Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023025	A. BUILDING: _____ B. WING _____	08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELTERN'S HOUSE	1701 RESEARCH PARK DR LAWRENCE, KS 66047

(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 resurvey on 08/07/25 and 08/11/25 at the above-named Home Plus resulted in a finding of the following citation.	S 000		
S5105 SS=D	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: KAR 26-42-202(a)(3) The facility reported a census of twelve residents with three included in the sample and three closed reviews. Based on interview and record review the Operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R) 2 identified each party responsible for payment when an outside provider was listed	S5105		

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

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S5105	Continued From page 1 for wound care services. Findings included: - Record review for R2 revealed an admission date of 04/24/23 with diagnoses of depression, anxiety and carotid artery stenosis. The 06/02/25 "Functional Capacity Screen" (FCS) identified R2 required physical assistance for bathing, dressing, toileting and transfers and was unable to perform walking/mobility, and management of medications and treatments. The 06/02/25 "NSA" identified R2 received wound care from an outside provider but failed to identify the party responsible for payment for those services. On 08/11/25 at 02:42 PM Administrative Nurse C confirmed the "NSA" for R2 failed to identify the party responsible for R2's wound care services. The Operator failed to ensure the "NSA" identified each party responsible for payment when an outside provider was listed for wound care services.	S5105		