STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B040001	A. BUILDING: _____ B. WING _____	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES OF HARVEY COUNTY LLC M	1504 TERRACE DRIVE NEWTON, KS 67114

(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 1-7-2020.	S 000		
S5192 SS=F	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 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 6 residents. Based on observation, interview, and record review for all residents, the operator failed to ensure safe sanitary preparation of foods and develop a system to ensure foods were cooked and held at the proper temperature. Findings included: - During an interview on 1-7-2020 at 9:00 AM	S5192		

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

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COMFORTCARE HOMES OF HARVEY COUNTY LLC M	1504 TERRACE DRIVE NEWTON, KS 67114

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S5192	Continued From page 1 certified staff B reported the facility did not have a food temperature log and that she did not take the temperature of foods that she cooked. Staff B stated they planned to start it at lunch today During an interview on 1-7-2020 at 9:08 AM operator staff A reported they planned to start taking temperatures of foods today at lunch and would be training staff from now forward. The operator failed to ensure designated staff monitored the temperature of food to ensure foods were cooked and held at the proper serving temperatures.	S5192		
S5215 SS=F	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; 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)	S5215		

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S5215	Continued From page 2 The facility reported a census of 6 residents. Based on interview and record review for all residents, the operator failed to provide quarterly reviews of the home's emergency management plan with employees and residents. Findings included: - Review of the facilities emergency management drills and policy reviews provided by operator A revealed the following: The forms included written on the top fire drill and review of emergency policies and procedures. The form were dated 6-19-18, 7-3-18, 1-24-19,4-26-19, 7-30-19, 10-1-19 and 1-6-2020. Each form included a list of resident names and 1 facility employee. They did not show what parts of the emergency plan were reviewed or that it was reviewed with all staff. During an interview on 1-7-2020 at 8:45 AM operator A reported she reviewed the policies and procedures with whatever staff was here at the time of the fire drill and then just "passed the word along" for other staff. Operator A stated she did a review of all of the emergency plan with resident the evening on 1-6-2020 but not with any staff yet. The operator failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly reviews of the home's emergency management plan with employees and residents.	S5215		