STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087206	A. BUILDING: _____ B. WING _____	01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC #219	219 S MORNINGSIDE STREET WICHITA, KS 67218

(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 the licensure resurvey for the above named facility conducted on 1/2/19 and 1/3/19.	S 000		
S5155 SS=D	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 9 residents. The sample included 3 residents. Based on observation, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for 1 of 3 sampled residents (#412) in accordance with the functional capacity screening and negotiated service agreement regarding the use of a bed assistive device. Findings included: - The facility resident roster provided on 1/2/19 indicated 2 of the 9 residents (#412 and #501) used an attached bed assistive device.	S5155		

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

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S5155	Continued From page 1 Record review revealed an admission date of 10/24/17 for resident #412 with diagnoses of Parkinson's, Alzheimer's, vascular dementia and general weakness. The significant change functional capacity screen dated 8/31/18 indicated the resident had short and long-term memory deficit, memory recall deficient and impaired decision making. He/she required physical assistance with all activities of daily living except eating and was at risk for falls. The negotiated service agreement (NSA) dated 8/31/18 indicated facility staff provided assistance with bathing, toileting, dressing/undressing, grooming and ambulation. The NSA did not include specifics about the resident's bed mobility, abilities to transfer from the bed or the use of a bed assistive device. The health care services (HCS) dated 8/31/18 directed staff to assist the resident with 1 staff for dressing, grooming and toileting needs. The HCS indicated the resident needed assistance of 2 staff with a sit-to-stand mechanical lift to transfer to a wheelchair. He/she used an electric bed, half rail for self-positioning and blanket left bar at the end of the bed to keep bedding off feet for gout pain. The record lacked an assessment to verify the bed assistive device was not a restraint, the resident used the bed assistive device safely and the bed assistive device design/attachment/gaps and mechanisms were safe. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific	S5155		

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S5155	Continued From page 2 measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Observation on 1/2/19 at 11:50 AM revealed an upside down U-shaped assistive device on 1 side of the resident's bed. Interview on 1/2/19 at 1:55 PM with licensed nurse A confirmed the resident had the bed assistive device for positioning. He/she confirmed the record lacked an assessment of the resident's need for the assistive device or safety of the device. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for this resident in accordance with the functional capacity screening and negotiated service agreement regarding the use of a bed assistive device.	S5155		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached.	S5380		

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S5380	Continued From page 3 (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (i) (2) The facility reported a census of 9 residents. Based on observation, interview and record review the operator failed to ensure the water distribution systems did not exceed a temperature of 120 degrees Fahrenheit at lavatories accessible to residents. Findings included: - Observation on 1/2/19 at 12:30 PM revealed the following temperatures of the hand sink in bathroom lavatories accessible to residents: the back bathroom adjacent to the back patio registered 127.8 degrees F. (Fahrenheit), the bathroom by the TV room registered 126.8 degrees F., The bathroom/beauty shop registered 122.5 degrees F. and the large bathroom/shower room registered 124.9. Interview and observation on 1/2/19 at 12:35 PM with licensed nurse B confirmed the temperature of the water at the hand sink in the above bathrooms. He/she reported staff check the temperatures every day and noted the temperatures were elevated this morning. Licensed nurse A provided a log book of water temperature readings which indicated water temperatures were monitored daily and the log included a column which read if readings are out of normal range who did you report to. Record	S5380		

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S5380	Continued From page 4 review of the temperature log provided with daily measurements of the kitchen sink and a bathroom (does not specify which bathroom) revealed temperatures exceeded 120 degrees F. as follows: 12/29/18 - Kitchen 131.5 degrees F. and bathroom 128.9 degrees F. with no indication of reporting to anyone or follow up. 12/30/18 - Kitchen 134.4 degrees F. and bathroom 131.2 degrees F. with no indication of reporting to anyone or follow up. 12/31/18 was blank 1/1/19 - Kitchen 128 degrees F. and bathroom 127 degrees F. with no indication of reporting to anyone or follow up. 1/2/19 - Kitchen 127.6 degree F. and bathroom 124.9 degrees F. with a notation of faxed to main office but no indicator of time. Interview on 1/2/19 at 12:45 PM licensed nurse A reported the temperatures are obtained by the night shift staff and therefore the fax was sent to the office around 6:00 AM on 1/2/19. He/she indicated the staff should have sent the notification by internal computer device so the notification would appear on the maintenance staff's cell phone. Interview on 1/2/19 at 12:50 PM with maintenance staff C revealed he/she came to the facility as soon as he/she received the notification. He/she confirmed not being made aware of the elevated temperatures between 12/29/18 and 1/2/19 previously. The operator failed to ensure the water distribution systems did not exceed a temperature of 120 degrees Fahrenheit at lavatories accessible to residents.	S5380		