STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087095	A. BUILDING: _____ B. WING _____	04/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC #441	441 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 are the result of a Licensure Resurvey at the above named Home Plus Facility in Wichita, Kansas on 4/05/17, 4/06/17, 4/10/17, 4/11/17, and 4/12/17.	S 000		
S5028 SS=E	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by:	S5028		

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

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S5028	Continued From page 1 KAR 26-42-101(f)(3)(C) The census equalled five the sample included three Residents. Based on interviews and reviews of record, for one of three sampled dementia Residents with bruising to back from unknown source (#187 and #185), and for one sampled dementia Resident who left the facility unknown to staff, the Operator failed to ensure the incidents thoroughly investigated to rule out potential abuse or neglect, and failed to maintain a written record of thorough investigations. Findings included: - Review of record revealed #187 admitted to facility 6/19/15 with diagnoses of Dementia, Hypertension, Coronary artery disease, and Gastroesophageal reflux disease. The previous FCS of 6/19/16 recorded #187 in need of physical assistance with bathing and dressing; in need of supervision with toileting and eating; independent with transfers and mobility; unable to perform medication and treatment management; incontinent of bladder; with short term memory, long term memory, memory recall, decision making impairment; and impaired communication. A significant change FCS of 4/03/17 recorded #187 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; in need of supervision with eating; unable to perform medication and treatment management; with bladder incontinence; with short term memory, long term memory, memory recall, and decision making impairment; with falls/unsteadiness; communication impaired.	S5028		

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S5028	Continued From page 2 Current 4/03/17 NSA recorded services to be provided for food services, bathing, toileting, laundry, dressing, grooming, ambulation, hearing, vision, sleeping, housekeeping, lodging, transportation, health care services, medication administration, behavior management, and, outside resources. The 4/03/17 HSP (health service plan) recorded: Appetite fair feeds self cuing at times Bath aide two times a week and as needed Incontinent of bowel and bladder Assist of one dressing Assist to stand - lift chair - hands on assist for ambulating, may use wheelchair if Resident not wanting to ambulate Administer medications crush medications Very little communication - will sing By observation on 4/05/16 at 5:20pm and on 4/06/17 at 12:10pm, Direct Care staff assisted #187 with all transfers in and out of chair, with mobility, and with toileting. Medical record Nurses' Notes 3/23/17 documented discovery of "a bruise to Left side of upper part of back to lower Right side of back." The record lacked documentation of time and date of discovery, who discovered, physical description/assessment of the bruising for size, shape, coloring, position, evaluation of prior activities and actions that may have contributed to the bruising, etc. The record lacked evidence of an investigation into the cause of the bruising. On 4/06/17 at 12:25pm, Operator/LPN (licensed practical nurse) #B stated I don't know if the night nurse did an investigation on the bruise... I know nurse came out and did an assessment... will	S5028		

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S5028	Continued From page 3 check with him/her... The Operator failed to ensure the incident of #187 treated as a potential allegation of abuse, thoroughly investigated to rule out abuse, reported as required if investigations indicate the need, and failed to maintain documentation of each thorough investigation to rule out abuse. - Review of record revealed #185 admitted 3/06/17 with diagnoses of Dementia, Parkinson's, Coronary artery disease, Hyperlipidemia, Depression, and Anxiety. The current functional capacity screen (FCS) of 3/06/17 recorded #185 in need of physical assistance with bathing; supervision with dressing and toileting; independent with transfers, mobility, and eating; unable to perform medication and treatment management; understandable and usually understands for communication; with short term memory, long term memory, memory recall, and decision making impairments; wandering and inappropriate behaviors. The 3/06/17 NSA recorded services to be provided for food services, bathing, toileting, laundry, dressing, grooming, ambulation, hearing, vision, sleeping, housekeeping, lodging, transportation, health care services, medication administration, behavior management, and, outside resources. The 3/06/17 HSP (health service plan) recorded: On a Regular diet generally eats at least 50% of meals Bath aide two times a week Generally continent, will tell staff when needs bathroom	S5028		

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S5028	Continued From page 4	S5028		

Minimal assistance getting clothes out, cueing
Grooming with set up and cueing
Ambulation, can walk around home without difficulty but tires on long distances and may need wheelchair for outing.
A handwritten note added 3/28/17 "PT (physical therapy) Evaluate and treat - periods of unsteadiness, Parkinson's"
A hand written note added 3/17/17 "Has been exit seeking - alarm on back door to patio to alert staff when Resident goes outside"
Hand written notes added 3/23/17 "Keypad lock placed on back bedroom door East end of home" and "Frequent checks on resident"
A hand written note added 4/03/17 "Public sexual behavior - redirect Resident to his/her room when exhibiting such behaviors"

On 4/05/17 at 3:55pm, #185 paced repeatedly from one end of house to the other... tried doors of each room... ultimately set off back door alarm and went out into the back yard, attempted to exit back yard through the gate. Operator/LPN #B walked around back yard with #185 before escorting back inside... Direct Care staff #G administered topical Ativan... #185 continued to pace facility visiting all doors... eventually calmer and sitting on couch...

Medical record Nurses' Notes included:

3/22/17 - received call from caregiver at 1810 reported unable to find #185... had done search of home and found window in empty room on East side of home open... description of what Resident wearing obtained from caregiver...search... #185 was found at 1852 approximately 1.5 miles from home... in staff car... back to facility... laughing, thirsty, incontinent, assessed... spouse and physician

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S5028	Continued From page 5 notified... Review of the investigation revealed the following information lacking: Written statement from staff on duty at time of elopement Written statement from staff who found Resident Resident's behaviors, statements, actions, staff interventions, prior shift and prior to being discovered missing Who found Resident Where was Resident found Darkness or light Identification of the failed system that allowed Resident's elopement What type of clothing Resident wearing What was the outside temperature at time of elopement What was the suspected route What traffic patterns, terrain, and signals encountered on route Any other interventions besides alarm on back door in response to repeated exit seeking On 4/06/17 at 12:50pm Operator/LPN (licensed practical nurse) #B provided address #185 located at... confirmed that information not included in the facility investigation... #B stated Resident word shoes, sweat pants and a long sleeve shirt... confirmed clothing and other listed details above not included in the facility investigation provided for review. #B stated we had an alarm on the back door... have placed keyless locks on empty room where #185 exited through window... stated #185 has never tried any other windows... The Operator failed to ensure the incident of #185 thoroughly investigated to rule out neglect, and	S5028		

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S5028	Continued From page 6 failed to maintain documentation of a thorough investigation to rule out neglect.	S5028		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a)(b) The census equalled five the sample included three Residents. Based on interview and review of record, for one of three sampled (#187) the Operator failed to ensure a licensed nurse conducted a screening to determine functional capacity, on a screening form specified by the Department, a screening form that included each element and definition specified by the department.	S5080		

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S5080	Continued From page 7 Findings included: - Review of record revealed #187 admitted to facility 6/19/15 with diagnoses of Dementia, Hypertension, Coronary artery disease, and Gastroesophageal reflux disease. The previous FCS of 6/19/16 recorded #187 in need of physical assistance (2) with bathing and dressing; in need of supervision (1) with toileting and eating; independent (0) with transfers and mobility; unable to perform (3) medication and treatment management; incontinent of bladder; with short term memory, long term memory, memory recall, and decision making impairment. Communication coded as a "4-1". This code failed to correspond with any definition on the facility tool, and failed to correspond to definition options of the Department manual. The options for communication coding included: 1. Expresses information content, however able (0) Understandable (1) Usually understandable (2) Sometimes understandable (3) Rarely or never understandable 2. Ability to understand others, verbal information, however able (0)Understands (1) Usually understands (2) Sometimes understands (3) Rarely or never understands A significant change FCS of 4/03/17 recorded #187 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility; in need of supervision (1) with eating; unable to perform (3) medication and treatment management; with bladder incontinence; with falls/unsteadiness; with short term memory, long	S5080		

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S5080	Continued From page 8 term memory, memory recall, and decision making impairment. Communication coded as a "4-2". This code failed to correspond with any definition on the facility tool, and failed to correspond to definition options of the Department manual. On 4/06/17 at 12:04pm, Operator/LPN (licensed practical nurse) #B stated those are coded a four because he/she doesn't talk at all... he/she will sing... will mimic staff but no talking... I have an FCS manual... but... it's not in my bag... he/she used to talk, but not now... The Operator failed to ensure a screening to determine functional capacity of #187 conducted on a screening form specified by the Department, that included each element and definition specified by the department.	S5080		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The census equalled five the sample included three Residents. Based on interview and review of record, for one of three sampled (#187) the Operator failed to ensure designated facility staff	S5095		

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S5095	Continued From page 9	S5095		

completed a functional capacity screen (FCS) that accurately reflected the Residents's functional capacity.

Findings included:

- Review of record revealed #187 admitted to facility 6/19/15 with diagnoses of Dementia, Hypertension, Coronary artery disease, and Gastroesophageal reflux disease.

The previous FCS of 6/19/16 recorded #187 in need of physical assistance (2) with bathing and dressing; in need of supervision (1) with toileting and eating; independent (0) with transfers and mobility; unable to perform (3) medication and treatment management; incontinent of bladder; with short term memory, memory recall, and decision making impairment. The FCS "Communication - Expresses Information however able: recorded a code of "4". This code failed to correspond with any definition.

A significant change FCS of 4/03/17 recorded #187 in need of physical assistance (2) with bathing, dressing, toileting, transfers, and mobility; in need of supervision (1) with eating; unable to perform (3) medication and treatment management; with bladder incontinence; with short term memory, long term memory, memory recall, and decision making impairment; with falls/unsteadiness. The FCS "Communication - Expresses Information however able: recorded a code of "4". This code failed to correspond with any definition.

Medical Record Nurses Note of 5/16/16 recorded #187 with unwitnessed fall in room.
An "Assessment of Residents at Risk for Falls" completed 6/17/16 failed to identify this fall,

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S5095	Continued From page 10 recording "no history of falls in past 12 months." The FCS of 6/19/16 failed to identify this fall, recording "no falls/unsteadiness" On 4/06/17 at 12:00pm, Operator/LPN (licensed practical nurse) #B stated I guess I missed coding that fall on 5/16/16 on the FCS or the fall assessment... confirmed no falls on the negotiated service agreement/health care service plan... The Operator failed to ensure designated facility staff completed an FCS that accurately reflected #187's functional capacity.	S5095		
S5105 SS=D	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1)	S5105		

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S5105	Continued From page 11 The census equalled five the sample included three Residents. Based on observations, interviews, and reviews of records, for one of three sampled (#185), the Operator failed to ensure the Negotiated Service Agreement (NSA) developed in collaboration with the Resident or the Resident's representative. Findings included: - Review of record revealed #185 admitted 3/06/17 with diagnoses of Dementia, Parkinson's, Coronary artery disease, Hyperlipidemia, Depression, and Anxiety. The current functional capacity screen (FCS) of 3/06/17 recorded #185 in need of physical assistance with bathing; supervision with dressing and toileting; independent with transfers, mobility, and eating; unable to perform medication and treatment management; understandable and usually understands for communication; with short term memory, long term memory, memory recall, and decision making impairments; wandering and inappropriate behaviors. The 3/06/17 NSA recorded services to be provided for food services, bathing, toileting, laundry, dressing, grooming, ambulation, hearing, vision, sleeping, housekeeping, lodging, transportation, health care services, medication administration, behavior management, and, outside resources. The NSA contained a note "mailed to spouse 3/7/17, but lacked any further attempts to collaborate or obtain signatures. The NSA contained a hand written addition on 3/28/17 "PT eval and Treat."	S5105		

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S5105	Continued From page 12 The 3/06/17 HSP (health service plan) recorded: On a Regular diet generally eats at least 50% of meals Bath aide two times a week Generally continent, will tell staff when needs bathroom Minimal assistance getting clothes out, cueing Grooming with set up and cueing Ambulation, can walk around home without difficulty but tires on long distances and may need wheelchair for outing. A handwritten note added 3/28/17 "PT (physical therapy) Evaluate and treat - periods of unsteadiness, Parkinson's" A hand written note added 3/17/17 "Has been exit seeking - alarm on back door to patio to alert staff when Resident goes outside" Hand written notes added 3/23/17 "Keypad lock placed on back bedroom door East end of home" and "Frequent checks on resident" A hand written note added 4/03/17 "Public sexual behavior - redirect Resident to his/her room when exhibiting such behaviors" The 3/06/17 Health Service Plan and NSA lacked the signature of the Resident, lacked the signature of the Resident's representative, and failed to demonstrate collaboration. The additional hand written interventions added after 3/06/17 lacked the signature of the Resident, lacked the signature of the Resident's representative, and failed to demonstrate collaboration. By interview on 4/06/17 at 12:50pm, Operator/LPN (licensed practical nurse) #B stated, No, spouse still hasn't signed the NSA or HSP... admitted 3/06/17 and I mailed it 3/07/17... I do talk to spouse about the changes...	S5105		

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S5105	Continued From page 13 The Operator failed to ensure the NSA for #185 developed in collaboration with the Resident or the Resident's representative.	S5105		
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 census equalled five the sample included three Residents. Based on observations, interviews, and reviews of record, for two of three sampled (#185 and #187), the Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services that met the needs of each Resident, in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Review of record revealed #187 admitted to facility 6/19/15 with diagnoses of Dementia, Hypertension, Coronary artery disease, and Gastroesophageal reflux disease.	S5155		

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(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
S5155	Continued From page 14 The previous FCS of 6/19/16 recorded #187 in need of physical assistance with bathing and dressing; in need of supervision with toileting and eating; independent with transfers and mobility; unable to perform medication and treatment management; incontinent of bladder; with short term memory, long term memory, memory recall, decision making impairment; and impaired communication. A significant change FCS of 4/03/17 recorded #187 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; in need of supervision with eating; unable to perform medication and treatment management; with bladder incontinence; with short term memory, long term memory, memory recall, and decision making impairment; with falls/unsteadiness; communication impaired. Current 4/03/17 NSA recorded services to be provided for food services, bathing, toileting, laundry, dressing, grooming, ambulation, hearing, vision, sleeping, housekeeping, lodging, transportation, health care services, medication administration, behavior management, and, outside resources. The 4/03/17 HSP (health service plan) recorded: Appetite fair feeds self cuing at times Bath aide two times a week and as needed Incontinent of bowel and bladder Assist of one dressing Assist to stand - lift chair - hands on assist for ambulating, may use wheelchair if Resident not wanting to ambulate Administer medications crush medications Very little communication - will sing By observation on 4/05/16 at 5:20pm, Direct Care	S5155		

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	B087095	A. BUILDING: _____ B. WING _____	04/12/2017

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S5155	Continued From page 15 staff #G approached #187 and asked if ready to eat supper... #G raised lift chair, grasped #187's hands with his/her hands, assisted #187 to the bathroom by holding both hands with arms outstretched and walking backwards to bathroom, and then to dining table for evening meal. By observation on 4/06/17 at 12:10pm, Direct Care staff #J assisted #187 up from lift chair with a gait belt and walked beside #187 to dining room table. By review, the medical record contained a fall risk assessment of 4/03/17. The assessment score of "11" indicated high fall risk (Residents who rate greater than 8), and should have a prevention plan noted on the HCS (health care service plan) and NSA. The NSA and HCS (HSP) lacked interventions for fall prevention, and for ambulation techniques, stated "hands on" assist for ambulating. The NSA and HCS lacked information regarding transfers, ambulation, and gait belt use. By interview on 4/06/17 at 12:25pm, Operator/LPN #B stated we reviewed gait belts in November and December company wide... gait belt orientation is completed by our staff who does all orientation... also for #187 therapist stated we could walk backwards with #187 so he/she could watch our feet and mimic us... should be on the therapy plan... By review the PT evaluation of 3/25/17 stated "Gait - level surface - 50 feet with hand held assist requiring I level of assist. Operator/LPN #B requested office staff fax orientation forms. By review, Orientation	S5155		

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S5155	Continued From page 16 Checklist for Direct Care staff #G lacked information regarding gait belts. The Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services that met the needs of #187, in regard to fall prevention, transfers and ambulation techniques, and use of gait belt. - Review of record revealed #185 admitted 3/06/17 with diagnoses of Dementia, Parkinson's, Coronary artery disease, Hyperlipidemia, Depression, and Anxiety. The current functional capacity screen (FCS) of 3/06/17 recorded #185 in need of physical assistance with bathing; supervision with dressing and toileting; independent with transfers, mobility, and eating; unable to perform medication and treatment management; understandable and usually understands for communication; with short term memory, long term memory, memory recall, and decision making impairments; wandering and inappropriate behaviors. The 3/06/17 NSA recorded services to be provided for food services, bathing, toileting, laundry, dressing, grooming, ambulation, hearing, vision, sleeping, housekeeping, lodging, transportation, health care services, medication administration, behavior management, and, outside resources. Medical record Nurses' Notes included: 3/07/17 - agitation around 1600 - trying all doors and going out in the back yard... was able to redirect back inside... Resident trying to twist caregiver arm... caregiver gave dose of Ativan...	S5155		

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S5155	Continued From page 17 Resident in bathroom attempting to open window... urinated on self, resistive to assistance to clean up... topical Ativan used... started calming within 15 minutes... 3/10/17 - all shift wandering throughout the house... fell to knees in bathroom but refused assistance to get up... complained of rib pain... nurse assessed... 3/13/17 - fell in living room area... had been reading magazines and switching back and forth from couch to love seat... got self off floor, denied pain or discomfort... 3/17/17 - Resident very agitated... taking screws out of gate... managed to get screwdriver away from Resident... in house short time, back out... threatened to punch nurse... refused to come inside... wanted to figure out how to get gate off... 3/22/17 - staff unable to find #185... found window in empty room open... nurse located resident 1.5 miles from facility... 3/28/17 - requested APRN (advanced practice registered nurse) see Resident for continued agitation and exit seeking... The 3/06/17 HSP (health service plan) recorded: On a Regular diet generally eats at least 50% of meals Bath aide two times a week Generally continent, will tell staff when needs bathroom Minimal assistance getting clothes out, cueing Grooming with set up and cueing Ambulation, can walk around home without difficulty but tires on long distances and may need wheelchair for outing. A handwritten note added 3/28/17 "PT (physical therapy) Evaluate and treat - periods of unsteadiness, Parkinson's" A hand written note added 3/17/17 "Has been exit seeking - alarm on back door to patio to alert staff	S5155		

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S5155	Continued From page 18	S5155		

when Resident goes outside"
Hand written notes added 3/23/17 "Keypad lock placed on back bedroom door East end of home" and "Frequent checks on resident"
A hand written note added 4/03/17 "Public sexual behavior - redirect Resident to his/her room when exhibiting such behaviors"
The NSA and HCP lacked individualized interventions to interest and occupy #185, and to distract from exit seeking desire.

On 4/05/17 at 3:55pm, #185 paced repeatedly from one end of house to the other... tried doors of each room... ultimately set off back door alarm and went out into the back yard, attempted to exit back yard through the gate. Operator/LPN #B walked around back yard with #185 before escorting back inside... Direct Care staff #G administered topical Ativan... #185 continued to pace facility visiting all doors... eventually calmer and sitting on couch... nothing offered to interest or occupy #185...

On 4/06/17 11:00am to 1:30pm - #185 sitting by self in TV room while other Residents at dining room table completing an activity. TV on but #185 not interested in the cartoons playing. #185 up to pace briefly, then back to couch... cued to dining room table for lunch, then back to couch after lunch... in TV room but again not interested in cartoons... up at intervals for short periods of time to walk around facility... not observed engaged in any conversation or activity, nothing offered to interest or occupy #185...

On 4/06/17 at 1:10pm Direct Care staff #J stated we help #185 change brief... help if shaky... really don't have behaviors on my shift... if so we can call and get PRN (as needed) Ativan OK from Nurse... likes to read, does a lot of reading...

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S5155	Continued From page 19 elopement risk intervention is to mainly keep a good eye on him/her... On 4/06/17 at 12:50pm, Operator/LPN #B stated the elopement plan for #185 is alarm on the back yard door... keyless locks on empty room because he/she went out that window... hasn't really had any falls... no other individualized interventions in NSA or HCP... The Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services that met the needs of #185, in regard to fall prevention, individualized activities or interests to dissuade from pacing, exit seeking, and intermittent sexual behaviors.	S5155		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced	S5185		

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S5185	Continued From page 20 by: KAR 26-42-206 (c) The census equalled five the sample included three Residents. All Residents received meal service. Based on observations, interview, and record review, for one of three sampled with a therapeutic diet order (#189), the Operator failed to ensure the diet prepared according to written instructions from a medical care provider or licensed dietician in accordance with the NSA. Findings included: - Review of record revealed #189 admitted to facility 5/03/16 with diagnoses of Dementia, Depression, and Anxiety. The current 5/03/16 functional capacity screen assessed #189 in need of physical assistance with bathing and toileting; in need of supervision with dressing and eating; independent with transfers and mobility; with bladder incontinence; impaired short term and long term memory, impaired decision making and memory recall; understands usually understood for communication; with falls/unsteadiness, vision impairment, hearing impairment, and used a walker. The 5/03/16 negotiated service agreement documented #187 to receive: "a Mechanical Soft diet." On 4/05/17 5:10pm, Certified Medication Aide (CMA) #G served evening meal to Resident's: Turkey sandwich, potato salad, fruit cocktail, and stuffing. On 4/06/17 at 1:15pm, Certified Medication Aide	S5185		

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S5185	Continued From page 21 #J stated for #187 we make sure meat is cut up... nothing to hard to chew... not sure if we have preparation directions for a mechanical soft diet. By observation Certified Medication Aide #J and Operator/LPN (license practical nurse) #B looked through kitchen cupboards and notebooks for diet preparation instructions, but unable to locate any. Operator/LPN #B requested information faxed from the company office, and provided a diet Policy for Mechanically Altered Diets, Pureed diet and Ground Diet description forms. These forms lacked the signature of a medical care provider or licensed dietician. The Operator failed to ensure the diet for #187 prepared according to written instructions from a medical care provider or licensed dietician.	S5185		
S5258 SS=E	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	S5258		

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S5258	Continued From page 22 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 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(a) The census equalled five the sample included three Residents. The facility identified 50 employees hired since the last Resurvey with five certified staff reviewed. Based on interview and reviews of records, for two of five certified staff reviewed (#C and #D), the Operator failed to ensure employee records contained supporting documentation for criminal background checks pursuant to K.S.A. 39-970 and amendments thereto. Findings included: - Review of records on 4/06/17 at 11:00am revealed the following: #C - Certified Medication Aide - hired 9/02/16 - record lacked documentation of a criminal background check completed #D - Certified Medication Aide - hired 9/26/17 - record lacked documentation of a criminal background check completed On 4/06/17 at 11:00am, Operator/LPN (licensed practical nurse) #B confirmed the criminal background checks not in record for #C and #D... stated I will ask office staff to obtain them...	S5258		

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S5258	Continued From page 23 On 4/10/17 at 2:04pm, Operator/LPN #B faxed a criminal background check for Certified Medication Aide #C, dated as completed on 9/06/16. Operator/LPN #B documented still do not have the background check for #D... expecting to receive it in the mail... The Operator failed to ensure employee records for #C and #D contained supporting documentation for criminal background checks pursuant to K.S.A. 39-970 and amendments thereto.	S5258		
S5300 SS=D	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 24 The census equalled five the sample included three Residents. The Resident roster identified all Residents as receiving medication management. Based on record reviews and interviews, for one of three sampled (#187), the Operator failed to ensure all medications and biologicals administered to Residents in accordance with written medical care provider orders, and in accordance with professional standards of practice. Findings included: - Review of record revealed #187 admitted to facility 6/19/15 with diagnoses of Hypertension, Dementia, Coronary artery disease, and Gastroesophageal reflux disease. The current functional capacity screen (FCS) of 4/03/17 recorded #187 unable to perform medication and treatment management. The prior FCS of 6/19/16 also recorded #187 unable to perform medication and treatment management. The medical record contained a 5/27/17 physician's order: "Decrease Ambien to 5mg (milligrams) HS (bed time) for insomnia" Review of the May and June 2016 MAR's (medication administration records) revealed the medication order not implemented until 7/09/16. The MAR's indicated the continued administration of Ambien 10mg daily at HS from 5/27/16 to 7/08/16. Medical record Nurses' Notes lacked documentation to identify the delay of the	S5300		

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S5300	Continued From page 25 medicine implementation, and lacked documentation to record actions taken upon discovery of the missed order. On 4/06/17 at 12:05pm, Operator/LPN (licensed practical nurse) #B stated I'm thinking that it (order) was in a pile... I think I found it in my box at the office... I remember texting the APRN (advanced practice registered nurse) about it... didn't get done until July... nothing documented about that... The Operator failed to ensure all medications and biologicals administered to #187 in accordance with written medical care provider orders and in accordance with professional standards of practice.	S5300		
S5335 SS=E	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 The census equalled five the sample include three Residents. The facility identified five with impaired cognitive status. Based on observations and interviews, for cognitively impaired	S5335		

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S5335	Continued From page 26 Residents, family members, or visitors to facility, the Operator failed to ensure: Each home plus designed, constructed, equipped, and maintained to protect the health and safety of Residents, personnel, and the public, in regard to the digital keypad locking mechanisms on Resident room doors. Findings included: - During the entrance of facility on 4/05/17 at 3:35pm observed digital keypad locking mechanisms on two Resident room doors. A Resident room at the far end of the West hall of facility closed and discovered locked. The door frame contained a sign with #184's name. Operator/LPN (licensed practical nurse) #B summoned to the door for opening. Operator/LPN #B stated we put that on there because #185 wanders a lot so he/she won't go in there and mess with personal belongings or try to get out the windows. Operator demonstrated the door could be unlocked from the hall way by pressing a numerical code into the raised buttons on the door knob. Operator/LPN #B pointed out an oblong knob locking mechanism on the inside of the door lock (similar in appearance to a dead bolt knob), stated door can be locked or unlocked with this also from inside. Operator/LPN #B confirmed cognitively impaired Residents would probably not be able to unlock the digital keypad or the oblong knob mechanism... stated #184 is in a wheelchair, and dependant on staff for transfers and care... he/she doesn't open the door for him/her self... usually leave unlocked at night with door propped open... confirmed no one without the digital code would be able to get into room in an emergency	S5335		

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S5335	Continued From page 27 unless they obtained the key... Bo observation, another room at the far East end of the building also contained a digital keypad locking mechanism. "Electrical Panel" noted on a sign posted next to the door frame When staff approached to unlock the door, unable, due the batteries inside the keypad dead. Staff retrieved a key from the kitchen and returned to unlock the door. This Resident room observed empty at the time of this visit. On 4/06/17 at 1:35pm, keypad batteries still dead and non functional as staff searched for room dividers. Operator/LPN #B stated we put this lock on here because this is the room that #185 climbed out the window... we can't see him/her when he/she is back here... The Operator failed to ensure the home plus designed, constructed, equipped, and maintained to protect the health and safety of Residents, personnel, and the public, in regard to the locking mechanism of Resident room doors that did not allow immediate access by anyone in an emergency.	S5335		
S5350 SS=E	28-39-437 Building Interior (e) General building interior. (1) Resident bedrooms. (A) Each resident shall be provided a separate bed with the following: (i) A clean, comfortable mattress; and	S5350		

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COMFORT CARE HOMES INC #441	441 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
S5350	Continued From page 28 (ii) bedding appropriate to the weather. (B) Each facility shall provide visual privacy for each resident in a multi-bed room. (C) A space of at least three feet shall be provided between beds in a multi-bed room. (D) Each resident shall be provided with space for the storage of personal items. (E) There shall be at least one window to the outside. (F) Resident bedrooms shall be not be located in a basement. (G) Bedrooms for residents who require physical assistance in transferring from a bed to a wheelchair shall be located on the first floor of the facility. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 The census equalled five the sample included three Residents. Based on observations and interview, for one of three sampled (#185), and one of two non-sampled (#182), the Operator failed to ensure full visual privacy provided for each Resident in a multi-bed room, related to the absence of room divider, curtain, screen, or other mechanism to ensure privacy between Residents in a shared room. Findings included: - By observation on 3/05/17 at 3:35pm, during the entrance tour, a room on the North side of the West hall, housed two Residents, #185 and #182.	S5350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087095	A. BUILDING: _____ B. WING _____	04/12/2017

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S5350	Continued From page 29 The room contained two beds, two closets, two bedside stands, and two upright dressers. The room lacked a mechanism for assuring the privacy of either Resident while laying in bed, dressing and undressing, receiving any medical or nursing treatment, or visiting with a guest. The room lacked tracks or rods to support a privacy curtain, the room lacked screens or other physical partitions to position for privacy. On 4/06/17 at 1:30pm, Operator/LPN (licensed practical nurse) #B confirmed #185 and #182 shared a room... stated we have room dividers in the room if they need it for privacy... they are seldom in the room... they use the bathroom down the hall... By observation on 4/06/17 at 1:30pm, the Operator/LPN #B searched but unable to locate any dividers or screens in the Resident room or in the closets. Subsequent search of garage and an empty, locked, Resident room also revealed no dividers or screens available to provide privacy for #185 and #182. The Operator failed to ensure full visual privacy provided for each Resident, #185 and #182, in a multi-bed room.	S5350		