STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087216	A. BUILDING: _____ B. WING _____	C 07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN BOOMERS HOME PLUS, LLC	6953 E KENTFORD CIRCLE WICHITA, KS 67226

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S 000	INITIAL COMMENTS The following citations represent the findings of an Abbreviated Survey with complaint investigations 195470, 196533, and 196591 for the above named Home Plus facility conducted on 07/16/25 and 07/17/25.	S 000		
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. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of seven residents (R). The sample included three residents and one closed record review. Based on interview and record review the operator failed to ensure	S5080		

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

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S5080	Continued From page 1 one (R5) of three residents had her admission screening for determination of functional capacity completed on or before moving into the facility. Findings included: - Review of R5's medical record revealed she moved into the facility on 06/25/25 with diagnoses of muscle weakness and cognitive communication deficit. On 07/16/25 at 04:46 PM Administrative Staff A reported the "Functional Capacity Screen" (FCS), the "Negotiated Service Agreement" (NSA) and the "Health Care Service Plan" (HCSP) are all one document. R5's initial admission FCS/NSA/HCSP dated 06/27/25, two days after she moved into the facility. It identified she was not able to participate in bathing, toileting, transfers, or walking and needed physical assistance with dressing. On 07/17/25 at 09:21 AM Licensed Nurse B confirmed staff were to complete the FCS/NSA/HCSP on admission. Licensed Nurse B reported she only worked part time and did not work until the 27th, two days after R5 moved in. The executive director failed to ensure R5's "Functional Capacity Screen", part of a combined document, was completed on or before moving into the facility.	S5080		
S5115 SS=D	26-42-202 (c) Admission Negotiated Service Agreement	S5115		

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S5115	Continued From page 2 (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: KAR 26-42-202 (c) The facility reported a census of seven residents (R). The sample included three residents and one closed record review. Based on interview and record review the operator failed to ensure the development of an initial "Negotiated Service Agreement" for one (R5) of three residents upon admission to the facility. Findings included: - Review of R5's medical record revealed she moved into the facility on 06/25/25 with diagnoses of muscle weakness and cognitive communication deficit. On 07/16/25 at 04:46 PM Administrative Staff A reported the "Functional Capacity Screen" (FCS), the "Negotiated Service Agreement" (NSA) and the "Health Care Service Plan" (HCSP) are all one document. R5's initial admission FCS/NSA/HCSP was completed on 06/27/25, two days after she moved into the facility. On 07/17/25 at 09:21 AM Licensed Nurse B confirmed staff were to complete the FCS/NSA/HCSP on admission. Licensed Nurse B reported she only worked part time and did not	S5115		

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S5115	Continued From page 3 work until the 27th, two days after R5 moved in. The executive director failed to ensure R5's "Negotiated Service Agreement", part of a combined document, was completed upon day of admission.	S5115		
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: KAR 26-42-105(f)(11) The facility reported a census of seven residents(R). The sample included three residents and one closed record review. 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 (R6) of one closed record review. Findings included: - Review of R6's record revealed she moved into the facility on 06/17/25 with diagnosis of mild cognitive impairment.	S5251		

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S5251	Continued From page 4 On 07/16/25 at 04:46 PM Administrative Staff A reported the "Functional Capacity Screen" (FCS), the "Negotiated Service Agreement" (NSA) and the "Health Care Service Plan" (HSP) are all one document. R6's FCS/NSA/HSP identified she needed staff to provide assistance with activities of daily living and required one assistance with cares. It also identified she was not able to manage her medications so qualified facility staff administered them for her. Review of R6's nursing progress note and medical provider notes included the following: 06/17/25 - Nursing progress note documented admission to the facility but lacked skin assessment. 06/24/25 - Medical Provider's order for resident to wear soft back brace during the day. The record lacked documentation the resident ever wore the brace or that she refused to wear it. 06/27/25 - Medical Provider's order to start Haloperidol (antipsychotic) and Alprazolam (antianxiety) medications scheduled and as needed. The record lacked documentation of any symptoms R6 had to indicate the need for an antipsychotic and antianxiety medication. 06/30/25 - Nursing progress note revealed the contusion to right hip fading - resident up during the night confused and wandering in the house. This is the first mention of R6 having a contusion on her right hip. 07/02/25 - Nursing progress note revealed a medical provider's order to discontinue Home Health per family request. The resident lacked documentation of services resident received from Home Health.	S5251		

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S5251	Continued From page 5 R6's record lacked documentation in Nursing progress notes that she had fallen and any fall follow up, or that she was taken to the hospital for evaluation related to continued pain. Interview on 07/17/25 at 10:45 AM CMA D reported she thought R6 had fallen once while she was at the facility. She reported R6 required assist of one staff most of the time but if she was aggressive, she required assistance of two staff. Interview on 07/17/25 at 01:10 PM Administrative Nurse E reported R6 had bruising on her hip and was bumping into different things and she was rolling over her feet in her wheelchair. R6 had a lot of pain and we were not able to determine if she had any injuries causing the pain. R6 had one fall when trying to get into her recliner. We sent her into the hospital to try to make sure she had no internal injuries. Interview on 07/17/25 at 12:35 PM Administrative Nurse E reported she would expect there to be documentation on admissions, medication changes, lab monitoring, hospital and medical provider visits as well as documentation of falls. The operator failed to ensure designated staff documented all symptoms, indications of illness or injury, what action was taken and results of the action for R6.	S5251		
S5316 SS=F	26-42-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall	S5316		

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S5316	Continued From page 6 maintain records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(i) The facility reported a census of seven residents. Based on interview and record review the operator failed to ensure Certified Nurse Aides were not permitted to reconcile narcotic counts. This task is to be completed only by licensed nurse or Certified Medication Aides.	S5316		

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S5316	Continued From page 7 Findings included: - Review of the Narcotic reconciliation count book for May 2025, revealed 8 times a Certified Nurse Aide (CNA) signed the Narcotic count sheet showing she reconciled the Narcotics with the Certified Medication Aide (CMA) In June 2025 a CNA signed the Narcotic Count sheet 16 times. Interview on 07/16/25 at 03:40 PM CMA C reported when she counts with the CNA they cannot touch the medications and so they (the CNA) have the narcotic book and verify the number that I tell them in the card matches what is in the book. Interview on 07/17/25 at 10:06 AM Administrative Staff A reported when there is not a CMA to count with, a CNA will count with the on-coming- off going CMA to make sure the narcotic count is accurate. Interview on 07/17/25 at 10:45 AM CMA D confirmed she has counted with the CNA when there is not an oncoming CMA to count with. The operator failed to ensure narcotic reconciliation was only conducted by a Licensed Nurse and/or a Certified Medication Aide.	S5316		