS=E	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 by: 5126	S5126		

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S5126	Continued From page 9 KAR 26-42-202(h) The facility had a census of three residents with all three residents included in the sample. The operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for Resident (R)101 and R102. Findings included: - R101's medical record revealed he moved into the facility on 03/26/25 with a diagnosis of congestive heart failure. The 03/26/25 FCS revealed R101 had short-term and memory/recall issues. The 03/26/25 NSA was not signed by R101 or a legal representative. On 05/14/25 at 11:25 AM Administrative Staff A stated R101 did not sign the 03/01/25 NSA. The operator failed to ensure R101's NSA was signed by all those involved in the development of the NSA. - R102's medical record revealed she moved into the facility on 04/13/25 with a diagnosis of bipolar disorder. The 04/01/25 FCS revealed R102 had severely impaired cognition. The 04/01/25 NSA was not signed by R102's legal representative or the designated facility	S5126		

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S5126	Continued From page 10 staff. On 05/14/25 at 11:44 AM Administrative Staff A stated R102's NSA was not signed by anyone involved with the development of the NSA. The operator failed to ensure R102's NSA was signed by all those involved in the development of the NSA.	S5126		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: 5161 KAR 26-42-204(d) The facility reported a census of three residents with all three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for Resident (R)101 and R102. Findings included: - R101's medical record revealed he moved into the facility on 03/26/25 with a diagnosis of	S5161		

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S5161	Continued From page 11 diabetes mellitus. The 03/26/25 "Functional Capacity Screen" (FCS) revealed R101 required assistance with the management of medications and treatments. The 03/26/25 NSA did not identify the nurse responsible for the implementation and supervision of R101's health care services plan. On 05/14/25 at 11:25 AM Administrative Staff A stated R101's NSA did not identify the licensed nurse responsible for the implementation and supervision of the health care services plan. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R101. - R102's medical record revealed she moved into the facility on 04/13/25 with a diagnosis of bipolar disorder. The 04/01/25 FCS revealed R102 required physical assistance with bathing, dressing, toileting, transfers, walking and mobility. R102 required staff to manage her medications and treatments. The 04/13/25 NSA did not identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R102. On 05/14/25 at 11:44 AM Administrative Staff A stated R102's NSA did not identify the licensed	S5161		

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S5161	Continued From page 12 nurse responsible for the implementation and supervision of the health care services plan. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R102.	S5161		
S5210 SS=F	26-42-104 (b) Written Emergency Plan b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: 5210 KAR 26-42-104(b)(5) The facility reported a census of three residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure the disaster and emergency plan include all required items as it failed to include information concerning severe weather or	S5210		

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S5210	Continued From page 13 missing residents. Findings included: - On 05/13/25 review of the emergency management plan revealed it did not include information concerning severe weather or missing residents. On 05/14/25 at approximately 12:00 PM Administrative Staff A acknowledged the facility emergency management plan lacked information on severe weather and missing residents. The operator failed to ensure the emergency management plan included all the required items.	S5210		
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; (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.	S5215		

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S5215	Continued From page 14 This REQUIREMENT is not met as evidenced by: 5215 KAR 26-42-104(d)(3) The facility reported a census of three residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 05/13/25 at approximately 01:30 PM documentation of quarterly reviews of the emergency management plan was requested from Administrative Staff B. The facility lacked documentation of quarterly reviews completed for the first quarter of 2025. On 05/13/25 at approximately 01:30 PM Administrative staff B stated they had not completed any quarterly reviews of the emergency management plan with staff or residents. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff.	S5215		
S5220 SS=F	26-42-104 (e) Emergency Plan Available (e) Each administrator or operator shall make the	S5220		

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S5220	Continued From page 15 emergency management plan available to the staff, residents, and visitors. This REQUIREMENT is not met as evidenced by: 5220 KAR 26-42-104(e) The facility reported a census of three residents. Based on observation and interview the operator failed to ensure a copy of the emergency management plan was made available to staff, residents, and visitors. Findings included: - On 05/13/25 at 12:20 PM during the initial tour of the facility a copy of the emergency management plan was not located. On 05/13/25 at approximately 01:30 PM Administrative Staff B stated she had the emergency management plan at the office at a different location and would have to go and bring it to the facility. The operator failed to ensure a copy of the emergency management plan was made available to staff, residents, and visitors.	S5220		
S5225 SS=F	26-42-207 (a) (b) (1)(2)(3)(4) Infection Control a) The administrator or operator of each home plus shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure	S5225		

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RESIDENCE BEGONIA II AT CRESTVIEW HOUSE 2	3402 E. PINE STREET WICHITA, KS 67208

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S5225	Continued From page 16 the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; This REQUIREMENT is not met as evidenced by: 5225 KAR 26-42-207(a) The facility had a census of three residents. The operator failed to ensure the provision of a sanitary environment for resident, staff and visitors by not providing disposable towels for use to dry off hands after washing them. Findings included: - On 05/13/25 at 12:25 PM observation of the east restroom revealed there were no disposable towels available for people to dry their hands. On 05/13/25 at 12:45 PM observation of the northeast restroom revealed there were no disposable towels available for people to dry their hands. The 03/18/2014 "Infection Control" policy	S5225		

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S5225	Continued From page 17 documented, "Residence Begonia Home Plus shall ensure the provision of a safe, sanitary and comfortable environment for residents...Hand Hygiene Policy...Dry hands with a paper towel." The operator failed to ensure the provision of a sanitary environment for all individuals who used the public restrooms.	S5225		
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: 5320 KAR 26-42-207(c) The facility reported a census of three residents. Based on interview and record review for three residents and two new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis	S5230		

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S5230	Continued From page 18 (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Review of two newly hired staff records revealed the following: "Certified Nurse Aide" (CNA) C's employee record revealed a hire date of 05/02/25. The facility failed to ensure a two-step TB skin test, or a chest x-ray was completed within seven days of being hired. CNA D's employee record revealed a hire date of 03/01/25. The facility failed to ensure the TB Symptom Screening Questionnaire, and a two-step TB skin test (TST) was administered, or a chest x-ray was completed within seven days of being hired. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of ...employment ...Each new ...employee shall receive a two-step TST ...within 7 days of ...employment unless ...new employee provides documented evidence of a previous positive TST or positive IGRA, including the date the TST was administered or laboratory test drawn, the test results, the findings of anterior-posterior and lateral view chest x-rays and physician documentation confirming that the individual does not have active TB." The operator failed to ensure the facility	S5230		

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S5230	Continued From page 19 remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees.	S5230		
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: 5251 KAR 26-42-105(f)(11) The facility reported a census of three residents. The sample included all three residents. Based on record review and interview the operator failed to ensure documentation concerning R103's pressure wound in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action. Findings included: - Review of R103's medical record revealed he was admitted to the facility on 03/01/25 with a diagnosis of diabetes mellitus.	S5251		

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S5251	Continued From page 20 The 03/01/25 "Functional Capacity Screen" (FCS) documented R103 required supervision with transfers and ambulation and staff managed his medications and treatments. The operator failed to develop a Negotiated Service Agreement for R103 upon admission to the facility. Review of R103's medical records failed to find any documentation concerning his having a pressure wound to the bottom of his left foot. On 05/14/25 at 11:14 AM Administrative Staff A stated R103 has had a long history of problems with a pressure ulcer on his left foot which resolved and then would come back again. Administrative Staff A stated R103 has had the same home health nurse that treated his foot for years. Administrative Staff A stated staff noticed the pressure wound on R103's foot appear again about a week ago and called to set up wound care services with the home health nurse. Administrative Staff A stated there was no documentation in the nursing notes about any of this to include a description of the wound, measurements, treatment, who treated his wound, and what interventions were put into place to help heal or prevent the wound from getting any worse. The operator failed to ensure documentation for R103's care was in accordance with accepted professional standards and practices.	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records	S5258		

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S5258	Continued From page 21 (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 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: 5258 KAR 26-42-102(d)(1)(2) The facility reported a census of three residents. Based on interview and record review, the operator failed to ensure one of two newly hired employees records included evidence of verification with the nurse aide registry was completed prior to staff employment, and the operator failed to ensure one of two newly hired	S5258		

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S5258	Continued From page 22 employee records included evidence a criminal background check was completed in a timely manner. Findings included: - Review of employee files conducted on 05/13/25 revealed the following: "Certified Nurse Aide" (CNA) C was hired on 03/01/25. Documentation revealed a verification with the nurse aide registry was completed on 04/09/25, 40 days after being hired. Documentation revealed a criminal background check was completed on 04/21/25 which was 52 days after CNA C was hired. The operator failed to ensure verification with the nurse aide registry was completed prior to staff employment and a criminal background check was completed in a timely manner.	S5258		
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: 5335	S5335		

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S5335	Continued From page 23 KAR 28-39-437 (a) The facility reported a census of three residents. Based on observation the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - An observation on 05/13/25 at 12:28 PM revealed the closet by the dining room had the following unlocked chemicals: One 19-ounce (oz.) spray can of Lysol Disinfectant spray Two containers of Members Mark brand disinfectant wipes Two Hot Shot brand Bedbug and Flea foggers An observation on 05/13/25 at 12:30 PM of the kitchen revealed there was a container of Clorox brand disinfectant wipes and an unmarked spray bottle with purple liquid that staff identified as an "air freshener." An observation on 05/13/25 at 12:41 PM of the laundry room revealed there was a container of Members Mark brand disinfectant wipes. The operator failed to ensure staff kept chemicals locked for resident safety.	S5335		