Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087100	A. BUILDING: _____ B. WING _____	03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC #147	147 S RIDGEWOOD DRIVE WICHITA, KS 67218

(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 at the above named Home Plus facility conducted on 03/22/2022 and 03/23/22.	S 000		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (d) The facility reported a census of 5 residents. The sample included 3 residents (R). Based on record review and interview for 1 (R324) of 3 sampled residents the operator failed to ensure the review and if necessary the revision of each negotiated service agreement following any significant change in condition, as defined in KAR 26-39-100. Findings included:	S5116		

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

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S5116	Continued From page 1 - Review of resident R324's "Medical Record" revealed the resident moved into the facility on 03/16/20 with diagnoses of dementia disease. Review of the residents "Functional Capacity Screen" dated 03/18/21 revealed the resident needed physical assistance with bathing and dressing and staff provided supervision with other activities of daily living. The resident was unable to manage her own medications and had impaired decision making ability. Review of the "Negotiated Service" (NSA) dated 03/18/21 identified services staff provided related to activities of daily living. It did not have a revision to identify that the resident had a significant change and required Hospice services. Review of R324's nurses notes revealed the resident started Hospice service on 01/05/22. On 03/22/22 at 12:14 PM Licensed Nurse A acknowledged she had not revised the resident's NSA to identify the resident had started on Hospice services. The operator failed to ensure designated staff reviewed and revised R324's NSA when she had a change in services and started on Hospice services.	S5116		
S5192 SS=E	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all	S5192		

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S5192	Continued From page 2	S5192		

applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used.
(3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-206 (e)

The facility reported a census of 5 residents. Based on observation and record review the operator failed to ensure staff prepared food using safe methods and ensured staff served foods at the proper temperature for all residents in the facility.

- Observation during initial tour on 03/22/22 at 10:10 AM surveyor observed a plate sitting on top of the stove that had cooked sausage patties on it covered with aluminum foil.

On 03/22/22 at 10:10 AM the sausage remained on top of the range covered in aluminum foil. Certified Medication Aide (CMA) B stated that night shift prepared the meats for breakfast on the days residents got baths in the mornings and would leave it on the stove for her to reheat and serve. CMA B took the temperature of the sausage and it read 73.7 F. CMA B reported she reheated the sausage in the microwave for about 15 seconds before serving it but did not take the

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S5192	Continued From page 3 temperature to ensure it was reheated to the appropriate temperature. According to the Focus on Food Safety booklet the minimum hot holding temperature of food is 135 degrees F and if food is reheated in the microwave it needed to be reheated to 165 degrees F. - Review of the facilities food temperature log for February 2022 revealed it had 8 days recorded for breakfast and lunch and 12 of 29 days for supper. The March 2022 food temperature log included 3 of 22 days logged for breakfast and 14 of 22 days for supper. CMA B reported that she does take the temperature of the food when she prepares it but did not keep the log current. The operator failed to ensure facility staff prepared food using safe methods and failed to ensure foods were maintained and served and the proper temperatures.	S5192		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents;	S5215		

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S5215	Continued From page 4 and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of 5 residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 03/22/22 a review of the emergency management preparedness reviews provided by Licensed Nurse A for residents and staff revealed quarterly reviews were completed on 02/10/21, 05/03/21 and 10/14/21. The facility failed to conduct quarterly reviews on 08/21 and 01/22 to ensure quarterly reviews were completed on a quarterly basis. Interview on 03/22/22 at 12:30 PM Administrative Nurse A acknowledged the quarterly reviews of the emergency management plan were not reviewed in a timely manner each quarter. The operator failed to ensure reviews of the facility's emergency management plan were completed on a quarterly basis.	S5215		

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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 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)(2) The facility reported a census of five residents. Based on record review and interview, the operator failed to provide evidence of licensure, registration, and certification for one of five newly hired staff that required specialized education and training. The operator also failed to complete the required criminal background checks on two of five newly hired staff. This had the potential to	S5258		

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S5258	Continued From page 6 affect all residents who resided in the facility. Findings included: - Review of the list of newly hired employees since the last time the facility was surveyed revealed the following: Certified Medication Aide (CMA) D was hired on 06/07/21 and her licensure check was not completed until 03/22/22, the day the surveyors arrived at the facility. Interview on 03/22/22 at 02:04 PM Licensed Nurse A confirmed the registry check for CMA D was not completed until 03/22/22. - Review of the list of newly hired employees since the last time the facility was surveyed revealed the following: Certified Medication Aide (CMA) E was hired on 09/20/21 but did not have the required criminal background checks completed. CMA F was hired on 08/23/21 but did not have the required criminal background checks completed. Interview on 03/22/22 at 02:04 PM Licensed Nurse A confirmed the required Kansas Bureau of Investigation criminal background checks were not completed for CMA E, and CMA F. The operator failed to ensure newly hired employee records contained evidence of registration/certification completion and the required criminal background checks. This had the potential to affect all residents who resided in the facility.	S5258		