STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087243	A. BUILDING: _____ B. WING _____	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD HOUSE	5516 POLO DR 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 represent the findings of a resurvey for the above named Home Plus facility conducted on 06/05/25.	S 000		
S5055 SS=F	26-42-101 (l) Survey Report l) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a common area to residents and any other individuals wishing to examine survey results. This REQUIREMENT is not met as evidenced by: 5055 KAR 26-42-101 (l) The facility reported a census of 10 residents. Based on observation and interview the operator failed to ensure a copy of the most recent survey report was made available in a common area for residents and any other individuals to examine. Findings included: - An observation on 06/05/25 at 10:35 AM revealed a notebook located in the foyer of the front entrance did not have the most recent survey results. On 06/05/25 at approximately 02:30 PM Administrative Staff A confirmed the most common state survey results were not included in the notebook and would have to print off a copy.	S5055		

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

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S5055	Continued From page 1 The operator failed to ensure a copy of the most recent survey results was available in a common area for residents and any other individuals wishing to examine them.	S5055		
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 10 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) was fully developed based on the	S5105		

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S5105	Continued From page 2	S5105		

resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)101 and R102.

Findings included:

- R101's medical record revealed she moved into the facility on 02/06/25 with a diagnosis of dementia.

The 02/06/25 FCS identified R101 was identified as having hearing impairment.

The 02/06/25 NSA/HCSP did not address what services staff provided R101 concerning her hearing impairment.

On 06/05/25 at 01:54 PM Administrative Staff A acknowledged the NSA/HCSP did not address what services staff provided R101 concerning her hearing impairment.

The operator failed to ensure R101's NSA/HCSP was fully developed to include all items that triggered on the FCS, her service needs, and preferences.

- R102's medical record revealed she moved into the facility on 05/02/22 with a diagnosis of diabetes mellitus.

The 05/02/25 FCS identified R102 required physical assistance with transfers and mobility and triggered for falls.

The 05/02/25 NSA/HCSP did not address what services staff provided R102 to help prevent

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S5105	Continued From page 3 falls. On 06/05/25 at 02:04 PM Administrative Staff A stated R102's NSA/HCSP did not address falls. The operator failed to ensure R102's NSA/HCSP was fully developed to include all items that triggered in the FCS.	S5105		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 10 residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure a licensed nurse coordinated the provision of necessary health care services, which met the needs for one resident by the failure to complete and document an assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint.	S5155		

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S5155	Continued From page 4 Findings included: - Record review for R101 revealed an admission date of 02/06/25 with the following a diagnosis of dementia. The 02/06/25 Admission "Functional Capacity Screen" (FCS) identified R101 was unable to perform bathing, dressing, toileting, and management of medications and treatments. She required physical assistance with transfers and walking/mobility. She had difficulties with short-term memory, memory/recall, and decision making, and was marked for falls, and impaired hearing. The 02/06/25 combined admission "Negotiated Service Agreement/ Health Care Service Plan" (NSA/HSP) did not address what services staff provided R101 concerning hearing impairment. R101's record lacked documentation of a completed bed rails assessment. The 06/05/25 resident roster provided by the facility upon state surveyor's entrance documented R101 used a bed assist device. An observation on 06/05/25 at 02:14 PM revealed R10's bed, had a half rail in place which was within FDA guidelines and properly mounted to the bed frame. On 06/05/25 at 01:54 PM Administrative Staff A stated she thought she completed a bed rail assessment but could not find it in R101's	S5155		

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S5155	Continued From page 5 medical records. The operator failed to ensure a completed and documented assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint.	S5155		