STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B078030	A. BUILDING: _____ B. WING _____	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT HILLS	2500 PLEASANT HILLS PARKWAY HUTCHINSON, KS 67502

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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 01/05/26 and 01/06/26.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c)(2) The facility reported a census of nine residents(R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure designated staff completed a resident "Functional Capacity Screen" for one (R3) of three sampled residents following a significant change in condition as defined in KAR 26-39-100. Findings Included: - Review of R3's record revealed she moved into the facility on 04/26/24 with a diagnosis of heart	S5085		

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

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S5085	Continued From page 1 failure. R3's current "Functional Capacity Screen" (FCS) dated 04/26/25 revealed she needed physical assistance with activities of daily living except she was independent with eating. It also identified she used a walker and wheelchair for mobility. Observation on 01/05/26 at 12:19 PM Licensed Nurse (LN) B and Certified Medication Aide (CMA) D repositioned and provided incontinent care for R3. LN B asked R3 if she wanted a drink and staff held the cup and gave her a drink. Interview on 01/05/26 at 03:37 PM CMA C reported staff have been having to help her with eating for the past few months. She just cannot get it up to her mouth, so we help her. CMA C also reported she uses a sit-to-stand mechanical lift for all transfer now because she is just so weak. Interview on 01/06/26 at 09:47 AM Operator/LN A confirmed the FCS should have been done to identify she now uses a mechanical lift and is needing physical assistance with eating. Review of the facility's undated "Functional Capacity Screen" policy revealed the screening process would be conducted whenever a resident had a significant change. The operator failed to complete a new FCS when R3 declined and required physical assistance of staff with eating and used a mechanical lift for transfers.	S5085		

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S5116	Continued From page 2	S5116		
S5116 SS=E	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 nine residents(R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure designated staff reviewed and revised, if necessary, the "Negotiated Service Agreement" for two (R3 and R5) of three sampled residents following a significant change in condition as defined in KAR 26-39-100. Findings Included: - Review of R3's medical record revealed she moved into the facility on 04/26/24 with diagnosis of heart failure.	S5116		

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S5116	Continued From page 3 R3's "Functional Capacity Screen" (FCS) dated 04/26/25 identified R3 needed physical assistance with activities of daily living except she was independent with eating, had impaired cognition and was usually continent of bladder. R3's "Negotiated Service Agreement" (NSA) dated 04/29/25 revealed meals and snacks would be provided but did not identify any assistance the resident needed with eating. It identified facility staff helped with transfers but did not include any assistive devices used. Review of R3's record revealed she started Hospice services on 05/16/25. It also revealed she developed a coccyx pressure ulcer on 11/21/25 which is managed by Hospice. Interview on 01/05/25 at 12:33 PM Certified Medication Aide (CMA) D reported R3 is on hospice, and she stays in bed more now. If she wants to get up, we will get her up but she usually wants to stay in bed. CMA D reported they turn her every two hours and try to keep her comfortable. CMA D also reported she is not eating much so we offer her ice cream and things that she really likes. Interview on 01/05/26 at 03:37 PM CMA C reported for the past couple of months we have used a sit-to-stand mechanical lift for transfer because she is so weak, she will tell us if she wants to get up to use the toilet or we will just check and change her every couple of hours. CMA C reported staff also had to feed her now as she will shake a lot.	S5116		

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S5116	Continued From page 4 Interview on 01/06/26 at 11:53 AM Operator/Licensed Nurse A confirmed she should have done an addendum to the NSA when R3 started Hospice and then when she developed the pressure ulcer and had a change in service needs. Review of the facility's undated "Negotiated Service Agreement Review" policy identified staff shall review and revise when necessary, the Negotiated Service Agreement when a resident had a significant change. The operator failed to ensure designated staff reviewed and revised R3's NSA when she had a significant change in status. - Review of R5's medical record revealed he moved into the facility on 09/11/25 with diagnosis of vascular dementia. R5's "Functional Capacity Screen" (FCS) dated 09/25/25 revealed he needed physical assistance with all activities of daily living except for eating. He was unable to participate in management of medical treatments, had cognitive impairment and inappropriate behaviors. R5's "Negotiated Service Agreement" (NSA) dated 09/29/25 identified Certified Medication Aide or Licensed Nurse will help with activities of daily living, administer medications as ordered by a medical provider, and to use a calm, and kind demeanor and redirection when having behaviors. R5's record included an "Addendum to	S5116		

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S5116	Continued From page 5 Negotiated Service Agreement" dated 10/29/25 that R5 would receive services through a local wound company for treatment of the wound on his left heel. It identified only one company to provide services. Review of R5's record revealed he received Physical therapy through a local company 10/21/25 through 11/13/25. His NSA lacked revision when he started and stopped physical therapy services. Review of R5's nursing progress notes dated 10/31/25 revealed the Home Health company the resident received Physical Therapy from would admit him for wound management as well. Interview on 01/06/26 at 08:45 AM Operator/Licensed Nurse A confirmed she should have completed an addendum to revise R5's NSA when he started therapy and when he developed the heel ulcer and utilized skilled nursing for wound care. Review of the facilities undated "Negotiated Service Agreement Review" policy identified staff shall review and revise when necessary, the Negotiated Service Agreement when a resident had a significant change. The operator failed to ensure designated staff reviewed and revised the NSA for R5's when she developed a stage two pressure ulcer.	S5116		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides	S5155		

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S5155	Continued From page 6 or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of nine residents (R). The sample included three residents. Based on interview, and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of two (R3, R5) of three sampled residents related to the monitoring of skin and implementation of measures to reduce risk/prevent pressure ulcers. Findings included: - Review of R3's medical record revealed she moved into the facility on 04/26/24 with diagnosis of heart failure. R3's "Functional Capacity Screen" (FCS) dated 04/26/25 identified R3 needed physical assistance with activities of daily living except she was independent with eating, had impaired cognition and was usually continent of bladder. R3's "Negotiated Service Agreement" (NSA) dated 04/29/25 revealed facility staff would	S5155		

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S5155	Continued From page 7 provide assistance with activities of daily living, including bathing and toileting. Review of R3's current "Health Care Service Plan" (HCSP) dated 04/29/25 had no revisions and lacked any interventions related to decline in eating, mobility, incontinence of bowel and bladder to help in reduction of risk for pressure ulcers. Review of Hospice notes from 10/20/25 to 01/05/26 revealed the following: From 10/20/25 to 11/10/25 the notes identified the resident had no current skin problems, but risk factors included boney prominences, incontinent of bowel, and poor nutrition. It identified the residents' ability to change positions independently was "slightly limited" and staff used the sit-to-stand for transfers. The Hospice Braden Pressure ulcer risk assessment score was 15 indicating mild risk for development of pressure ulcer. On 11/17/25 R3's Braden score decreased to 14 indicating Moderate risk for development of pressure ulcers. On 11/24/25 Hospice notes identified Operator/Licensed A contacted Hospice and wanted the Skilled Nurse to check R3's coccyx as she identified a small open area on R3's coccyx. On 11/25/25 Hospice nurse notes identified a stage II pressure ulcer (damage to skin that results in loss of outermost layer of skin and exposure of next layer of tissue) that measured	S5155		

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S5155	Continued From page 8 0.2cm diameter with no depth. Treatment to cover with foam dressing. Observation on 01/06/26 at 10:40 AM Hospice Nurse in facility and here to change dressing to R3's coccyx. Resident laid on her left side with pillow supporting her. Operator/LN A assisted Hospice nurse to remove pillows including one under her legs and remove her incontinent brief. observation revealed resident had a thin mattress on top of her regular mattress. Hospice Nurse removed the foam dressing which revealed a pin-point open area in the center, with a superficial layer of skin sheer that measured two centimeters by 1.5 centimeters. The area had no redness or drainage. Interview on 01/05/26 at 12:33 PM Certified Medication Aide (CMA) D reported R3 is on Hospice services and we let her stay in bed if she wants to. CMA D reported they turn her every two hours and check and change her. R3 will occasionally want to get out of bed if she feels like she is going to have a bowel movement. CMA D reported it has only been in the past couple of months that she is not getting up out of bed and not eating as well. Interview on 01/05/26 at 03:37 PM CMA C reported we pretty much do everything for her now including check and changing her unless she tells us she wants to get up to the bathroom. She does have a sore on her bottom, and we reposition her, put pillow under her heels, and make sure to keep her dry. We offer to get her up for a meal or to sit in her recliner. CMA C reported it had only been a couple of months that R3 started to decline and needed more help.	S5155		

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S5155	Continued From page 9 Interview on 01/06/26 at 11:52 AM Operator/LN A reported it was in November when R3 started to be more uncomfortable with getting up and out of bed, but she had been getting up for meals, in her recliner to watch TV and up to use the toilet. She was continent of urine but would have bowel accidents at times. Operator/LN reported staff repositioned her in bed every two hours when they check and change her. Operator/LN also reported Hospice had a thinner mattress on top of R3's regular mattress that was to help with prevention of pressure ulcers. Interview on 01/06/26 at 11:54 AM Operator/LN A confirmed she should have included interventions to prevent pressure ulcers and promote healing of pressure ulcers on the NSA. The operator failed to ensure the licensed nurse coordinated services related to prevention of and promoting healing of pressure ulcers for R3 when she had a decline in status. - Review of R5's medical record revealed he moved into the facility on 09/11/25 with diagnosis of vascular dementia. R5's "Functional Capacity Screen" (FCS) dated 09/25/25 revealed he needed physical assistance with all activities of daily living except for eating. He was unable to participate in management of medical treatments, had cognitive impairment and inappropriate behaviors. R5's "Negotiated Service Agreement" (NSA) dated 09/29/25 identified Certified Medication	S5155		

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S5155	Continued From page 10	S5155		

Aide or Licensed Nurse will help with activities of daily living, administer medications as ordered by a medical provider, and to use a calm, and kind demeanor and redirection when having behaviors.

R5's current "Health Care Service Plan" (HCSP) dated 09/25/25 included staff assisting with daily activities including dressing and mobility. The HCSP lacked any revision or interventions related to his pressure ulcer on his left heel.

R5's record included an "Addendum to Negotiated Service Agreement" dated 10/29/25 that R5 would receive services through a local wound company for treatment of the wound on his left heel.

Review of R5's nursing progress notes revealed the following:
09/24/25 - R5 seen by podiatrist, no new orders or concerns noted.
10/23/25 - Staff notified Operator/LN A that when taking off resident's socks to change them, noticed skin had peeled back behind left heel. Upon assessment nurse noticed a sore behind left heel. Resident stated no pain. Noted resident's shoe may be rubbing up against heel causing pressure. Medical provider notified and legal representative notified. Provider will send order for wound care.
11/04/25- R5 has new orthopedic shoes agreed to try and wear them and became more agitated with having to wear them and aggressive with staff so shoes were removed and tennis shoes on per resident desire.

Documentation from 11/04/25 to 01/05/26

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S5155	Continued From page 11 included multiple refusals almost daily for the resident to wear heel protectors, to take off his tennis shoes, and to elevate his feet all to help offload pressure to his left heel. Observation on 01/05/26 at 02:15 PM Skilled Nurse with Home Health arrived and removed resident's shoe, and then removed the dressing to his left heel revealing a circular area on his left inner heel with a purplish center that measured 1.0 X 1.2 x 0.2 centimeters. Home Health Nurse stated it is now healing even though he refuses most of the time to take off his tennis shoes or wear his heel protectors at night. Interview on 01/05/26 at 12:28 PM Certified Medication Aide (CMA) D reported R5 often refuses care and wants to do what he wants when he wants. CMA D confirmed he does have a sore on his left heel, and we are to take off his shoes when in the recliner and in bed he is to wear the hell protectors. He refuses to wear his new shoes, and he also refuses to let us take his shoes off most of the time. Sometimes he will let us take them off at night but we just document it when he doesn't. Interview on 01/06/26 at 01:24 PM confirmed she should have updated R5's Health Care Service Plan to include the interventions staff are to provide to help reduce pressure on his heel, including removal of his shoes and wearing heel protectors when in bed. The operator failed to ensure a Licensed Nurse implemented measures in R5's Health Care Service Plan to promote healing of R5's left heel pressure ulcer.	S5155		

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S5230 SS=E	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 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 nine residents(R). The sample included three residents and focused review of three residents who had lived at the facility for over one year. Based on interview and record review 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 of R3's medical record revealed she moved into the facility on 04/26/24 with a diagnosis of heart failure.	S5230		

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S5230	Continued From page 13 Review of R3's medical record included a TB symptom screen dated 04/26/24, the day she admitted into the facility but lacked evidence an annual TB symptom screen was conducted by facility staff. - Review of three other residents who had lived at the facility for over a year revealed the following: - R7 moved into the facility on 05/30/24 and had not had a TB symptom screen completed since admission. - R8 moved into the facility on 04/25/23 and had not had a TB symptom screen completed since admission. - R9 moved into the facility on 04/29/24 and had not had a TB symptom screen completed since admission. Interview on 01/05/26 at 03:53 PM Operator/Licensed Nurse A reported she did not realize she needed to complete the TB screens annually for residents. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new resident shall have an initial TB symptoms screen that includes the components of the Tuberculosis Screen Questionnaire within seven days of admission and annually thereafter. The operator failed to ensure designated staff completed TB symptom screens according to the department's guidelines.	S5230		

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S5313	Continued From page 14	S5313		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of nine residents (R). Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each package and/or bottle/tube of over-the-counter medication the facility was responsible for administering. . Findings included: - Observation on 01/05/26 at 08:55 AM Licensed Nurse B unlocked the Medication Room for inspection - Each resident had their own tub, however the following medications did not have a resident name on them, Iron 65 milligrams, refresh tears, Vitamin D3, Arthritis	S5313		

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	B078030	A. BUILDING: _____ B. WING _____	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT HILLS	2500 PLEASANT HILLS PARKWAY HUTCHINSON, KS 67502

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S5313	Continued From page 15 pain relief Acetaminophen, Calcium 600 +D, Senna Lax, 2 bottles of Vitamin B12 and Vitamin D3, Zinc 50 milligrams, Interview on 01/05/26 at 08:58 AM Licensed Nurse B confirmed she should have been writing each residents full name on the over the counter medications. Review of the facility's undated "Medication" policy identified a licensed nurse or a pharmacist shall write the residents full name on each medication package and medication container. The operator failed to ensure each over-the-counter medication included the residents' full name on the package and the medication container.	S5313		
S5314 SS=D	26-42-205 (g) (4) Sample & Indigent Medication Program Meds (g) (4) Licensed nurses and medication aides may administer sample medications and medications from indigent medication programs if the administrator or operator ensures the development of policies and implementation of procedures for receiving and identifying sample medications and medications from indigent medication programs that include all of the following conditions: (A) The medication is not a controlled medication. (B) A medical care provider ' s written order accompanies the medication, stating the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration.	S5314		

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S5314	Continued From page 16 (C) A licensed nurse or medication aide receives the medication in its original, unbroken manufacturer ' s package. (D) A licensed nurse documents receipt of the medication by entering the resident ' s name and the medication name, strength, and quantity into a log. (E) A licensed nurse places identification information on the medication or package containing the medication that includes the medical care provider ' s name; the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions as documented on the medical care provider ' s order. Staff consisting of either two licensed nurses or a licensed nurse and a medication aide shall verify that the information on the medication matches the information on the medical care provider ' s order. (F) A licensed nurse informs the resident or the resident ' s legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident ' s clinical record shall contain documentation that the resident or resident ' s legal representative has received the information and accepted the risk of potential adverse consequences. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(4)(B)(D)(E)(F)	S5314		

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S5314	Continued From page 17 The facility reported a census of nine residents (R). The sample included three residents. Based on observation, interview and record review the operator failed to ensure one (R4) of one resident that received sample medications included the following: 1. a care providers written order with the medication that included the name, strength, dosage, route, and frequency of administration and any cautionary instructions; 2. License Nurse document receipt of medication with appropriate information into a log; 3. Licensed Nurse failed to included required information on each box/container and indicate verification of such information.; 4. A licensed nurse failed to inform the resident or resident's legal representative the medications were not received through a pharmacy and were not reviewed by a pharmacist. Findings included: - Review of R4's medical record revealed she moved into the facility on 10/30/25 with diagnoses of history of atrial fibrillation and congestive heart failure. R4's "Functional Capacity Screen" dated 10/30/25 identified she was unable to manage her medications or medical treatments. R4's "Negotiated Service Agreement" dated 10/30/25 identified Certified Medication Aides (CMA) and Licensed Nurses would administer R4 her medications. Review of R4's medical record lacked evidence the facility informed the resident/legal representative the medication did not go through	S5314		

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S5314	Continued From page 18 a pharmacy, so it did not have the same reviews such as possible adverse reactions or drug interactions as a regular prescription. R4's record included medical provider orders for Eliquis 2.5 milligrams (mg) take one tablet twice a day by mouth. The physician's order failed to include any cautionary instructions related to administration. Observation on 01/05/26 at 09:42 AM CMA D and surveyor went into resident room to check her medication cabinet. CMA D unlocked the cabinet, and it included a box of Eliquis 2.5 mg per tablet that had written on it - "2 of 2", "12/27/25", "please contact [name] when you down to one box", and the residents name written on the box. It did not include the physicians name or directions on how to take the medication. Interview on 01/05/26 at 09:43 CMA D reported she did not know of any "log" or record of when family brings them in. Interview on 01/05/26 at 09:48 AM Operator/Licensed Nurse A confirmed they did not have a log of when family brings medications in or anything to show that we informed family regarding not going through the normal pharmacist review for possible interaction with other medications or precautionary measures. Review of Eliquis manufacture precautions include stopping Eliquis can increase risk of blood clots and taking the medication reduces blood clotting which can cause serious bleeding.	S5314		

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S5314	Continued From page 19 The operator failed to ensure the appropriate information regarding the administration of sample medications for R4 was received when brought into the facility, including a written physicians order with any cautionary instructions, the license nurse document receipt of medication with appropriate information into a log and write the appropriate information on the box/container along with verification from another licensed nurse or medication aide to verify such information. The operator also failed to include information that the resident and/or legal representative was informed by facility staff the medications were not received through a pharmacy and not reviewed by a pharmacist.	S5314		