Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087248	A. BUILDING: _____ B. WING _____	07/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES 29TH #2	8629 W 29TH ST 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 a survey for initial licensure conducted on 07/08/2021 and 07/12/2021 at the above-named homes plus facility in WIchita, KS.	S 000		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205(d) The census equaled 12 the sample included 3 Residents and 5 employees. Based on observations, interviews, and review of records, licensed nurses failed to ensure that all medications and biologicals are administered in accordance with manufactures recommendations.	S5300		

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

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S5300	Continued From page 1 This REQUIREMENT is not met as evidenced by: Findings included: - By observation on 07/08/2021 at 11:40am, the medication storage room refrigerator of facility, contained 1 vial of TB solution serum lot # 347433 with expiration date of 02/22. The package recorded "date opened" as 05/17/21. Vial in package did not have an open date recorded. By review the TB package included manufacture's directive to discard 30 days after initial use of vial. Review of record for 1 sampled employee (#C) with hire date 06/28/2021. Record revealed employee received first TB skin test on 06/28/2021 with serum lot # 347433 and received second TB skin test on 07/07/2021 with serum lot #347433. By interview on 07/08/2021 Administrative staff #B confirmed vial opened date. Administrative staff #B confirmed nursing staff administer TB tests in facility, confirmed that TB solution Lot #347433 was the only TB solution present in medication storage room refrigerator. On 7/12/2021 Administrative staff #A confirmed the last documented date of TB solution being administered was 07/07/2021 to employee #C. The facility licensed nurses failed to ensure that all medications and biologicals are administered in accordance with manufactures recommendations.	S5300		