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 _____	02/21/2019

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

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey of the above home plus facility on 2/20/19 and 2/21/19.	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 reported a census of 6 residents. The sample included 3 residents. Based on record review, observation, and interview for 2 (#300 and #200) of 3 residents sampled, operator B failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of each resident and were in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #300 revealed an admission date of 3/26/18 with diagnoses of dementia, anxiety, and hypertension. Functional capacity screen dated 3/26/18	S5155		

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

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indicated resident experienced impaired short-term memory, memory recall, and decision making; was independent with transferring and ambulation; and unable to perform medication management. The functional capacity screen did not indicate resident had a problem or risk due to falls or unsteadiness and socially inappropriate behaviors.

Negotiated service agreement and health care service plan dated 3/26/18 documented service of facility management of medications.

Nurse's notes contained documentation as follows:

5/1/18 at 11:06 a.m. by licensed nurse C that resident very agitated and anxious wanting to go home. Gave resident space because talking to resident increased agitation. Medical care provider in facility and ordered Ativan (for anxiety) 0.5 milligram (mg) by mouth every 4 hours as needed and Seroquel (antipsychotic) 25 mg by mouth every morning.

5/30/18 at 2:19 p.m. by licensed nurse C that medical care provider here to see resident due to resident's complaint of back pain. Resident told staff he/she had fallen trying to reach something in top of closet.

7/31/18 at 4:50 p.m. by licensed nurse C of caregiver report resident with increased behaviors of aggression with staff in the evening. Resident received (Ativan) last evening and was helpful. Will discuss with medical care provider to add a dose of Seroquel at 3:00 p.m. to see if it helps with sundowning and aggression.

2/2/19 at 1:15 p.m. by licensed nurse F that

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certified staff reported resident fell in backyard.

2/16/19 at 5:37 p.m. licensed nurse G documented resident fell in bathroom.

2/20/19 at 2:00 p.m. licensed nurse C documented resident very irritable today, getting mad when others are laughing and talking. Instructed certified medication aide to give (Ativan).

During lunch on 2/20/19, surveyor heard resident #300 become upset with residents and staff that were laughing. At 3:08 p.m. on 2/20/19, surveyor observed resident #300 sitting at the dining table upset because the window was dirty, and another resident would not clean the window. Resident #300 used inappropriate language. Certified staff D cleaned the window, but resident remained agitated.

Resident's health care service plan lacked interventions for management of behaviors and interventions to reduce risk for falls.

During an interview at 2:54 p.m. on 2/20/19, licensed nurse C stated and confirmed the resident's health care service plan lacked interventions to address resident's behaviors and risk for falls.

During an interview at 4:20 p.m. on 2/20/19, certified staff E stated when resident exhibited behaviors he/she did not talk with resident and resident would forget what was upsetting him/her. Certified staff E stated fall intervention of "keep eye on" resident.

Operator B failed to ensure a licensed nurse provided or coordinated the provision of

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necessary health care services that met the needs of resident #300 and were in accordance with the functional capacity screening and the negotiated service agreement.

- Record review for resident #200 revealed an admission date of 8/13/18 with diagnoses of dementia and asthma.

Functional capacity screen dated 8/13/18 indicated resident was independent with toileting, transferring, and walking and experienced impaired short-term memory, memory recall, and decision making. Functional capacity screen did not indicate resident was at risk for falls or unsteadiness.

Nurse's notes contained the following entries:

9/22/18 at 2:00 a.m. licensed nurse H documented staff entered resident's room and found resident sitting on the floor. Resident stated he/she became dizzy and sat self on floor.

1/7/19 at 9:48 a.m. licensed nurse documented certified staff observed resident sitting on floor by bathroom door. Resident reported being dizzy. Staff assisted resident to stand but resident became weak and staff lowered resident to floor. Blood pressure 116/78, pulse 78, respirations 20, temperature 97.8 degrees Fahrenheit, and peripheral oxygen saturation 94%.

1/19/19 at 9:28 p.m. that certified staff called nurse at 3:07 p.m. to report resident lost balance while outside with pet and fell backwards, striking head on patio table. Resident went to minor emergency center for treatment of 2 areas on head that required staples to close.

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S5155	Continued From page 4 Health care service plan dated 8/13/18 was not revised to add interventions to address resident's risk for falls. During an interview at 3:36 p.m. on 2/20/19, licensed nurse C stated staff were instructed to let the resident's pet out into the backyard and not to allow resident to do this alone. Licensed nurse C stated and confirmed the health care service plan did not describe interventions to address resident's risk for falls. During an interview at 4:13 p.m. on 2/20/19, certified staff E stated he/she observed resident ambulating and if unsteady he/she walked with resident. Operator B failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of resident #200 and were in accordance with the functional capacity screening and the negotiated service agreement.	S5155		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f)	S5195		

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S5195	Continued From page 5 The facility reported a census of 6 residents. The sample included 3 residents. Based on observation and interview for all residents, operator B failed to ensure all food items were stored under safe and sanitary conditions. Findings included: - At 11:25 a.m. on 2/20/19, surveyor observed the following food items stored in the refrigerator in the kitchen: Second shelf of refrigerator stored 6 paper egg cartons (1.5 dozen eggs each) with 1 partial bag of shredded cheese, 3 unopened bags of shredded cheese and fresh grapes stored next to the egg cartons. Third shelf of refrigerator stored a package of raw chicken, a package of raw sausage, plastic storage bag of raw bacon, package of cold cuts stacked on top of the raw meats. On this same shelf next to the raw meat was a plastic container of strawberries and several packages of cold cuts. Fresh unwrapped vegetables were stored under the third shelf. This area was not enclosed by a shelf. Surveyor observed a plastic storage bag with 1 hash brown patty and a partial bag of hash brown potatoes in the freezer section. The opened packages did not have a date to indicate when the packages were open. Surveyor observed a loaf of bread in a cabinet with a best by date of 11/14/18. Certified staff D stated this bread had likely been in the freezer but	S5195		

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S5195	Continued From page 6 was not dated when the bread was opened. At 11:39 a.m. on 2/20/19, licensed nurse C and certified staff D began rearranging food items in refrigerator to ensure raw eggs and raw meat were not stored next to or over food items that did not require cooking to be eaten. During time in the facility on 2/20/19, surveyor observed each of the 6 residents received meal services. For all residents, operator B failed to ensure all food items were stored under safe and sanitary conditions.	S5195		
S5258 SS=D	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	S5258		

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S5258	Continued From page 7 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(2)(3) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 1 of 5 employee files reviewed, operator B failed to ensure the employee's file contained supporting documentation of a criminal background check, pursuant to K.S.A. 39-970 and amendments thereto; and supporting documentation from the Kansas nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home. Findings included: - Review of employee files at 5:11 p.m. on 2/20/19 with operator B revealed employee D was hired 10/17/18. The employee's file contained documentation of a criminal background check request dated 2/20/19 and a Kansas nurse aide registry form with a print date of 2/20/19. At 5:21 p.m. on 2/20/19, operator B confirmed certified employee D was hired 10/17/18 but a criminal background check was not requested, and the Kansas nurse aide registry verification form was not printed and placed in the employee's file at that that time. Operator B failed to ensure the employee's file contained supporting documentation of a criminal background check, pursuant to K.S.A. 39-970	S5258		

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S5258	Continued From page 8 and amendments thereto; and supporting documentation from the Kansas nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home.	S5258		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a) The facility reported a census of 6 residents. The sample included 3 residents. Based on observation, record review, and interview for all residents, operator B failed to ensure cleaning chemicals were not accessible to cognitively impaired residents. Findings included: - At 11:10 a.m. on 2/20/19, surveyor observed the laundry room located off the kitchen. The door to the laundry room was open and surveyor observed a 1-gallon container with approximately 1.5 cups of liquid laundry detergent, a plastic spray bottle labeled as bleach, and a plastic spray bottle with an unidentified clear fluid sitting on the	S5335		

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countertop. An unlocked cabinet stored spray bottle of Shout stain remover, a 128-ounce container with very little Shout stain remover, 1 gallon of bleach, 1 gallon of Dawn dish soap, 1 gallon of liquid laundry detergent, package of Cascade dishwasher packets, and spray bottle of 409 degreaser/disinfectant. Surveyor observed a key pad lock on the exterior of the laundry room door and closed the door.

At 11:20 on 2/20/19, surveyor observed a 2-door cabinet under the kitchen sink with one door unlocked and the other door locked. The cabinet held Clorox disinfectant spray, spray bottle of 409, Dawn dishwashing liquid, Clorox toilet bowl cleaner, Comet scouring powder, bleach, oven cleaner, spray furniture polish, glass cleaner, and a bottle of Tropical Mist air freshener. Surveyor asked certified staff D if the unlocked cabinet door could be locked. Certified staff D stated unable to unlock the magnetic lock on the locked door. Surveyor observed the unlocked door with a hook lock attached to the interior of the door that could only be locked if the other cabinet door was open.

At 11:45 a.m. on 2/20/19, surveyor observed a can of Clorox disinfecting spray sitting on top of the cabinet over the toilet in the shower room.

Review of the resident roster revealed each of the 6 residents experienced impaired cognition. During time in the facility surveyor observed each resident ambulating independently.

For all residents, operator B failed to ensure cleaning chemicals were not accessible to cognitively impaired residents.