STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087186	A. BUILDING: _____ B. WING _____	08/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC #557	557 N ARMOUR 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 citation represents the finding of a resurvey of the above home plus facility on 8/16/17 and 8/17/17.	S 000		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review and interview for 2 (#100 and #101) of 3 residents sampled, operator/licensed nurse B failed to ensure each resident's record contained documentation of all incidents, symptoms, and other indications of illness including the date, time of occurrence, action taken, and results of the action. Findings included: - Record review for resident #100 revealed an admission date of 9/21/15 and diagnoses of Alzheimer's disease, epilepsy, and anxiety. Functional capacity screen dated 9/21/16 indicated resident was independent with transferring and ambulation and experienced impaired short-term memory, long-term memory, memory recall, and decision-making ability.	S5251		

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

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S5251	Continued From page 1 Nurse's notes contained an entry by operator/licensed nurse B at 2:58 p.m. on 1/20/17 of a follow-up assessment of resident who had experienced a fall. The entry lacked documentation of the date and time of a fall, action taken, and results of the action. At 10:42 a.m. on 8/17/17 operator/licensed nurse B confirmed the resident's record lacked documentation of a fall experienced by resident. At 11:12 a.m. on 8/17/17, licensed nurse C faxed an incident report to the facility dated 1/19/17 with documentation that resident was walking with assistance due to weakness and had to be lowered to floor. Licensed nurse C documented in the incident report that he/she notified medical care provider and received order to hold resident's Risperdal (anti-psychotic) and assess if that prevented resident's sudden onset of weakness. Operator/licensed nurse B failed to ensure resident #100's record contained documentation of all incidents, symptoms, and other indications of illness including the date, time of occurrence, action taken, and results of the action. - Record review for resident #101 revealed an admission date of 10/25/14 and diagnoses of dementia, hypertension, and depression. Functional capacity screen dated 10/23/16 indicated resident was independent with transferring and ambulation. On 8/17/17, operator/licensed nurse B provided an incident report dated 5/18/17 at 3:45 a.m.	S5251		

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S5251	Continued From page 2 certified staff D documented he/she heard a loud thud, went to resident's room, and observed resident sitting on floor with back against bed. Resident stated he/she rolled out of bed. Licensed nurse E documented in the incident report that he/she assessed resident who had an elevated temperature of 100.4 degrees Fahrenheit and an oxygen saturation of 85 % on room air. Licensed nurse E documented resident was given supplemental oxygen at 1 liter per minute per nasal cannula and administered Tylenol (for elevated body temperature). At 11:06 a.m. on 8/17/17, operator/licensed nurse B confirmed the resident's record lacked documentation of the incident, signs and symptoms of illness, action taken and results of the action. Operator/licensed nurse B failed to ensure resident #101's record contained documentation of all incidents, symptoms, and other indications of illness including the date, time of occurrence, action taken, and results of the action.	S5251		