STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087090	A. BUILDING: _____ B. WING _____	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF WICHITA	11820 W 29TH N WICHITA, KS 67205

(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 the licensure survey for the above named facility conducted on 12/16/24 aand 12/17/24.	S 000		
S 135 SS=D	26-39-103 (h) Resident Right Notification of Changes (h) Notification of changes. (1) The administrator or operator shall ensure that designated facility staff inform the resident, consult with the resident's physician, and notify the resident's legal representative or designated family member, if known, upon occurrence of any of the following: (A) An accident involving the resident that results in injury and has the potential for requiring a physician's intervention; (B) a significant change in the resident's physical, mental, or psychosocial status; (C) a need to alter treatment significantly; or (D) a decision to transfer or discharge the resident from the adult care home. (2) The administrator or operator shall ensure that a designated staff member informs the resident, the resident's legal representative, or authorized family members whenever the designated staff member learns that the resident will have a change in room or roommate assignment. This STANDARD is not met as evidenced by: K.A.R. 26-39-103 (h)(1)(B) The facility reported a census of 35 residents.	S 135		

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

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S 135	Continued From page 1	S 135		

The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on interview and record review the Operator failed to ensure facility staff consulted with R1's physician and notified R1's legal representative upon the occurrence of a significant change in R1's condition.

Findings included:

- Record review for R1 revealed an admission date of 09/30/24 with diagnoses of anemia, anxiety disorder, atherosclerotic heart disease of native coronary artery, cognitive communication deficit, dementia in other disease classified elsewhere unspecified with other behavioral disturbances, dysphagia oropharyngeal phase, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, metabolic encephalopathy, muscle weakness, need for assistance with personal care, other malaise, personal history of transient ischemic attack, restlessness and agitation, and atrial fibrillation.

Review of R1's "Functional Capacity Screen" (FCS) dated 12/17/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, mobility, and supervision with eating. R1 lacked the ability to manage his own medications, was incontinent, and had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. He was sometimes able to make himself understood and he sometimes understood others. He was identified at risk for falls, impaired decision making and inappropriate behavior.

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S 135	Continued From page 2 Review of the facility provided document titled "Cares Provided" dated 12/17/24 instructed facility staff to provide the following health services; physical assistance with bathing, dressing, toileting, transferring and mobility, and to cut R1's food into bite size pieces. The document titled "Cares Provided" lacked health care services for communicating with R1, the name of the nurse responsible for the supervision and implementation of the health service plan, a description of the bed assist device attached to the right side of R1's bed, and special instructions on the use and monitoring of the bed assist device attached to the right side of R1's bed. Interview with "Licensed Nurse" (LN) B on 12/17/24 at approximately 05:00 PM confirmed the facility provided document titled "Cares Provided" was the facility's combined "Negotiated Service Agreement/Health Service Plan" the families are provided to sign acknowledgement of the health services the facility will provide. Review of R1's electronic "Medical Records" under the "Observation" tab were the following entries: On 11/01/24 at 02:30 AM and entered by "Certified Nurse Aide" (CNA) C; While taking R1 to the bathroom, the CNA noticed bleeding when he assisted the resident with wiping. "Barrier cream applied to buttocks" The record lacked documentation of R1's	S 135		

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S 135	Continued From page 3 provider being notified, of the facility nurse being notified and further lacked R1's legal representative being notified of R1 bleeding when assisted with hygiene after toileting. The record lacked documentation of a skin assessment being performed by the licensed nurse after the CNA applied "Barrier Cream" to R1's buttocks when he "noticed bleeding". Review of R1's electronic "Medical Record" under the "Current Medications" tab revealed the document lacked an order for "Barrier Cream". Review of R1's electronic "Medical Record" under the "Discontinued Treatments" tab revealed the document lacked a discontinued order for "Barrier Cream". Interview on 12/17/24 with Operator A and LN B confirmed R1 did not have a current order from the medical provider for application of barrier cream to his buttocks, they further confirmed that CNA C did not report noticing blood when assisting R1 with toileting hygiene. The Operator failed to ensure facility staff consulted with R1's physician and notified R1's legal representative upon the occurrence of a significant change in R1's condition.	S 135		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity	S3085		

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S3085	Continued From page 4	S3085		

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:
K.A.R. 26-41-202 (a) (1) (2) (3)

The facility reported a census of 35 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on interview and record review the Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R2 contained a description of services, identification of the provider of each service, and identification of the payor source for his oxygen equipment, and the Operator further failed to ensure the NSA for R3 contained a description of services, identification of the provider of each service and the payor source for R3's wound care management.

Findings included:

- Record review for R2 revealed an admission date of 10/04/24 with diagnoses of

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S3085	Continued From page 5	S3085		

atherosclerosis of coronary artery bypass graft(s) without angina pectoris, basal cell carcinoma of skin of other parts of face, contact with and (suspected) exposure to other hazardous substances, hypertension, malignant neoplasm of prostate, and type 2 diabetes mellitus.

Review of R2's FCS dated 11/06/24 revealed R2 required supervision with bathing, transferring, and management of his medications. He was occasionally incontinent and had impaired short-term memory and impaired memory recall. He was able to make himself understood and he understood others.

Review of R2's electronic "Medical Record" under the "Care Plan" tab "Complete Assessment" revealed a document titled NSA (Negotiated Service Agreement) / LOC (Level of Care)/ Assessments dated 11/06/24, revealed in the section titled NSA/LOC the following health services to be provided to R2; physical assistance with bathing, reminders for the following; room location, mealtimes, and activities. Facility staff to provide as needed safety checks.

Review of R2's electronic "Medical Record" under the "Daily Task" tab was the following instruction to facility staff; " Oxygen Machine" Oxygen machine was to be checked if plugged in and on while R2 was in his room.

Interview on 12/17/24 at approximately 05:00 PM with Operator A and LN B confirmed R2's health services to be provided did not identify the provider for R2's oxygen equipment, they further confirmed R2's record lacked a "Cares Provided"

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S3085	Continued From page 6 document signed by the family for health services R2 was to receive. - Record review for R3 revealed an admission date of 10/18/24with diagnoses of hypothyroidism, hyperlipidemia, carotid artery syndrome, atherosclerotic heart disease of native coronary artery without angina pectoris, unspecified osteoarthritis, benign prostatic hyperplasia, diarrhea, personal history of other malignant neoplasm of large intestine, and personal history of transient ischemic attack and cerebral infarction without residual deficits. Record review of R3's FCS dated 11/25/24 revealed R3 was independent with all activities of daily living, and he lacked the ability to manage his own mediations. R3 was usually continent, and he had impaired short-term memory, impaired memory recall, and impaired decision making. He was able to make himself understood and he understood others. R3 was marked at risk for falls and impaired decision making, and he used a walker mobility device. Review of the facility provided document titled "Cares Provided" dated 11/25/24 instructed the facility staff to provide the following health services; qualified facility staff to manage and administer R3's medications and medical treatments. Keep his apartment free of clutter to reduce risk of falls, and under the section titled "Skin Breakdown Risk" R3 was assessed as "currently not at risk for skin breakdown". Staff were instructed to encourage R3 to "get up" and "move around regularly". There was a local home health agency listed for physical and speech	S3085		

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S3085	Continued From page 7	S3085		

therapies.

R3's "Cares Provided" document lacked identification of the outside provider providing wound care for R3.

Review of R3's electronic "Medical Record" under the "Observations" tab revealed the following entry:

On 12/11/24 at 08:45 AM R3 was seen by an outside provider for wound care to the left buttock cleft. Measurements were 1.0 centimeters (cm) x 2.0 cm x 0.1 cm. Nurse will visit on Mondays, Wednesdays, and Fridays between 01:00 PM and 3:00 PM. N

Interview with "Licensed Nurse" (LN) B on 12/17/24 at approximately 05:00 PM confirmed the facility provided document titled "Cares Provided" was the facility's combined "Negotiated Service Agreement/Health Service Plan" the families are provided to sign in acknowledgement of the health services the facility will provide. LN B further confirmed 3's "Cares Provided" document lacked identification of the outside provider for R3's wound care, a description of services and who was responsible for payment to the outside provider for wound care.

The Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R2 contained a description of services, identification of the provider of his oxygen equipment, and identification of the payor source for R2's oxygen equipment, the Operator further failed to ensure the NSA for R3 contained a description of

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S3085	Continued From page 8 services, identification of the provider of R3's wound care and the payor source for R3's wound care management.	S3085		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides 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: K.A.R. 26-41-204 (a) The facility reported a census of 35 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on interview and record review the Operator failed to ensure the provision of health services for R1 that met his communication needs in accordance with R1's "Functional Capacity Screening" (FCS) Findings included: - Record review for R1 revealed an admission date of 09/30/24 with diagnoses of anemia, anxiety disorder, atherosclerotic heart disease of native coronary artery, cognitive communication	S3155		

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deficit, dementia in other disease classified elsewhere unspecified with other behavioral disturbances, dysphagia oropharyngeal phase, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, metabolic encephalopathy, muscle weakness, need for assistance with personal care, other malaise, personal history of transient ischemic attack, restlessness and agitation, and atrial fibrillation.

Review of R1's "Functional Capacity Screen" (FCS) dated 12/17/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, mobility, and supervision with eating. R1 lacked the ability to manage his own medications, was incontinent, and had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. He was sometimes able to make himself understood and he sometimes understood others. He was identified at risk for falls, impaired decision making and inappropriate behavior.

Review of the facility provided document titled "Cares Provided" dated 12/17/24 instructed facility staff to provide the following health services; physical assistance with bathing, dressing, toileting, transferring and mobility, and to cut R1's food into bite size pieces.

The document titled "Cares Provided" lacked health care services for communicating with R1.

Interview with "Licensed Nurse" (LN) B on 12/17/24 at approximately 05:00 PM confirmed the facility provided document titled "Cares

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S3155	Continued From page 10 Provided" was the facility's combined "Negotiated Service Agreement/Health Service Plan" the families are provided to sign in acknowledgement of the health services the facility will provide, she further confirmed the document lacked the provision of health care services on communication with R1. The Operator failed to ensure the provision of health services for R1 that met his communication needs in accordance with R1's FCS.	S3155		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (d) The facility reported a census of 35 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on interview and record review the Operator failed to ensure the "Negotiated Service Agreements'" (NSA)'s for R's 1, 2, contained the name of the nurse responsible for the supervision and implementation of the health service plan. Findings included:	S3165		

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S3165	Continued From page 11 - Record review for R1 revealed an admission date of 09/30/24 with diagnoses of anemia, anxiety disorder, atherosclerotic heart disease of native coronary artery, cognitive communication deficit, dementia in other disease classified elsewhere unspecified with other behavioral disturbances, dysphagia oropharyngeal phase, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, metabolic encephalopathy, muscle weakness, need for assistance with personal care, other malaise, personal history of transient ischemic attack, restlessness and agitation, and atrial fibrillation. Review of R1's "Functional Capacity Screen" (FCS) dated 12/17/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, mobility, and supervision with eating. R1 lacked the ability to manage his own medications, was incontinent, and had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. He was sometimes able to make himself understood and he sometimes understood others. He was identified at risk for falls, impaired decision making and inappropriate behavior. Review of the facility provided document titled "Cares Provided" dated 12/17/24 instructed facility staff to provide the following health services; physical assistance with bathing, dressing, toileting, transferring and mobility, and to cut R1's food into bite size pieces. The document titled "Cares Provided" lacked	S3165		

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health care services for communicating with R1, the name of the nurse responsible for the supervision and implementation of the health service plan, a description of the bed assist device attached to the right side of R1's bed, and special instructions on the use and monitoring of the bed assist device attached to the right side of R1's bed.

- Record review for R2 revealed an admission date of 10/04/24 with diagnoses of atherosclerosis of coronary artery bypass graft(s) without angina pectoris, basal cell carcinoma of skin of other parts of face, contact with and (suspected) exposure to other hazardous substances, hypertension, malignant neoplasm of prostate, and type 2 diabetes mellitus.

Review of R2's FCS dated 11/06/24 revealed R2 required supervision with bathing, transferring, and management of his medications. He was occasionally incontinent and had impaired short-term memory and impaired memory recall. He was able to make himself understood and he understood others.

Review of R2's electronic "Medical Record" under the "Care Plan" tab "Complete Assessment" revealed a document titled NSA (Negotiated Service Agreement) / LOC (Level of Care)/ Assessments dated 11/06/24, revealed in the section titled NSA/LOC the following health services to be provided to R2; physical assistance with bathing, reminders for the following; room location, mealtimes, and activities. Facility staff to provide as needed safety checks.

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S3165	Continued From page 13 Interview on 12/17/24 at approximately 05:00 PM with Operator A and LN B confirmed R2's electronic medical record lacked documentation of an assessment of R2's ability to safely and accurately self-administer his own insulin. They further confirmed R2's record lacked a "Cares Provided" document signed by the family for health services R2 was to receive. The Operator failed to ensure the NSA's for R's 1, 2 contained the name of the nurse responsible for the supervision and implementation of the health service plan.	S3165		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (i) The facility reported a census of 35 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on interview and record review the Operator failed to provide healthcare services for R1 in accordance with professional standards of practice when the Operator failed to ensure the following assessments were performed for the bed assist device attached to the right side of R1's bed; an assessment confirming the device was not a restraint, an assessment that	S3171		

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S3171	Continued From page 14 determined the purpose of the device and R1's ability to safely use the device, an assessment ensuring the device was securely attached to the bed or bedframe and posed no risk for entrapment, list the device on R1's "Functional Capacity Screen" (FCS) if the device was used for transferring, and include a description of the device, its purpose, and any special instructions for use and monitoring in the R1's "Negotiated Service Agreement" (NSA). Findings included: - Record review for R1 revealed an admission date of 09/30/24 with diagnoses of anemia, anxiety disorder, atherosclerotic heart disease of native coronary artery, cognitive communication deficit, dementia in other disease classified elsewhere unspecified with other behavioral disturbances, dysphagia oropharyngeal phase, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, metabolic encephalopathy, muscle weakness, need for assistance with personal care, other malaise, personal history of transient ischemic attack, restlessness and agitation, and atrial fibrillation. Review of R1's "Functional Capacity Screen" (FCS) dated 12/17/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, mobility, and supervision with eating. R2 lacked the ability to manage his own medications, was incontinent, and had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. He was sometimes able to	S3171		

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S3171	Continued From page 15	S3171		

make himself understood and he sometimes understood others. He was identified at risk for falls, impaired decision making and inappropriate behavior.

Review of the facility provided document titled "Cares Provided" dated 12/17/24 instructed facility staff to provide the following health services; physical assistance with bathing, dressing, toileting, transferring and mobility, and to cut R1's food into bite size pieces.

The document titled "Cares Provided" lacked health care services for communicating with R1, a description of the bed assist device attached to the right side of R1's bed, and special instructions on the use and monitoring of the bed assist device attached to the right side of R1's bed.

Observation on 12/17/24 at approximately 04:00 PM of R1's bed revealed a hospital bed. On the right side of the bed attached at the frame was a bedrail in the shape of a rectangle that measured approximately 32 inches in width and 18 inches in height.

Interview with "Licensed Nurse" (LN) B on 12/17/24 at approximately 05:00 PM confirmed the facility provided document titled "Cares Provided" was the facility's combined "Negotiated Service Agreement/Health Service Plan" the families are provided to sign in acknowledgement of the health services the facility will provide, she further confirmed the electronic "Medical Record" for R1 lacked an assessment of the bed assist device attached to the right side of R1's bed that confirmed the

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device was not a restraint, an assessment that determined the purpose of the device and R1's ability to safely use the device, an assessment ensuring the device was securely attached to the bed or bedframe and posed no risk for entrapment, list the device on R1's FCS if the device was used for transferring, and include a description of the device, its purpose, and any special instructions for use and monitoring in the R1's NSA.

The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following:

Complete an assessment of the resident to confirm that the device is not a restraint.

Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record.

Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record.

If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the comments section.

Include a description of the device, its purpose

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S3171	Continued From page 17 and special instructions on use and monitoring in the resident's NSA. Document periodic reassessments of the resident's use of the device and their ability to use it safely and reassessment of the safety of the device in the resident's record. The Operator failed to ensure the following assessments were performed for the bed assist device attached to the right side of R1's bed; an assessment confirming the device was not a restraint, an assessment that determined the purpose of the device and R1's ability to safely use the device, an assessment ensuring the device was securely attached to the bed or bedframe and posed no risk for entrapment, list the device on R1's FCS if the device was used for transferring, and include a description of the device, its purpose, and any special instructions for use and monitoring in the R1's NSA.	S3171		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a	S3175		

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S3175	Continued From page 18 significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (a) (1) The facility reported a census of 35 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on interview and record review the Operator failed to ensure an assessment was completed for R2 determining R2 could safely and accurately self-administer his own insulin. Findings included: - Record review for R2 revealed an admission date of 10/04/24 with diagnoses of atherosclerosis of coronary artery bypass graft(s) without angina pectoris, basal cell carcinoma of skin of other parts of face, contact with and (suspected) exposure to other hazardous substances, hypertension, malignant neoplasm of prostate, and type 2 diabetes mellitus. Review of R2's FCS dated 11/06/24 revealed R2 required supervision with bathing, transferring, and management of his medications. He was occasionally incontinent and had impaired short-term memory and impaired memory recall. He was able to make himself understood and he understood others.	S3175		

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S3175	Continued From page 19 Review of R2's electronic "Medical Record" under the "Care Plan" tab "Complete Assessment" revealed a document titled NSA (Negotiated Service Agreement) / LOC (Level of Care)/ Assessments dated 11/06/24, revealed in the section titled NSA/LOC the following health services to be provided to R2; physical assistance with bathing, reminders for the following; room location, mealtimes, and activities. Facility staff to provide as needed safety checks. The section titled "Medication Management" lacked identification of who was managing R2's medications, and further lacked identification of who was administering R2's insulin. Review of R2's electronic "Medical Record" Under the "Resident Files" tab was a document titled "Physician's Assessment, History & Physical, & Certification" dated 10/02/24 revealed the following; "Personal Service Needs; Can resident administer his/her own medications?" Handwritten was "If needed can administer dialed insulin". The section titled "Active Outpatient Medications" were the following orders; Insulin, Glargine 200 units/ milliliter pen 3 milliliter. Inject 32 units subcutaneously two times a day for Diabetes. Semaglutide 1milligram/0.75 milliliter inject pen 3 milliliters. Inject 1 milligram subcutaneously every week for Diabetes. In the section titled "Progress Notes" R2 was identified to have a diagnosis of dementia.	S3175		

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S3175	Continued From page 20 R2's electronic "Medical Record lacked an assessment for self-administration of insulin using a prefilled syringe. Interview on 12/17/24 at approximately 05:00 PM with Operator A and LN B confirmed R2 did self administer his own insulin, they continued to confirm R2's electronic medical record lacked documentation of an assessment of R2's ability to safely and accurately self-administer his own insulin. They further confirmed R2's record lacked a "Cares Provided" document signed by the family for health services R2 was to receive. The Operator failed to ensure an assessment was completed for R2 determining R2 could safely and accurately self-administer his own insulin.	S3175		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced	S3186		

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S3186	Continued From page 21 by: K.A.R. 26-41-205 (b) The facility reported a census of 35 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on interview and record review the Operator failed to ensure R2's "Negotiated Service Agreement" (NSA) reflected who was responsible for the administration of R2's insulin. Findings included: - Record review for R2 revealed an admission date of 10/04/24 with diagnoses of atherosclerosis of coronary artery bypass graft(s) without angina pectoris, basal cell carcinoma of skin of other parts of face, contact with and (suspected) exposure to other hazardous substances, hypertension, malignant neoplasm of prostate, and type 2 diabetes mellitus. Review of R2's FCS dated 11/06/24 revealed R2 required supervision with bathing, transferring, and management of his medications. He was occasionally incontinent and had impaired short-term memory and impaired memory recall. He was able to make himself understood and he understood others. Review of R2's electronic "Medical Record" under the "Care Plan" tab "Complete Assessment" revealed a document titled NSA (Negotiated Service Agreement) / LOC (Level of Care)/ Assessments dated 11/06/24, revealed in the section titled NSA/LOC the following health services to be provided to R2; physical assistance with bathing, reminders for the	S3186		

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S3186	Continued From page 22	S3186		

following; room location, mealtimes, and activities. Facility staff to provide as needed safety checks.

The section titled "Medication Management" lacked identification of who was managing R2's medications, and further lacked identification of who was administering R2's insulin.

Review of R2's electronic "Medical Record" Under the "Resident Files" tab was a document titled "Physician's Assessment, History & Physical, & Certification" dated 10/02/24 revealed the following; "Personal Service Needs; Can resident administer his/her own medications?" Handwritten was "If needed can administer dialed insulin". The section titled "Active Outpatient Medications" were the following orders;

Insulin, Glargine 200 units/ milliliter pen 3 milliliter. Inject 32 units subcutaneously two times a day for Diabetes.

Semaglutide 1milligram/0.75 milliliter inject pen 3 milliliters. Inject 1 milligram subcutaneously every week for Diabetes.

In the section titled "Progress Notes" R2 was identified to have a diagnosis of dementia.

Interview on 12/17/24 at approximately 05:00 PM with Operator A and LN B confirmed R2 did self administer his own insulin, they continued to confirm R2's electronic medical record lacked documentation of who was responsible for the administration of R2's insulin. They further confirmed R2's record lacked a "Cares Provided"

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S3186	Continued From page 23 document signed by the family for health services R2 was to receive. The Operator failed to ensure R2's NSA reflected who was responsible for the administration of R2's insulin.	S3186		
S3261 SS=F	26-41-105 (f) (11) Resident Record 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: K.A.R. 26-41-105 (f) (11) The facility reported a census of 35 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on interview and record review the Operator failed to ensure the 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 for R1, R2, and R3. - Record review for R1 revealed an admission date of 09/30/24 with diagnoses of anemia, anxiety disorder, atherosclerotic heart disease of native coronary artery, cognitive communication deficit, dementia in other disease classified elsewhere unspecified with other behavioral disturbances, dysphagia oropharyngeal phase,	S3261		

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hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, metabolic encephalopathy, muscle weakness, need for assistance with personal care, other malaise, personal history of transient ischemic attack, restlessness and agitation, and atrial fibrillation.

Review of R1's "Functional Capacity Screen" (FCS) dated 12/17/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, mobility, and supervision with eating. R2 lacked the ability to manage his own medications, was incontinent, and had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. He was sometimes able to make himself understood and he sometimes understood others. He was identified at risk for falls, impaired decision making and inappropriate behavior.

Review of the facility provided document titled "Cares Provided" dated 12/17/24 instructed facility staff to provide the following health services; physical assistance with bathing, dressing, toileting, transferring and mobility, and to cut R1's food into bite size pieces.

Interview with "Licensed Nurse" (LN) B on 12/17/24 at approximately 05:00 PM confirmed the facility provided document titled "Cares Provided" was the facility's combined "Negotiated Service Agreement/Health Service Plan" the families are provided to sign in acknowledgement of the health services the facility will provide.

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S3261	Continued From page 25 Review of R1's electronic "Medical Record" under the Observations tab revealed the following entries; On 12/13/24 at 11:30 PM entered by "Certified Nurse Aide" C; at the time CNA C entered the note R1 was standing up by himself and was attempting to "Punch" CNA C with his fist. "This resident has shown aggression to staff with verbal violence and physical violence in the meantime he is not safe; for he has stood up on his own and took a few steps in an attacking motion to the nursing staff". The record lacked documentation of the nurse being notified, and further lacked actions taken and results of actions taken to keep the resident safe. On 12/11/24 at 12:45 AM entered by CNA C; at around 11:30 PM R1 was attempting to leave and attempting to "jump out of the wheelchair. Nursing staff was unable to toilet due to behaviors. It took the CMA and the CNA to wheel him safely to his residence to lay him down. He made several attempts to swing and built up his fist. He did attempt to hit and kick in the process." CNA C continued to enter "CNA got scratched on the left inner arm. In the process of getting this resident changed in bed; He kept swinging his arms and fist to hit the nursing staff" and the resident obtained a skin tear to the right hand. The record lacked documentation of actions taken and results of actions taken to keep the resident safe.	S3261		

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S3261	Continued From page 26 On 12/04/24 at 01:30 AM CNA C entered "barrier cream applied to buttocks (has 2 pink areas)". The record lacked documentation that the nurse was notified. On 11/20/24 at 08:15 PM CNA E entered: R1 approached CNA E and called her a name, another staff member tried to redirect R1 and took R1 to the living room where he "swung at another resident. The record lacked documentation of the nurse being notified, and further lacked actions taken and results of actions taken to keep all residents safe. - Record review for R2 revealed an admission date of 10/04/24 with diagnoses of atherosclerosis of coronary artery bypass graft(s) without angina pectoris, basal cell carcinoma of skin of other parts of face, contact with and (suspected) exposure to other hazardous substances, hypertension, malignant neoplasm of prostate, and type 2 diabetes mellitus. Review of R2's FCS dated 11/06/24 revealed R2 required supervision with bathing, transferring, and management of his medications. He was occasionally incontinent and had impaired short-term memory and impaired memory recall. He was able to make himself understood and he understood others. Review of R2's electronic "Medical Record" under the "Care Plan" tab "Complete Assessment" revealed a document titled NSA	S3261		

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S3261	Continued From page 27 (Negotiated Service Agreement) / LOC (Level of Care)/ Assessments dated 11/06/24, revealed in the section titled NSA/LOC the following health services to be provided to R2; physical assistance with bathing, reminders for the following; room location, mealtimes, and activities. Facility staff to provide as needed safety checks. The section titled "Medication Management" lacked identification of who was managing R2's medications, and further lacked identification of who was administering R2's insulin. Review of R2's electronic "Medical Record" under the "Observations" tab revealed the following entries; On 10/23/24 at 01:30 PM facility staff F did not identify credentials, entered the following note; "When going to get resident for lunch he stated he was not feeling well. He decided to stay in his room and had some toast and water for lunch. Resident threw up at 01:00 PM. The record lacked documentation of the nurse being notified, and further lacked actions taken and results of actions taken after R2 vomited. - Record review for R3 revealed an admission date of 10/18/24with diagnoses of hypothyroidism, hyperlipidemia, carotid artery syndrome, atherosclerotic heart disease of native coronary artery without angina pectoris, unspecified osteoarthritis, benign prostatic hyperplasia, diarrhea, personal history of other malignant neoplasm of large intestine, and personal history of transient ischemic attack and	S3261		

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S3261	Continued From page 28	S3261		

cerebral infarction without residual deficits.

Record review of R3's FCS dated 11/25/24 revealed R3 was independent with all activities of daily living, and he lacked the ability to manage his own mediations. R3 was usually continent, and he had impaired short-term memory, impaired memory recall, and impaired decision making. He was able to make himself understood and he understood others. R3 was marked at risk for falls and impaired decision making, and he used a walker mobility device.

Review of the facility provided document titled "Cares Provided" dated 11/25/24 instructed the facility staff to provide the following health services; qualified facility staff to manage and administer R3's medications and medical treatments. Keep his apartment free of clutter to reduce risk of falls, and under the section titled "Skin Breakdown Risk" R3 was assessed as "currently not at risk for skin breakdown". Staff were instructed to encourage R3 to "get up" and "move around regularly". There was a local home health agency listed for physical and speech therapies.

R3's "Cares Provided" document lacked identification of the outside provider providing wound care for R3.

Review of R3's electronic "Medical Record" revealed the following entry's:

On 12/03/24 at 10:45 AM CMA D entered the following note; R1 was having pain in his left leg and back, so PRN (as needed) Ibuprofen was given to resident. Pain was 7 out of 10.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087090	A. BUILDING: _____ B. WING _____	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF WICHITA	11820 W 29TH N WICHITA, KS 67205

(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
S3261	Continued From page 29 The record lacked documentation of the nurse being notified, and further lacked documentation of the results of actions taken with the administration of the as needed Ibuprofen. Interview with Operator A and "Licensed Nurse" (LN) B on 12/17/24 at approximately 05:00 PM confirmed the Observation notes for R's 1, 2, and 3 lacked documentation of incidents, symptoms, and other indications of illness or injury including the actions taken and results of the actions. They confirmed the "Observation" notes lacked documentation of the nurse being notified for incidents and behaviors requiring an assessment. The Operator failed to ensure the 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 for R1, R2, and R3.	S3261		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: K.A.R.26-41-206 (e) (1)	S3299		

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S3299	Continued From page 30 The facility reported a census of 35 residents. Based on observation, interview, and record review the Operator failed to ensure containers of poisonous compounds, and cleaning supplies were not stored in the areas used for food storage. Findings included: - Observation on 12/16/24 at approximately 10:30 AM during the facility tour in the dietary department, in the dry food storage room located in the northeast corner of the dietary department, a set of wire racks on the east wall contained 3 containers of "Solid Power X3 Eco Lab" dishwashing detergent, and 3 one-gallon jugs of "Kool Klene" freezer cleaner Interview with Operator A at approximately 10:30 AM confirmed all resident meals were prepared in the same dietary department, and chemicals were not to be stored in the dry food storage area. Review of the facility provided policy titled "Secured Chemical Storage" dated 04/12/23, revealed the following; "Procedures: 1. All cleaning compounds, insecticides, and other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms separate from food preparations and storage, dining areas and medications. The Operator failed to ensure containers of poisonous compounds, and cleaning supplies were not stored in the areas used for food storage.	S3299		

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S3320	Continued From page 31	S3320		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: K.A.R 28-39-254 (a) The facility reported a census of 35 residents. 24 residents resided in the assisted living portion of the facility, and 11 residents resided in a secured specialty unit. Based on observation, interview and record review, the Operator failed to ensure the secured specialty unit was maintained to	S3320		

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S3320	Continued From page 32	S3320		

protect the health and safety of residents, personnel, and the public, when the exit door located in the southeast corner of the specialty unit that led to the outside of the building was unlocked and unalarmed.

Findings included:

- Review of the facility provided resident roster revealed on the second page 11 residents that were separate from the list of residents. Operator A confirmed that those 11 residents resided in the facility's "Memory Care" unit. 3 of the 11 residents in the unit were identified to "wander".

Observation on 12/16/24 at approximately 09:50 AM revealed a door on the east side of the front foyer of the facility that had a keypad on the south wall to the right of the door. Operator A manually entered a code to enter the secured specialty unit. The unit tour at approximately 10:00 AM revealed an exit door located at the end of the hall located in the southeast corner which had a blinking green light on the egress bar located in the center of the door. When the egress bar was pushed the door freely opened. The door lacked a delay when the egress bar was pushed, and the door further lacked an audible alarm when the door was opened.

Interview with Operator A at approximately 10:00 AM revealed the door should have a delay when the egress bar was pushed, and she further confirmed that an audible alarm should have sounded.

The Operator failed to ensure the secured

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S3320	Continued From page 33 specialty unit was maintained to protect the health and safety of residents, personnel, and the public, when the exit door located in the southeast corner of the specialty unit that led to the outside of the building was unlocked and unalarmed.	S3320		