STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087125	A. BUILDING: _____ B. WING _____	02/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC #641	641 N BROADMOOR AVENUE WICHITA, KS 67206

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named facility on 2/26/19 and 2/27/19.	S 000		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus 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: KAR 26-42-204(a) The facility identified a census of 4 residents. The sample included 3 residents. Based on record review, interview, and observations, for 2 (#111 and #333) of 3 residents sampled, the operator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services (HCS) that meet the needs of each resident and are in accordance with the functional capacity screen (FCS) and negotiated service agreement (NSA) for falls. Findings included: - Record review for resident #111 revealed an admit date of 4/5/18 with diagnoses of dementia and insulin dependent diabetic.	S5155		

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

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The admission FCS dated 4/5/18 recorded resident independent with bathing, dressing, toileting, transfer, walking/mobility, experienced short-term memory loss, memory recall, long term memory loss, decision making, and wandering.

The admission NSA dated 4/5/18 recorded resident will receive a bath two times a week, ambulation instructions, supervision and assistance as needed. Observed for changes in behavior indicating possible illness or pain. Notify nurse of behaviors.

The admission HCS dated 4/5/18 recorded resident required reminders for bathing, toileting, dressing, independent with ambulation, and agitated at times. Resident also noted to have long and short-term memory loss, oriented to person and recognizes family.

The significant change FCS dated 1/17/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, incontinent of bladder and required assist for toileting, experienced short-term memory loss, memory recall, long term memory loss, decision making, impaired decision making and falls/unsteadiness.

The significant change NSA dated 1/17/19 recorded resident will receive a bath two times a week, ambulation instructions, supervision and assistance as needed. Observe for changes in behaviors. Any changes will be documented. Resident wears briefs.

The significant change HCS dated 1/17/19 recorded resident required moderate assistance with bathing, dressing, and grooming. Resident

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incontinent of bladder and required complete assistance. Resident wears briefs. Resident required moderate assistance with transfer and ambulates on own. Assist if unsteady with ambulation. Resident has short- and long-term memory loss, oriented to person and recognizes family.

The history and physical dated 9/18/18 recorded resident had unwitnessed fall while walking to bathroom, lost balance, fell and got self-up without assistance. Resident has a small area of bruising to forehead from the fall.

The nurses notes recorded the following falls:

4/11/18 at 3:30 a.m. Staff called stating, "I was in kitchen cooking, heard a noise, went to resident's room to check on resident and observed resident on the floor sitting on buttocks and leaned back on left elbow. Resident had removed brief and urinated a large amount of urine on the floor and then slipped in it." Noted slight redness to left elbow. No other complaints. Signed licensed nurse B.

9/16/18 at 6:30 a.m. Staff reported that resident was walking into bathroom, fell and hit face after losing balance. Resident got self-up, nurse assessed resident who stated, "Is fine". Observed abrasion like discoloration to left side of forehead and small scrape to right ear. Signed licensed nurse F.

11/14/18 at 6:40 a.m. Caregiver reported that resident was on floor and last checked on resident at 6:10 a.m., resident was sleeping. Caregiver was headed toward residents' room when heard a "thud", resident was on floor laying on his/her back in front of dresser. Resident was

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able to move all extremities and assisted up with assistance. Signed licensed nurse B.

1/1/19 at 10:00 a.m. Received a call resident fell from bed. Staff went to check resident's blood sugar while resident was lying on right side in bed and as resident raised self-up he/she slipped off the edge of the and fell. During fall resident hit right side of head on bed side table then floor. Resident assessed and denied pain or discomfort. Signed licensed nurse G.

The HCS lacked interventions for falls/unsteadiness.

On 2/26/19 at 9:40 a.m. observed certified staff F put gait belt around resident and assist to standing position. Certified staff F then assisted resident to ambulate. Resident ambulated slow with shuffling of feet very small steps.

Interview on 2/26/19 at 11:45 a.m. with licensed nurse B stated and confirmed the HCS lacked interventions for falls/unsteadiness.

For resident #111, the HCS lacked interventions for falls/unsteadiness.

- Record review for resident #333 revealed an admit date of 10/1/18 with diagnoses of dementia, schizophrenia, and depression.

The FCS dated 10/1/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, toileting, experienced bladder incontinence, short term memory loss, memory recall, long term memory loss, decision making, impaired decision making, poor communication (speaks German only), and falls/unsteadiness.

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S5155	Continued From page 4 The NSA dated 9/30/18 recorded resident will get a bath two times a week, toileting regularly and as needed, assist with dressing, ambulation instructions, supervision and assistance as needed. Staff will monitor and observed all behaviors. Resident is incontinent and wears briefs. The HCS dated 10/1/18 recorded resident required complete assist for bath two times a week. One person assist for toileting and take to restroom before and after meals. Resident required complete assistance for dressing, grooming, and moderate assistance with ambulation with use of gait belt. Resident has short- and long-term memory loss and oriented to self but does not communicate. Resident speaks garbled and in German. Falls assessment form dated 10/1/18 recorded score of 10. The form recorded: Residents who rate greater than 8 have a potential for falling and should have a prevention plan noted on the HCS and NSA. The HCS and NSA lacked interventions for falls/unsteadiness. The nurses notes recorded the following: 10/1/18 at 10:30 p.m. Staff observed resident laying on the floor. The resident was sitting on the wheelchair and ended up falling facing the floor. Resident assessed to be alert with confusion and unable to make needs known. Noticed resident having severe muscle cramps that come and go every few minutes. Resident having difficulties to stay still due to pain caused by muscle spasms. Vital signs blood pressure	S5155		

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11/98, pulse 109, respiration 20, temperature 97.1. Medical care provider notified, and resident sent to hospital by emergency medical services. Signed licensed nurse G.

10/9/18 at 4:54 p.m. resident returned to facility. Will continue same medications. Signed licensed nurse C.

1/5/19 at 11:34 p.m. Staff reported resident sitting on the floor in front of the recliner. Resident was trying to take off shoes and recliner tilted forward, and resident ended up on the floor. No injuries noted. Signed licensed nurse G.

2/20/19 at 2:54 a.m. Certified staff called, and stated bed alarm was sounding in resident's room and when arrived at room resident slowly slid over the side of bed landing on left shoulder. Licensed nurse I assessed resident with red area on left shoulder. No other complaints or concerns at this time. Bed alarm placed back on resident. Signed licensed nurse I.

2/26/19 at 2:30 p.m. observed resident sitting in recliner and looking at tv in commons area.

2/26/19 at 2:35 p.m. observed certified staff D put gait belt around resident and ambulated with him/her to toilet.

2/26/19 at 3:00 p.m. observed resident leaning forward in recliner to attempt to pick up blanket he/she dropped on floor at feet. Observation of resident's room noted to have a bed alarm on edge of bed and fall mat under bed.

Interview on 2/26/19 at 3:05 p.m. with certified staff E stated when resident in bed at night time the body alarm is placed on resident and fall mat

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S5155	Continued From page 6 place next to edge of bed. The HCS lacked interventions for falls/unsteadiness and lacked documentation to identify resident required a bed alarm and fall mat. For residents #111 and #333, the operator failed to ensure that a licensed nurse provided or coordinated the provision of necessary HCS that meet the needs of each resident and are in accordance with the FCS and NSA for falls.	S5155		