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 _____	10/06/2025

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

(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 following citations represent the findings of a resurvey with a complaint #197000 at the above named Home Plus conducted on 10/02/25 and 10/06/25.	S 000		
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 seven residents with three residents included in the sampled and one abbreviated record review. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS),	S5105		

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

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S5105	Continued From page 1 service needs, and preferences for resident (R)101, R103 and R104. Findings included: - R101 admitted to the facility on 05/30/24 with a diagnosis of Alzheimer's Disease. The 08/08/25 FCS identified R101 required physical assistance with transfers, had severe cognitive impairment and was visually impaired. The 08/08/25 NSA did not address R101's use of bed rails, cognition or her visual impairment. On 10/06/25 at 02:46 PM "Licensed Nurse" (LN) B confirmed R101's NSA did not address the use of bed rails, and did not address her cognition or visual impairment. The operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS, service needs, and preferences. - R103 admitted to the facility on 07/11/16 with a diagnosis of dementia. The 12/03/24 FCS revealed R103 had severe cognitive impairment, had difficulties with communication and triggered for falls and impaired vision. The 12/03/24 NSA did not address what services staff provided for R103's impaired cognition, communication, falls, and impaired vision. On 10/06/25 at 02:21 PM LN B confirmed R103's	S5105		

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S5105	Continued From page 2 NSA did not address all that triggered on her FCS. The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS, service needs, and preferences. - R104 admitted to the facility on 08/19/25 with a diagnosis of Parkinson's Disease. The 08/19/25 FCS revealed R104 was visually impaired. The 08/19/25 NSA did not address what services staff provided for R104's impaired vision. On 10/06/25 at 01:53 PM LN B confirmed R104's NSA did not address what services staff provided concerning her visual impairment. The operator failed to ensure R104's NSA was fully developed to include all items that triggered in the FCS, service needs, and preferences.	S5105		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h)	S5126		

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S5126	Continued From page 3 The facility had a census of seven residents. Three residents were included in the sample with one abbreviated record review. The operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for Resident (R)101, R103 and R104. Findings included: - R101 admitted to the facility on 05/30/24 with a diagnosis of Alzheimer's Disease. The 08/08/25 FCS revealed R101 had severe cognitive impairment. The 08/08/25 NSA was not signed by R101's legal representative. On 10/06/25 at 02:46 PM "Licensed Nurse" (LN) B confirmed R101's NSA was not signed by the her legal representative. The operator failed to ensure R101's NSA was signed by his legal representative. - R103 admitted to the facility on 07/11/16 with a diagnosis of dementia. The 12/03/24 FCS revealed R103 had severe cognitive impairment. The 12/03/24 NSA was not signed by R103's legal representative. On 10/06/25 at 02:21 PM LN B confirmed R103's	S5126		

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S5126	Continued From page 4 NSA was not signed by her legal representative. The operator failed to ensure R103's NSA was signed by her legal representative. - R104 admitted to the facility on 08/19/25 with a diagnosis of Parkinson's Disease. The 08/19/25 FCS revealed R104 had a decision-making impairment. The 08/19/25 NSA was not signed by R104's legal representative. On 10/06/25 at 01:53 PM LN B confirmed R104's NSA was not signed by her legal representative. The operator failed to ensure R104's NSA was signed by her legal representative.	S5126		