STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B030013	A. BUILDING: _____ B. WING _____	03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES OF OTTAWA, LLC	27 E ROCKWOOD DRIVE OTTAWA, KS 66067

(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 re-survey conducted at the above named home plus facility on 3/14/17, 3/15/17 and 3/16/17.	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 8 residents. The sample included 3 residents and one focus review resident. Based on record review, observation and interview for 3 (#315, #316 and #317) sampled residents, requiring health care services, the operator failed to 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. Findings included: - Record review for resident #315 recorded	S5155		

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

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S5155	Continued From page 1 admission date of 1/28/17 with diagnoses of: hypertension, chronic obstructive pulmonary disease, depression, hyperlipidemia, allergies, glaucoma and hypokalemia. Functional Capacity Screen (FCS) dated 1/27/17 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement and Health Care Service Plan (NSA/HCSP) recorded certified medication aide (CMA) / nurse to administer all medications. Care Provider orders dated 2/1/17 recorded: clean right posterior arm skin tear with wound cleanser, pat dry, apply Vaseline gauze with non-adherent pad daily until healed. Body Mapping Chart dated 1/28/17 for resident recorded right heel at risk for breakdown, currently intact but purple and mushy. NSA/HCSP lacked interventions for management of treatments by facility staff and interventions for prevention of skin breakdown on resident's heel. Interview on 3/15/17 at 2:15pm with administrative staff #A confirmed resident received skin/ wound care from facility staff and that area is healed now. He/she confirmed lack of interventions to prevent heel skin breakdown. Record review for resident #316 recorded admission date of 3/17/15 with diagnoses of: Lewy body dementia, hypothyroidism, osteoporosis and osteoarthritis. FCS dated 6/10/17 recorded resident required supervision with transfer and physical assistance	S5155		

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S5155	Continued From page 2 with mobility. NSA/HCSP dated 3/17/16 recorded resident to receive staff assistance with transfer and mobility. NSA addendum dated 12/20/16 recorded resident uses a Broda chair. Resident roster received on 3/14/17 recorded resident at a 2 person assist for transfers. Observation on 3/14/17 at 10:55 am in the facility revealed resident transferred using 2 assist from certified staff #B and certified staff #C utilizing a gait belt resident was transferred from a recliner to a Broda chair. Staff chair lifted resident up and over a pommel cushion (pressure reduction cushion that assists in preventing sliding) in the chair to seat her. HCSP lacked intervention for use of a pommel cushion and 2 assist for transfers. Interview on 3/15/17 at 2:15pm with administrative staff #A confirmed HCSP lacked interventions for use of a pommel cushion and use of 2 assist for transfers. Record review for resident #317 recorded admission date of 10/28/15 with diagnoses of: dementia, hypertension, hypothyroidism and polycythemia. FCS dated 10/25/16 recorded resident is unable to manage medications and treatments, has problems with cognition and communication, and is unable to transfer or walk. NSA/HCSP dated 10/25/16 recorded CMA/nurses to manage medications.	S5155		

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S5155	Continued From page 3 March 2017 medication administration record recorded: cleanse wound on coccyx, apply Vaseline gauze, cover, change daily until resolved. Treatment initialed as completed by staff, March 1-15. Interview on 3/14/17 at 3:55pm with administrative staff #A stated resident has a pressure alarm for safety reasons. HCSP lacked entries for use of a pressure alarm, staff administration of treatments and interventions for pressure reduction on resident coccyx area. Interview on 3/15/17 at 2:45pm with licensed staff #A stated resident has a pressure reduction cushion in his/her Broda chair and is turned or moved every 2 hours, confirmed resident has a pressure alarm for safety reasons and staff administer treatments to a pressure ulcer on resident's coccyx. He/she confirmed HCSP lacked entries for these interventions. For residents #315, #316 and #317) requiring health care services, the operator failed to 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.	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.	S5185		

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S5185	Continued From page 4 (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 by: KAR 26-42-206(a)(c) The facility reported a census of 8 residents. The sample included 3 residents and one focus review resident. Based on record review and interview for resident #316 who was receiving a mechanically altered diet, the operator failed to ensure provision or coordination of dietary services to the resident as identified in the resident's negotiated service agreement and according to the medical care provider's order and the order which shall be prepared according to instructions from a medical care provider or licensed dietitian. Findings included: - Record review for resident #315 recorded admission date of 1/28/17 with diagnoses of: hypertension, chronic obstructive pulmonary disease, depression, hyperlipidemia, allergies, glaucoma and hypokalemia.	S5185		

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S5185	Continued From page 5 Functional Capacity Screen (FCS) dated 1/27/17 recorded resident required supervision with eating. Negotiated Service Agreement and Health Care Service Plan (NSA/HCSP) dated 3/17/16 recorded facility to provide 3 meals a day with snacks. NSA addendum dated 12/20/16 recorded resident to receive diet as tolerated. Physician's order sheet for January 1 thru January 31, 2017 lacked diet orders. Observation on 3/15/17 at 12:30pm in facility dining room revealed resident being fed a pureed meal in 3 bowls by certified staff #C. Interview on 3/15/17 at 2:15pm with certified staff #C confirmed facility lacked written instructions for preparation of a pureed diet. Interview on 3/15/17 at 2:15pm with administrative staff #A confirmed lack of order for pureed diet and lack of signed instructions for a mechanically altered diet. He/she stated resident sometimes eats regular diet and had a cupcake earlier today that was not pureed. For resident #316 who was receiving a mechanically altered diet, the operator failed to ensure provision or coordination of dietary services to the resident as identified in the resident's negotiated service agreement and according to the medical care provider's order and the order which shall be prepared according to instructions from a medical care provider or licensed dietitian.	S5185		

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S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(e) The facility reported a census of 8 residents. The sample included 3 residents and 1 review resident. Based on observation, record review and interview for all residents living in the facility and receiving meal services, the operator failed to ensure facility staff served food at the proper temperature. Findings included: - On 3/14/17 at 2:50pm requested facility	S5192		

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S5192	Continued From page 7 freezer/refrigerator temperature (temp) monitoring logs. Received binder labeled "communication binder" containing water temp logs and refrigerator and freezer temp logs. Food temperature log lacked record of freezer/refrigerator temperature monitoring for January or March 2017. Interview on 3/14/17 at 2:50pm with certified staff #D stated "We are behind on that, I'll admit that." Interview on 3/14/17 at 3:45pm with certified staff #E stated staff does not check the temperature of residents' food prior to serving unless it is raw chicken or something, He/she stated the night staff prepares the food and it is heated up and served on days at meal times. Observation on 3/15/17 at 12:30pm revealed staff preparing food in the kitchen and serving it to residents. 7 residents eat at the dining room table. One resident # 317 eats in his/her room. For all residents living in the facility and receiving meal services, the operator failed to ensure facility staff served food at the proper temperature.	S5192		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon	S5215		

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S5215	Continued From page 8 admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The census equaled 8 the sample included 3 residents and one focus review resident. For all residents, the operator failed to ensure quarterly review of the facility's emergency management plan with residents as evidenced by interviews and review of records. Findings included: - On 3/14/17 at 4:37pm during interview with administrative staff #A, presented facility's disaster/emergency preparedness plan. Reviews of entire emergency preparedness plan with staff, was recorded as conducted on 3/16/16, 6/20/16, 9/18/16 and 12/1/16 with evacuation fire drill 3/6/17. He/she stated quarterly reviewsof the disaster/emergency plan have not been conducted with any residents as the residents have dementia and would not remember.	S5215		

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S5215	Continued From page 9 Records lacked quarterly reviews of the facility disaster/emergency plan with residents For all residents of the facility, the operator failed to ensure quarterly reviews of disaster and emergency preparedness for residents were completed.	S5215		
S5300 SS=E	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) The facility reported a census of 8 residents. The sample included 3 residents and 1 focus review	S5300		

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S5300	Continued From page 10	S5300		

resident. Based on record review and interview for 2 residents (#316 and #317), the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice.

Findings included:

- Record review for resident #316 recorded admission date of 3/17/15 with diagnoses of: Lewy body dementia, hypothyroidism, osteoporosis and osteoarthritis.

Functional Capacity Screen (FCS) dated 6/10/17 recorded resident unable to manage medications and treatments.

Negotiated Service Agreement and Health Care Service Plan (NSA/HCSP) dated 3/17/16 recorded CMA (certified medication aide)/ nurses to manage medications.

March 2017 medication administration record (MAR) recorded:

Lorazepam (anxiety) 0.5mg (milligram) tablet take ½ tablet by mouth once daily as needed for anxiety. Recorded as administered on 3/2/17 and 3/6/17 by certified staff #C, follow up results "not effective".

Morphine Sulfate (narcotic) 100 mg/5ml (milliliters) take 0.25ml to 1ml (5mg to 20mg) under tongue every 2 hours as needed for pain or shortness of air. Recorded as administered on 3/1/17 and 3/2/17 by certified staff #C, recorded as .25 given by mouth for pain "not effective" on 3/1/17 and "effective" on 3/2/17.

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S5300	Continued From page 11 Record lacked notification of licensed nurse prior to administration of PRN narcotic medications. Interview on 3/15/17 at 11:50am with certified staff #C, when asked how he/she would give a PRN (as needed) medication, he/she stated: " We'd start at the lowest dose possible, give it time to kick in, if it doesn't help we'd call the nurse and discuss and give something stronger if he/she says to." He/she stated the nurse is called for PRN narcotic administration "if we need to, if we are confident in what we are doing, we just give it." Record review for resident #317 recorded admission date of 10/28/15 with diagnoses of: dementia, hypertension, hypothyroidism and polycythemia. FCS dated 10/25/16 recorded resident is unable to manage medications and treatments. NSA/HCSP dated 10/25/16 recorded CMA/nurses to manage medications. March 2017 MAR recorded: Morphine Sulfate 100mg/5ml give 0.25ml by mouth or SL (sublingual) every 3 hours as needed for pain or shortness of air. Recorded as administered by certified staff #B on 3/1/17 at 12:00pm by mouth for pain, results: no complaints of pain. Record lacked notification of licensed nurse prior to administration of PRN narcotic medications. Interview on 3/15/17 at 12:50pm with certified staff #B, when asked how he/she gives resident	S5300		

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S5300	Continued From page 12 PRN medications, like pain medications, he she stated: "I'll start with the lowest they have like Tylenol for pain and if it doesn't work or no results then I'll for the additional and go up a step to the narcotic at lowest dose." He/she stated if the higher dose does not work he/she would then contact the nurse for further instructions. Interview on 3/15/17 at 2:53pm with administrative staff #A confirmed staff does not always call a nurse prior to administration of PRN medications. For residents #316 and #317, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice when certified staff failed to notify a licensed nurse prior to administration of PRN medications.	S5300		