STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087215	A. BUILDING: _____ B. WING _____	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRIST CARE HOME PLUS, LLC	7901 W JENNIE STREET WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey for the above named Home Plus Facility conducted on 08/27/25 & 08/28/25.	S 000		
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. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of four residents(R). The sample include three residents. Based on observation, interview, and record review the operator failed to ensure designated staff completed two (R4, R5) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability. Findings Included: - Review of R4's medical record revealed she moved into the facility on 09/13/23 with a diagnosis of dementia. R4's "Functional Capacity Screen" (FCS) dated 02/03/25 identified staff coded him a "3" for walk/mobility, indicating he could not participate	S5095		

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

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S5095	Continued From page 1 in any task related to walk/mobility. R4's "Negotiated Service Agreement/Health Care Service Plan" dated 02/03/25 identified R4 used a wheelchair for mobility and a walker for assistance with transfers. Interview on 08/27/25 at 03:14 PM Certified Nurse Aide D reported he used to use the wheelchair when he first came back from the hospital, but he is using his walker now and doing so much better. Interview on 08/28/25 at 07:54 AM Administrative Nurse B reviewed the FCS and confirmed R4 was mobile in the wheelchair and she should have coded it a "2". The operator failed to ensure designated staff completed R4's FCS section accurately related to walk/mobility. - Review of R5's medical record revealed she moved into the facility on 09/10/24 with a diagnosis of osteoarthritis. R5's "Functional Capacity Screen" (FCS) dated 09/10/25 failed to include "coding" to identify R5's functional ability related to eating. Observation on 08/27/25 at 08:40 AM R5 sat at the breakfast table and had scrambled eggs on her plate and was eating them with her fingers. Interview on 08/28/25 at 08:01 AM Administrative B reported she must have just missed coding her ability to eat.	S5095		

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S5095	Continued From page 2 The operator failed to ensure designated staff completed R5's FCS completely to identify R5's functional ability related to eating.	S5095		
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: KAR 26-42-202(a)(1) The facility reported a census of four residents (R). The sample included three residents. Based on interview, and record review for two (R4, 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 service needs that included a description of services to be provided.	S5105		

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S5105	Continued From page 3 Findings included: - Review of R4's medical record revealed he moved into the facility on 01/29/22 with a diagnosis chronic respiratory failure. . R4's "Functional Capacity Screen" (FCS) dated 02/03/25 identified he needed physical assistance with bathing, dressing, toileting, had impaired cognition and impaired vision. R4's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 02/03/25 failed to include a description of services related to his impaired vision. Interview on 08/28/25 at 07:55 AM Administrative Nurse B reviewed R4's NSA/HCSP and confirmed it did not include services related to his impaired vision. Review of the undated facility Negotiated Service Agreement policy revealed the NSA will include services based on the "Functional Capacity Screen" and include a description of the service provided. The operator failed to ensure designated staff completed R4's NSA/HCSP to include a description of services related to the identified need on his FCS related to impaired vision. - Review of R5's medical record revealed she moved into the facility on 09/10/24 with a diagnosis of osteoarthritis. R5's "Functional Capacity Screen" (FCS) dated	S5105		

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S5105	Continued From page 4 09/10/25 identified had impaired cognition. R5's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 09/10/25 failed to included services related to impaired cognition. Interview on 08/28/25 at 08:00 AM Administrative Nurse B reviewed R5's NSA/HCSP and confirmed it did not include services to provide related to her impaired cognition. Review of the undated Negotiated Service Agreement policy revealed the NSA will include services based on the "Functional Capacity Screen" and include a description of the service provided. The operator failed to ensure designated staff completed R5's NSA/HCSP to include a description of services related to the identified need on her FCS related to impaired cognition.	S5105		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes	S5230		

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S5230	Continued From page 5 adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c) The facility reported a census of four residents(R). The sample included three residents and two newly hired staff. Based on interview and record review for one of two newly hired staff, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review Certified Nurse Aide (CNA) C's employee file revealed a hire date of 07/20/25. The file lacked a TB symptom screen and lacked a two-step TB skin test or other approved testing completed according to TB guidelines. Interview on 08/27/25 at 11:38 AM Administrative Staff A thought the information provided for CNA C was a blood test results for TB. The file lacked results of any type of blood test for TB. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new employee shall have an initial TB symptom screen that includes the components of the TB questionnaire and a two step TB skin test or equivalent, within seven days of employment.	S5230		

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S5230	Continued From page 6 The operator failed to ensure one of two newly hired staff had a TB symptom screen completed and a two-step TB skin test or equivalent completed according to TB guidelines.	S5230		
S5251 SS=E	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 four residents(R). The sample included three residents. 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 three (R3, R4, R5) of three sampled residents. Findings included: Review of R3's medical record revealed she moved into the facility on 06/13/24 with diagnosis of Alzheimer's dementia. R3's "Functional Capacity Screen" 06/10/25 identified she needed physical assistance with	S5251		

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dressing, bathing, toileting, and management of medications. She also had impaired cognition and impaired decision making ability.

R3's "Negotiated Service Agreement/Health Care Service Plan" dated 06/10/25 identified facility staff would provide physical assistance for R3 to complete activities of daily living and supervision where required. Staff also administered R3's medications.

R3's nursing progress notes revealed the following:
From 6/17/24 to 7/10/24 the resident expressed anger toward her family for dropping her off at the facility. Her antidepressant was increased to 30 milligrams (mg) but R3 continued to express questions as to why she was at the facility and was angry with her family.
07/10/24 Seroquel (antipsychotic) medication was started. The documentation lacked documentation of symptoms that would indicate the need to start an antipsychotic.
07/23/24 new order for Seroquel 25mg as needed for agitation.
The record lacked follow up symptoms R3 had to indicate an addition of an antipsychotic medications.
08/02/24 Cipro (Antibiotic) for seven days for urinary tract infection.
The record lacked follow up if antibiotic resolved the infection and symptoms.
09/14/24 new order to increase Seroquel to 25 mg at noon and 5pm and start 0.25 mg (1/2) tablet of Lorazepam (antianxiety) every 6 hours as needed.
The record lacked documentation of R3 having any anxiety or increased agitation to warrant the

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increase and addition of medications.
09/29/24 - discontinue Seroquel and start Geodon (antipsychotic) at bedtime and provide distraction.
The record lacked any follow up related to discontinuing Seroquel and starting the Geodon.
10/12 24 Ziprasidone (antipsychotic) 25mg twice a day and Lorazepam scheduled at bedtime.
Again, the record lacked documentation of symptoms the resident exhibited to indicate to increase medications and no follow up if the medications were effective for symptoms administered.
02/20/25 Ziprasidone time was changed to noon instead of 08:00 AM due to increased anxiety in the afternoon.
The record lacked follow up as to effectiveness of medication changes.
04/14/25 - New order for Myrbetriq 25 mg for overactive bladder.
The record lacked documentation of effectiveness of medication.

Interview on 08/28/25 at 07:46 AM Administrative Nurse B reported she would expect documentation in the chart whenever the resident had changes, any infections or sores.

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 R3 who had multiple medication changes with no documentation of symptoms or follow up on results.

- Review of R4's medical record revealed he moved into the facility on 01/29/22 with a

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diagnosis chronic respiratory failure. .

R4's "Functional Capacity Screen" (FCS) dated 02/03/25 identified he needed physical assistance with bathing, dressing, toileting, had impaired cognition and impaired vision, and was unable to manage his medications.

R4's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 02/03/25 identified staff would provide physical assistance with activities of daily living and would administer his medications.

Review of R4's nursing documentation revealed the following:
05/10/24 new order for Triamcinolone cream (antifungal cream) topical to underarm three times a day until healed, started on 05/02/25.
The record lacked documentation if the treatment was effective.
08/21/25 Petechiae (red spots) noted to forehead and scalp from previous seizure.
The record lacked documentation that the resident had a seizure.

Interview on 08/28/25 at 08:01 AM Administrative Nurse B confirmed she did not follow up on results of medical treatment and did not document when R4 had a seizure and should have.

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 R4.

- Review of R5's medical record revealed she

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S5251	Continued From page 10 moved into the facility on 09/10/24 with a diagnosis of osteoarthritis. R5's "Functional Capacity Screen" (FCS) dated 09/10/25 she needed physical assistance with activities of daily living and was unable to participate in the management of her medications. R5's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 09/10/25 revealed facility staff would provide assistance with activities of daily living and would administer her medications. Review of R5's Nursing documentation revealed the following: 12/12/24 - resident ambulated 5-10 feet and was short of air The record lacked documentation if physician was notified or any interventions to help with shortness of air. 02/13/25 Right upper lung with rhonchi (low pitched wheezing sound) and lower lobes with diminished lung sounds. The record lacked if the physician was notified in the changes in R5's lung sounds. 03/29/25 - Resident having pain in right knee, arthritis pain cream applied and cold pack applied - The record lacked documentation of effectiveness of pain cream or cold pack. 04/05/25 New order Meloxicam 7.5 mg daily as needed The record lacked documentation of follow up on the effectiveness of adding a new pain medication. 06/07/25 - Epsom salt soaks for another seven	S5251		

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S5251	Continued From page 11 days, no new concerns. The record lacked documentation of why she was getting Epsom salt soaks in the first place and lacked follow up if they worked for the symptom treating. Interview on 08/28/25 at 08:10 PM Administrative Nurse B confirmed she had not followed up on medical treatments or medications for effectiveness. 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 R5.	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult	S5258		

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S5258	Continued From page 12 care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1) The facility reported a census of four residents. Based on record review and interview the operator failed have evidence of registration by failing to complete verification of certification for one of two newly hired staff. This had the potential to affect all residents for whom the employees provided care. Findings included: - Review of newly hired employee records revealed the following: Certified Medication Aide D (CMA) hired on 09/18/24 did not have her registration checked until 11/12/24, almost two months after she was hired. Interview on 08/27/25 at 11:59 AM, Administrative Staff A reported she thought maybe she realized she did not have the registry printed so then she did it when she realized they had not done it before. The operator failed to ensure newly hired employee records contained evidence of completion of the required registry check upon hire.	S5258		

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S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of four residents (R). The sample included three residents. Based on record review and interview the operator failed to ensure staff administered as needed (PRN) medications according to standards of practice for one (R5) of three sampled residents. Findings included: - Review of R5's medical record revealed she moved into the facility on 09/10/24 with a diagnosis of osteoarthritis.	S5300		

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S5300	Continued From page 14 R5's "Functional Capacity Screen" (FCS) dated 09/10/25 she needed physical assistance with activities of daily living and was unable to participate in the management of her medications. R5's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 09/10/25 revealed facility staff assisted R5 with completing her activities of daily living and administered her medications. Review of R5's "Medication Administration Records" (MAR) revealed the following: - May 2025 MAR revealed staff administered cough syrup 18 times without follow up for effectiveness, Acetaminophin (pain reliever) eight times with only one time followed up for effectiveness, and Meloxicam (non-steroidal anti-inflammatory) 5 times with no follow-up for effectiveness. -June 2025 MAR revealed staff administered Acetaminophen nine times with one follow-up and Meloxicam three times with two time followed up for effectiveness. -August 2025 MAR revealed staff administered Acetaminophen 37 times with no follow-up and Meloxicam and Zofran (anti-nausea) administered one time, both without any follow up. Interview on 08/27/25 at 03:14 PM Certified Medication Aide D reported when we give an as needed medication we initial we gave it, and we document on the back of the MAR the date, time and what we gave and then follow up and write if it was better or not.	S5300		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087215	A. BUILDING: _____ B. WING _____	08/28/2025

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S5300	Continued From page 15 Interview on 08/28/25 at 08:16 AM Administrative Nurse B reported she expected staff to initial, date, and time on the back of the MAR and follow up if it was effective or not. Review of the undated PRN (as needed) Medication Documentation Policy revealed staff must document ont he back of the MAR when provided and effectiveness with 30 minutes to one hour after. The operator failed to ensure staff who administered PRN medications documented the administration according to standards of practice.	S5300		
S5327 SS=E	26-42-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (l)(2)	S5327		

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S5327	Continued From page 16 The facility reported a census of four residents. The sample included three residents. Based on interview and record review the operator failed to ensure the licensed nurse attempted to get a response from the medical provider for pharmacy recommendations for two (R3 and R5) of three sampled residents. Findings included: - Review of R3's medical record revealed she moved into the facility on 06/13/24 with diagnosis of Alzheimer's dementia. R3's "Functional Capacity Screen" 06/10/25 identified she needed physical assistance with management of medications. R3's "Negotiated Service Agreement/Health Care Service Plan" dated 06/10/25 identified facility staff would administer R3's medications. R3's record included a "Consultant Pharmacist Drug Regimen Review Log" that indicated the pharmacist reviewed R3's medication regimen on 11/17/24 and 02/27/25 and both times made recommendations to the physician. R3's record lacked evidence the physician had been informed of the pharmacist's recommendations for 11/17/24 and 02/27/25. It also lacked indications that a pharmacist reviewed R3's record for the second quarter of 2025. - Review of R5's medical record revealed she moved into the facility on 09/10/24 with a	S5327		

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S5327	Continued From page 17 diagnosis of osteoarthritis. R5's "Functional Capacity Screen" (FCS) dated 09/10/25 she was unable to participate in the management of her medications. R5's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 09/10/25 revealed facility staff would administer her medications. R5's record included a "Consultant Pharmacist Drug Regimen Review Log" which indicated on 02/27/25 and 05/20/25 the pharmacist made recommendations to the physician. Review of R5's record lacked evidence the physician had been informed of the pharmacists recommendations for 02/27/25 and 05/20/25. On 08/28/25 at 07:59 AM Administrative Nurse B reported she gets an email, and Administrative Staff A also gets an email from the pharmacist. During this same interview, Administrative Staff A said she had another book and provided a notebook that included recommendations for R3 and R5 from the pharmacist for the month of February. Administrative staff A confirmed the recommendations had not been sent to the physician. On 08/28/25 at 08:45 AM Administrative Staff A brought a stack of papers dated 05/20/25 which were the pharmacist reviews and confirmed she had not sent them to the physician for review. The operator failed to ensure a licensed nurse attempted to get a response from the medical	S5327		

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S5327	Continued From page 18 care provider related to pharmacy recommendations for R3 and R5.	S5327		