| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B076002 | A. BUILDING: _____ B. WING _____ | 07/01/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SOUTH WIND HOME | 496 YUCCA LANE PRATT, KS 67124 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a R-Licensure Survey for the above named Home Plus Facility conducted on 06/30/25 and 07/01/25. | S 000 | | |
| S5105 SS=E | 26-42-202 (a) Negotiated Service Agreement<br><br>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:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-202(a)(1)<br><br>The facility reported a census of eleven residents (R). The sample included three residents. Based on interview, and record review for two (R4and R5) of three sampled residents, the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and | S5105 | | |

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

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| S5105 | Continued From page 1<br>service needs that included a description of services to be provided.<br><br>Findings included:<br><br>- Review of R4's record revealed she moved into the facility on 05/01/23 with a diagnosis of Alzheimer's disease.<br><br>R4's "Functional Capacity Screen" dated 01/16/25 identified she was dependent on staff for bathing and management of medications and medical treatments, needed physical assistance with transfers, mobility and eating. It identified R4 had cognitive impairment, rarely able to understand others or make self understood, had impaired vision and impaired decision-making ability.<br><br>R4's "Negotiated Service Agreement" (NSA) dated 01/16/25 included a description of services provided for activities of daily living, but failed to include a description of services for management of medical treatments, cognition, communication, impaired hearing and decision making. The NSA also failed to include how the resident would exit the facility, as she is totally dependent on assistance of someone else to exit in case of an emergency.<br><br>Observation on 07/01/25 at 10:14 AM Licensed Nurse B and Certified Medication Aide (CMA) C helped R4 to transfer out of her recliner into her wheelchair. Staff explained to the resident what they were doing, and with one on each side helped her to stand up. R4 stood straight up and took a few steps with staff guidance and staff proceeded to help her to sit in the wheelchair. | S5105 | | |

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| S5105 | Continued From page 2<br>During the process the resident just looked at the staff and did not verbally communicate.<br><br>Interview on 07/01/25 at 09:14 AM CMA C reported R4 required two staff for assistance with all transfers and continued to walk sometimes with assistance of two staff, but she is stiff and leans backwards. CMA C reported on rare occasion R4 will say a word like hello or something she sees, but otherwise she does not verbally communicate. CMA C confirmed R4 cannot propel herself in the wheelchair and needed staff to feed her.<br><br>Interview on 07/01/25 Administrative Staff A reviewed R4's NSA and confirmed it did not address services for R4's needs as identified on the FCS.<br><br>The operator failed to ensure R4's NSA included a description of services for identified needs in the FCS.<br><br>- Review of R5's record revealed she moved into the facility on 08/07/24 with diagnosis of vascular dementia.<br><br>R5's "Functional Capacity Screen" dated 01/16/25 identified R5 needed physical assistance with dressing, walking, and management of medications and treatments. It also identified R5 had impaired cognition and impaired vision.<br><br>R5's "Negotiated Service Agreement" (NSA) dated 01/16/25 included services related to activities of daily living but failed to include a description of services related to impaired | S5105 | | |

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| S5105 | Continued From page 3<br>cognition.<br><br>Observation on 07/01/25 at 08:37 AM Certified Medication Aide (CMA) C helped R5 to stand from the breakfast table and walked beside her to the living room chair helping guide her walker a few times.<br><br>Interview on 07/01/25 at 09:20 AM CMA C reported R4 can do a lot of things herself we just have to guide and cue her.<br><br>Interview on 07/01/25 at 11:15 AM Administrative Staff A reviewed R5's NSA and confirmed it did not include a description of services related to cognition.<br><br>The operator failed to ensure designated staff completed R5's NSA to include a description of services related to impaired cognition as identified on his FCS. | S5105 | | |
| S5116 SS=D | 26-42-202 (d) NSA revisions<br><br>(d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:<br>(1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100;<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and<br>(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. | S5116 | | |

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| S5116 | Continued From page 4 | S5116 | | |

This REQUIREMENT is not met as evidenced by:
KAR 26-42-202(d)(2)

The facility reported a census of 11 residents (R). The sample included three residents. Based on interview and record review, the operator failed to ensure a licensed nurse reviewed and if necessary revised one (R4) of three sampled resident records "Negotiated Service Agreement" when the resident had a significant change in service needs and returned from the hospital.

Findings included:

- Review of R4's record revealed she moved into the facility on 05/01/23 with a diagnosis of Alzheimer's disease.

R4's "Functional Capacity Screen" dated 01/16/25 identified she was dependent on staff for bathing and management of medications and medical treatments, needed physical assistance with transfers, mobility and eating. It identified R4 had cognitive impairment, rarely able to understand others or make self understood, had impaired vision and impaired decision-making ability.

R4's "Negotiated Service Agreement" (NSA) dated 01/16/25 included a description of services provided for activities of daily living and her need for assistance with management of medications and medical treatments.

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| S5116 | Continued From page 5<br><br>R4's record included an "Addendum to the Negotiated Service Agreement" dated 04/21/25 identifying R4 started Hospice Care services with a local company when she returned from the Hospital.<br><br>Interview on 07/01/25 at 09:14 AM Certified Medication Aide (CMA)C reported R4 had declined is totally dependent on staff for dressing and eating. CMA C reported staff will still walk her on a rare occasion with two staff but staff usually have to push her in the wheelchair for mobility.<br><br>The operator failed to ensure designated staff reviewed/revised R4's NSA when she returned from the hospital and had a significant decline in status. | S5116 | | |
| S5185 SS=D | 26-42-206 (a) (b) (c) Dietary Services<br><br>(a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement.<br>(b) The supervisory responsibility for dietetic services shall be assigned to one employee.<br>(c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. | S5185 | | |

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| S5185 | Continued From page 6<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-206 (c)<br><br>The facility reported a census of seven residents(R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure one (R4) of three sampled residents record included approved instructions from a medical care provider or licensed dietitian on how to prepare R4's "pureed" diet.<br><br>Findings included:<br><br>- Review of R4's record revealed she moved into the facility on 05/01/23 with a diagnosis of Alzheimer's disease.<br><br>R4's "Functional Capacity Screen" dated 01/16/25 identified she required physical assistance with eating, had impaired cognition and impaired decision-making.<br><br>R4's "Negotiated Service Agreement" (NSA) dated 01/16/25 identified staff assisted R4 with eating as needed.<br><br>R4's "Health Care Service Plan" dated 01/16/25 included an update on 04/21/25 that she received a pureed diet and needed assistance with feeding.<br><br>Observation on 07/01/25 at 7:35 AM resident sat at the breakfast table and Certified Medication Aide C sat beside her and fed her the meal. | S5185 | | |

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| S5185 | Continued From page 7<br><br>Observation on 07/01/25 at 11:50 AM revealed staff served R4 pureed spaghetti.<br><br>Observation in the kitchen area were two pieces of paper taped to the cabinets that included how to Puree food and one that included foods to avoid.<br><br>Interview on 07/01/25 at 12:53 PM Certified Nurse Aide/dietary staff D reported she followed the instructions on the cabinet for how to prepare R4's food.<br><br>Interview on 07/01/25 at 01:09 PM Administrative Staff A reported she got the directions off ChatGPT and did not realize they had to be approved by a physician or dietitian.<br><br>The operator failed to ensure staff had instructions from a medical care provider or licensed dietitian on how to prepare a "pureed" diet for R4. | S5185 | | |
| S5251 SS=D | 26-42-105 (f) (11) Resident Records Documentation of Incidents<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-105(f)(11) | S5251 | | |

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| S5251 | Continued From page 8<br><br>The facility reported a census of 11 residents(R). The sample included three 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 (R4) of three sampled residents.<br><br>Findings included:<br><br>- Review of R4's record revealed she moved into the facility on 05/01/23 with a diagnosis of Alzheimer's disease.<br><br>R4's "Functional Capacity Screen" dated 01/16/25 identified she was dependent on staff for bathing and management of medications and medical treatments, needed physical assistance with transfers, mobility and eating. It identified R4 had cognitive impairment, rarely able to understand others or make self understood, had impaired vision and impaired decision-making ability.<br><br>R4's "Negotiated Service Agreement" (NSA) dated 01/16/25 included a description of services provided for activities of daily living and her need for assistance with management of medications and medical treatments.<br><br>Review of R4's physician orders and nursing documentation included the following:<br>02/10/25 - physicians order for Cipro (antibiotic twice a day for seven days.<br>The nursing documentation lacked information the physician started an antibiotic and follow as | S5251 | | |

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| S5251 | Continued From page 9 | S5251 | | |

to the results of the antibiotic.
02/15/25- nursing documentation identified R4's left foot had purple discoloration on her toes and her 4th digit was swollen.
The record lacked follow up if the bruising and swelling resolved.
04/16/25 - Nurse documented an elevated temperature of 102.8 with Tylenol give and the next documentation was on 04/21/25 identifying she returned from the hospital.
The record lacked documentation of date and reason she went to the hospital.
04/29/25 - New physicians order for Meloxicam (nonsteroidal anti-inflammatory) daily for five days then as needed.
The nursing documentation failed to include the of the results of the scheduled Meloxicam.
05/28/25 - New order for Meloxicam daily.
The nursing documentation failed to include that she received Meloxicam daily and the results of medication.

Interview on 07/01/25 at 12:59 PM Licensed Nurse B reported she would expect the nurse to document in the record if a resident left the facility, changes in behavior, status, they document they called the nurse when they give as needed medications, basically any changes. Licensed Nurse B confirmed the record did not include documentation for new medications and changes the resident had.

The operator failed to ensure designated staff documented incidents, symptoms of illness, what was done and results of action take for R4.