STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B019002	A. BUILDING: _____ B. WING _____	05/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES MILLIES' PLACE	803 LAKEVIEW DRIVE PITTSBURG, KS 66762

(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 5-7,8-2019.	S 000		
S 140 SS=E	26-39-103 (i) Resident Right Privacy and Confidentiality (i) Privacy and confidentiality. The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records. (1) The administrator or operator shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. (2) The administrator or operator shall ensure that the personal and clinical records of the resident are maintained in a confidential manner. (3) The administrator or operator shall ensure that a release signed by the resident or the resident's legal representative is obtained before records are released to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law. This STANDARD is not met as evidenced by: KAR-26-39-103(i) The facility reported a census of 6 residents. The sample included 3 residents. Based on observation and interview for all residents the operator failed to ensure 2 (#100 and #300) of 6 residents was afforded the right to personal privacy and confidentiality related to the use of a	S 140		

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

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S 140	Continued From page 1 video monitor visible to to public. Findings included: - Observation on 5-7-19 at 11:43 AM revealed a video monitor sitting on the kitchen cabinet by the stove in view of all residents/and visitors to the facility. The monitor showed resident #300 in his/her bed and resident #100 on the loveseat cuddling next to his/her spouse. Observation on 5-7-19 at 12:30 the surveyor sat at the opposite end of the dining room and could still see specifics in the baby monitor related to each resident. During an interview on 5-7-19 at 3:15 PM licensed nursing staff E confirmed that residents or visitors would be able to see the monitor. The operator failed to ensure personal privacy for 2 of 6 residents by failure to keep the video monitor out of view of non-employees.	S 140		
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.	S5192		

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S5192	Continued From page 2 (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: - Observation on 5-7-19 between 12:15 to 1:00 PM revealed certified staff A had a pan of liver cooking for the noon meal. During the process staff did not take the temperature of the liver to ensure it was cooked to the proper temperature. Staff also prepared green beans and instant mashed potatoes and did not take the temperature of either food item. At 12:30 PM Staff A removed the liver from the pan then certified staff B cut up the liver in bite size pieces. At 12:40 PM certified staff A put pieces of the liver in the blender and added some gravy and then blended the food to a pureed consistence. At 12:54 PM, 24 minutes after the liver was removed from the cooking pan, staff A fixed plates and served the pureed liver to 2 of the residents. The remaining residents were served regular food items,. During an interview on 5-8-19 certified staff AC	S5192		

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S5192	Continued From page 3 confirmed that staff did not monitor the temperatures of food items. During an interview on 5-8-19 at 10:55 AM administrative staff D reported he/she did not realize food temperatures needed taken in the Hope Plus setting at this point. 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		
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: KAR 26-42-205(d)	S5300		

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S5300	Continued From page 4	S5300		

The facility reported a census of 6 residents. The sample included 3 residents. Based on interview and record review the operator failed to ensure staff administered medications and biologicals in accordance with medical care provider's written order and professional standards of practice for 2 (#100 and #200) of 3 residents.

Findings included:

- Review of resident #100's medical record revealed he/she admitted to the facility on 2-2-16 with diagnoses of depressive disorder, hypertension, reflux disease and anxiety.

Review of the resident's functional capacity screen dated 1-9-19 revealed the resident could not manage his/her own medications.

Review of the negotiated service agreement / health care service plan dated 1-9-19 revealed staff would administer all medications.

Review of the physicians orders dated 4-25-19 directed staff to cleanse wound above eye with soap and water, change dressing daily and as needed. Staff also needed to apply a layer of Vaseline over the sutures daily.

Review of the April 2019 medication administration record (MAR) included the above physicians orders and signatures to indicate the treatment had been completed.

Review of the May 2019 MAR lacked the treatment order for the wound above the resident's eye.

During an interview on 5-7-19 at 3:00 PM certified staff A reviewed the MAR and confirmed it did not

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S5300	Continued From page 5 include the treatment for staff to do. - Review of resident #200's medical record revealed the resident admitted to the facility on 8-31-18 with diagnoses of anxiety, hypothyroid, constipation and atrial fibrillation. Review of the resident's functional capacity screen dated 1-2-19 revealed the resident could not manage his/her own medications. Review of the resident's negotiated service agreement/health care service plan dated 1-2-19 revealed staff would administer all medications and the resident received services of a local Hospice. Review of the residents physician orders dated 4-9-19 included orders for the following medications: Tylenol suppository 650 mg per rectal as needed. - call Hospice before administration Ativan 0.5 mg 1-2 tablets every 4 hours as needed for anxiety Bisacodyl suppository 10 mg per rectal as needed - call Hospice before administration Hycosamine Levsin sublingual 0.125 mg every 4 hours as needed Morphine Sulfate 20 mg/ml give 0.05 ml sublingual every 4 hours as needed Morphine Sulfate 20 mg/ml 0.1 ml sublingual every 4 hours as needed Zofran 4 mg 1 every 4 hours as needed Seroquel 50 mg 1-2 tablets every 6 hours as needed Review of the May 2019 medication administration record (MAR) did not include the above listed medications for staff to be able to administer if needed.	S5300		

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S5300	Continued From page 6 During an interview on 5-7-19 at 3:15 PM licensed nursing staff E confirmed orders for both residents should have been on the MAR. The operator failed to ensure staff administered medications and biologicals in accordance with medical care provider's written order and professional standards of practice.	S5300		