STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087245	A. BUILDING: _____ B. WING _____	08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGAPE HOME PLUS LLC	6322 E PEACH TREE LANE WICHITA, KS 67218

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S 000	INITIAL COMMENTS The following citations represent the findings of a Licensure resurvey with complaint investigation 186823 for the above named Home Plus Facility conducted on 08/18/25 and 08/19/25.	S 000		
S5080 SS=F	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 focused record review. Based on record review for three (R4, R5, R6) of three sampled residents and interview for all residents, the	S5080		

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

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S5080	Continued From page 1 operator failed to ensure the "Functional Capacity Screen" included each element and definition as specified by the department. Findings included: - Review of R4's medical record revealed she moved into the facility on 06/17/25 with diagnosis of osteoarthritis. Interview on 08/18/25 at 05:26 PM Administrative Nurse/Operator A reported the "Functional Capacity Screen", "Negotiated Service Agreement", and the "Health Care Service Plan' were considered one combined document (FCS/NSA/HCSP). R4's FCS/NSA/HCSP dated 06/16/25 failed to include a "code" section for staff to identify the resident's functional ability related to medical treatments. - Review of R5's medical record revealed she moved into the facility on 07/30/25 with diagnosis malignant breast cancer. Interview on 08/18/25 at 05:26 PM Administrative Nurse/Operator A reported the "Functional Capacity Screen", "Negotiated Service Agreement", and the "Health Care Service Plan' were considered one combined document (FCS/NSA/HCSP). R4's FCS/NSA/HCSP dated 07/30/25 failed to include a "code" section for staff to identify the resident's functional ability related to medical treatments.	S5080		

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S5080	Continued From page 2 - Review of R6's medical record revealed she moved into the facility on 03/13/24 with diagnosis of type II diabetes mellitus. Interview on 8/18/25 at 05:26 PM Administrative Nurse/Operator A reported the "Functional Capacity Screen", "Negotiated Service Agreement", and the "Health Care Service Plan' were considered one combined document (FCS/NSA/HCSP). R6's FCS/NSA/HCSP dated 8/18/25 failed to include a "code" section for staff to identify the resident's functional ability related to medical treatments. Interview on 08/19/25 at at 10:31 AM Administrative Licensed Nurse B confirmed th FCS/NSA/HCSP did not include a place for the licensed nurse to assess and code the resident's functional ability to manage medical treatments. Administrative Licensed Nurse B reported all residents had the same format for the functional capacity screen. The operator failed to ensure the "Functional Capacity Screen" section of the FCS/NSA/HCSP included each element and definition in their form as specified by the department related to management of medical treatments.	S5080		
S5095 SS=E	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form.	S5095		

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S5095	Continued From page 3	S5095		

This REQUIREMENT is not met as evidenced by:
KAR 26-42-201(d)

The facility reported a census of seven residents(R). The sample include three residents and one focused record review. Based on observation, interview, and record review the operator failed to ensure designated staff completed two (R4, R6) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability to participate in activities of daily living.

Findings Included:

- Review of R4's medical record revealed she moved into the facility on 06/17/25 with a diagnosis of osteoarthritis.

Interview on 08/18/25 at 05:26 PM Administrative Nurse/Operator A reported the "Functional Capacity Screen", "Negotiated Service Agreement", and the "Health Care Service Plan' were one combined document (FCS/NSA/HCSP).

R4's FCS/NSA/HCSP dated 06/16/25 revealed she was unable to participate in walking/mobility. It identified R4 was chair/bed bound yet required assistance of 1-2 staff to pivot transfer her.

Observation on 08/18/25 at 08:54 AM Certified Medication Aide (CMA) C and CMA D went in to

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S5095	Continued From page 4	S5095		

help R4 up for the day. After getting her dressed staff positioned her on the side of the bed, put a gait belt on her, and then with one staff on each side lifted and helped her to stand and completed a pivot transfer into the wheelchair. Staff helped her finish getting ready for the day and then pushed her out to the dining room and up to the table for breakfast.

Interview on 08/18/25 at 11:22 AM CMA C reported R4 helps a lot with care, you just have to talk to her, and she will do things. We transfer her into the wheelchair, and she uses that to move around in the facility.

Interview on 08/19/25 at 10:40 AM Administrative Licensed Nurse B confirmed she coded mobility a three and it should have been coded a two according to manual directions.

The operator failed to ensure designated staff completed the FCS accurately for R3 related to walk/mobility.

- Review of R6's medical record revealed she moved into the facility on 03/13/24 with a diagnosis of type II diabetes mellitus.

Interview on 08/18/25 at 05:26 PM Administrative Nurse/Operator A reported the "Functional Capacity Screen", "Negotiated Service Agreement", and the "Health Care Service Plan' were one combined document (FCS/NSA/HCSP).

R4's FCS/NSA/HCSP dated 08/18/25 identified she needed supervision with management of medications and was unable to participate in

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S5095	Continued From page 5	S5095		

walk/mobility. It identified a Licensed Nurse or Certified Medication Aide popped out medications and administered to resident. It also identified R6's family or the Licensed Nurse would administer insulin. It also identified she used a wheelchair propelled by staff or family for mobility.

Observation on 08/18/25 at 10:04 AM Certified Medication Aides (CMA) C and CMA D brought R6 from the dining room table to the living room via wheelchair and then put a gait belt around R6 to transfer her from the wheelchair into the recliner. With staff on each side of her they lifted and helped R6 to stand, and pivot transferred into the recliner.

Interview on 08/18/25 at 11:28 AM CMA C reported R6 needed assistance with more cares than she used to. CMA C reported R6 now used a wheelchair to get around in the facility with staff pushing her and her family comes, or the Nurse will give her insulin in the afternoon. CMA C reported the staff still give her all her other medications.

Interview on 08/19/25 at 10:30 PM Administrative Licensed Nurse B confirmed she had coded the FCS section incorrectly and medications should have been coded a "2" and walk/mobility should have been coded a "2" as well.

The operator failed to ensure designated staff completed R4's FCS section accurately related to walk/mobility, dressing, and management of medications.

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S5116	Continued From page 6	S5116		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (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. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2) The facility reported a census of seven residents(R). The sample included three residents and one focused record review. Based on interview, and record review the operator failed to ensure designated staff reviewed and revised, if necessary, the "Negotiated Service Agreement" for one (R6) of three sampled residents following a significant change in condition as defined in KAR 26-39-100. Findings Included: - Review of R6's medical record revealed she moved into the facility on 03/13/24 with a diagnosis of type II diabetes mellitus. .	S5116		

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S5116	Continued From page 7 Interview on 08/18/25 at 05:26 PM Administrative Nurse/Operator A reported the "Functional Capacity Screen", "Negotiated Service Agreement", and the "Health Care Service Plan' were one combined document (FCS/NSA/HCSP). R6's record included a FCS/NSA/HCSP dated 07/22/24 that did not identify R6 received services from an outside resource. Review of R6's record did not include any addendums between 07/22/24 and 07/22/25 which is when the next FCS/NSA/HCSP was completed. Interview on 08/18/25 at 12:52 PM with Home Health services revealed R6 received skilled home health services from 08/30/24 to 10/23/24, then 01/24/25 to 03/12/25, and then from 07/24/25 and currently on hold. Interview on 08/19/25 at 10:34 AM Administrative Licensed Nurse B reviewed R6's record and confirmed she had not revised R6's FCS/NSA/HCSP when R6 required changes related to the initiation and discontinuation of skill therapy services. The operator failed to ensure designated staff reviewed and revised the NSA section of R6's FCS/NSA/HCSP when she started and stopped services for skilled therapy.	S5116		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents	S5251		

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S5251	Continued From page 8 (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 three sampled residents. Findings included: - Review of R6's medical record revealed she moved into the facility on 03/13/24 with a diagnosis of type II diabetes mellitus. Interview on 08/18/25 at 05:26 PM Administrative Nurse/Operator A reported the "Functional Capacity Screen", "Negotiated Service Agreement", and the "Health Care Service Plan' were one combined document (FCS/NSA/HCSP). R6's FCS/NSA/HCSP dated 08/18/25 identified she was at risk for falls, had an increase in falls and was consulting with Home Health for therapy	S5251		

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S5251	Continued From page 9 services. It also identified staff provided physical assistance for all activities of daily living and administered her medications. R6's record included the following fall reports: two on 01/11/25, one on 01/18/25, 01/19/25, and one on 07/20/25. R6's record lacked follow up documentation on the falls for possible latent injuries and the results of interventions implemented. The record also included the following documentation: 10/02/24 - the resident had redness in her abdominal fold with a Nystatin (antifungal) cream twice a day for one week then use as needed. The record lacked follow up if the treatment was effective or not. 03/07/25 - Noted to have more swelling to both upper extremities and both lower extremities. The record lacked documentation of any prior concerns with swelling in upper and lower extremities. Interview on 08/19/25 at 10:32 AM Administrative Licensed Nurse B acknowledged there should have been follow-up documentation after R6 had falls to ensure she had no latent injuries or concerns and should have had follow up documentation if the Nystatin resolved R6's abdominal fold redness. 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		