STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023014	A. BUILDING: _____ B. WING _____	05/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES OF BALDWIN CITY LLC	232 ELM STREET BALDWIN CITY, KS 66006

(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 were the result of a re-survey with complaints (#91710, #94186, #100072) at the above named home plus facility in Baldwin City, Kansas on 5/6/16, 5/9/16, 5/10/16 and 5/11/16. Revised 2567 sent to facility 5/23/15.	S 000		
S 135 SS=E	26-39-103 (h) Resident Right Notification of Changes (h) Notification of changes. (1) The administrator or operator shall ensure that designated facility staff inform the resident, consult with the resident's physician, and notify the resident's legal representative or designated family member, if known, upon occurrence of any of the following: (A) An accident involving the resident that results in injury and has the potential for requiring a physician's intervention; (B) a significant change in the resident's physical, mental, or psychosocial status; (C) a need to alter treatment significantly; or (D) a decision to transfer or discharge the resident from the adult care home. (2) The administrator or operator shall ensure that a designated staff member informs the resident, the resident's legal representative, or authorized family members whenever the designated staff member learns that the resident will have a change in room or roommate assignment. This STANDARD is not met as evidenced by: KAR26-39-103(h) The facility reported a census of 12 residents.	S 135		

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

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S 135	Continued From page 1 The sample included 3 residents. Based on record review and interview and observation for 2 of 3 residents sampled (#506 and #508) The operator failed to ensure that designated facility staff consult with the resident ' s physician, and notify the resident ' s legal representative upon occurrence of any of the following: an accident that results in injury and has the potential for requiring a physician ' s intervention; a significant change in the resident ' s physical, mental or psycho-social status; a need to alter treatment significantly or a decision to transfer or discharge the resident from the adult care home. Findings included: - Record review for resident #506 recorded admission date of 6/2/14 with diagnoses of: dementia, hyperlipidemia, hypertension (HTN), Arteriosclerotic Heart disease (ASHD), kidney stones and 2 heart stents. Functional Capacity Screen (FCS) dated 12/18/15 recorded resident required assistance with bathing, dressing, toileting, and management of medications and treatments. Resident incontinent of bladder, has impaired cognition (short term, long term, memory recall and decision making) and impaired communication (difficulty in being understood and in understanding others). Current or recent problems include falls/unsteadiness, impaired decision making, is at risk for wandering and socially inappropriate behavior. Negotiated Service Agreement (NSA) dated 12/18/15 recorded resident to receive staff assistance with bathing, dressing and undressing, toileting and personal hygiene after toileting,	S 135		

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S 135	Continued From page 2	S 135		

behavior management, skin care and medication administration and documentation. Resident also to receive special care services for wound care as ordered.

Health Care Service Plan (HCSP) dated 12/18/15 recorded resident to receive staff assistance with: bathing, toileting (moderate assistance daily), moderate assistance with dressing and undressing, ambulation with walker, and assistance with orientation, redirection and decision making.

Record recorded physician ' s orders dated 1/20/16 for medication changes: Furosemide 20mg(milligrams),1 tablet(tab) by mouth (PO) every morning and Micro KCL (potassium chloride) 1 tab PO daily, and laboratory orders BMP (basic metabolic panel) and CBC (complete blood count) with diagnosis of lymphedema. Record lacked notification of resident ' s legal representative.

Review of nursing notes (medical documentation) recorded 2/19/16 at 11:52am recorded caregivers reported resident was unresponsive and would not take morning medication. Record lacked documentation of notification of physician and resident ' s legal representative.

Record recorded a fax to resident ' s physician dated 3/29/16 reporting an un-witnessed injury resulting in a large bruise on resident ' s anterior rib cage and pain, with physician ' s orders for rib x-rays. Record lacked documentation of notification of resident ' s legal representative.

Record review for resident #508 recorded admission date of 1/27/16 with diagnoses of: Alzheimer ' s, arthritis, benign hypertension and

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S 135	Continued From page 3 cataracts. FCS dated1/26/16 recorded resident as unable to manage medications and treatments, experienced impaired short term memory and memory recall, and lists current or recent problems as falls/unsteadiness and socially inappropriate disruptive behavior. NSA dated 1/26/16 recorded resident to receive assistance with medication administration and orientation. HCSP dated 1/26/16 recorded licensed staff to administer medications and assist with orientating resident as needed. Resident nurse ' s notes (titled medical documentation) recorded on 3/30/16 at 10am that resident was sent to the hospital on 3/29/16 due to shortness of breath, blurred vision, dizziness, tremors and (v/d) vomiting/diarrhea. Resident returned with a prescription for an antibiotic for a bladder infection. Fax from (physician initials) dated 3/30/16, recorded: DPOA (durable power of attorney/legal representative) requests to be called prior to any ER (emergency room) transfers. Record lacked documentation of notification of primary physician and resident ' s legal representative. For residents # 506 and #508, the operator failed to ensure that designated facility staff consult with the resident ' s physician, and notify the resident ' s legal representative upon occurrence of any of the following: an accident that results in injury and has the potential for requiring a physician ' s intervention; a significant change in the resident ' s physical, mental or psycho-social status; a need to alter treatment significantly or a	S 135		

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S 135	Continued From page 4 decision to transfer or discharge the resident from the adult care home.	S 135		
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 26-41-204(a) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview and observation for 2 of 3 residents sampled (#506 and #507) 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 #506 recorded admission date of 6/2/14 with diagnoses of: dementia, hyperlipidemia, hypertension (HTN), Arteriosclerotic Heart disease (ASHD), kidney	S5155		

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S5155	Continued From page 5 stones and 2 heart stents. Functional Capacity Screen (FCS) dated 12/18/15 recorded resident required assistance with bathing, dressing, toileting, and management of medications and treatments. Resident incontinent of bladder, has impaired cognition (short term, long term, memory recall and decision making) and impaired communication (difficulty in being understood and in understanding others). Current or recent problems include falls/unsteadiness, impaired decision making, is at risk for wandering and socially inappropriate behavior. Negotiated Service Agreement (NSA) dated 12/18/15 recorded resident to receive staff assistance with bathing, dressing and undressing, toileting and personal hygiene after toileting, behavior management, skin care and medication administration and documentation. Resident also to receive special care services for wound care as ordered. Health Care Service Plan (HCSP) dated 12/18/15 recorded resident to receive staff assistance with: bathing, toileting (moderate assistance daily), moderate assistance with dressing and undressing, ambulation with walker, and assistance with orientation, redirection and decision making. Resident records recorded falls or un-witnessed injuries on the following dates: 2/17/16, 3/29/16 and 4/28/16. Resident #506 was observed at the following times: on 5/6/16 at 10:15am sitting in a leather chair in living room (cushion noted in chair), at 1:26pm in dining room ambulating without walker,	S5155		

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S5155	Continued From page 6 at 1:40pm sitting at dining room table, at 1:45pm resident attempts to enter resident # 507 room, at 2:00pm in dining room ambulating without walker, at 2:30pm at medication room door without walker, and at 3:17pm sitting in dining room chair. On 5/6/16 at 3:07pm observed certified staff #J and #K toilet resident in east hall bathroom. Resident brief was wet, clothing dry. Resident was wearing knee high black TED hose (thromboembolism-deterrent stockings). Certified staff #K confirmed resident wears TED hose. Resident had red open crescent- shaped area approximately one centimeter by 3 millimeters in size on right buttock cheek. Both buttock cheeks were reddened with rough/scaly skin patches. Staff applied white " barrier cream " to resident buttock area. Certified staff # J stated, " Barrier cream is what we use now, we are out of Desitin. " Observation on 5/6/16 at 3:17pm, revealed living room chair, which resident sits in, contains a small pressure reduction cushion covered in an incontinent pad. Resident room contains a bed with a pressure reduction bed topper and a bed alarm on the bed that is blinking. Interview on 5/9/16 at 2:07pm with certified staff #J reported staff prevent falls by offering resident his/her walker. The HCSP for resident #506 lacked interventions for prevention and treatment of the buttock wound, including use of a pressure reduction mattress topper, pressure reduction chair cushion, barrier cream application and toileting schedule. HCSP also lacked use and application of TED hose and interventions to address risk for falls including use of bed alarm.	S5155		

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S5155	Continued From page 7 Record review for resident #507 recorded admission date of 8/1/12 and diagnoses of: dementia, (HTN) hypertension Hypothyroidism, history of bladder infections, congestive heart failure, GERD (gastro-esophageal reflux disease) and edema. FCS dated 3/23/16 recorded resident required assistance with bathing, dressing, toileting, transfer and walk/mobility, and management of medications or treatments. Resident has difficulty with short and long term memory, memory recall and decision making. Resident has difficulty making being understood and understanding others. and current or recent problems include falls/unsteadiness, impaired vision and impaired decision making. NSA dated 3/28/16 recorded resident to receive assistance with bathing, toileting, dressing, ambulation, vision, medication management and administration, skin care and behavior management and monitoring. HCSP dated 3/28/16 recorded resident to receive assistance with toileting morning and evening and between meals and staff will encourage ambulation for all transfers from room to room using walker and stand by assist at all times. Wheelchair as needed and licensed staff will administer medications as ordered by physician. Record titled Temporary Treatment Plan dated 3/29/16 recorded resident does not get out of bed very often and is to be turned by staff every 2 hours. Physician ' s Orders sheet dated 3/30/16 recorded verbal order for resident to be admitted	S5155		

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S5155	Continued From page 8 to hospice care with diagnosis of cerebral atherosclerosis. Observation on 5/6/16 at 1:45 pm with certified staff # J and #K in resident ' s room revealed resident in bed with ¼ side rails at head of bed on each side and pressure reduction mattress in place, Hoyer lift (mechanical lift used when a person is unable to assist in transfers) and wheelchair with pressure reduction cushion at bedside. Resident grabbed side rails while staff turned resident side to side and did pericare. Staff applied white cream to buttocks and perineal area, certified staff # L stated, " We put on Calmoseptine " (a moisture barrier cream). Interview on 5/6/16 at 2pm with certified #J stated, " No, (resident) does not walk anymore, maybe a couple of steps is all. " He/she also confirmed resident is transferred with 2 staff and a Hoyer lift. On 5/9/16 at 1215pm certified staff # L confirmed requirement of 2 staff with Hoyer lift to get resident up. HCSP lacked description of services for use of Hoyer lift and 2 staff assist, side rails, pressure reduction mattress and pressure reduction wheelchair cushion and barrier cream. The HCSP also lacked a description of services provided by hospice. Interview on 5/9/16 at 11:25am with licensed staff #G confirmed HCSP lacked: use of 2 assist with Hoyer lift, use of side rails on resident bed and Hospice care. For residents #506 and #507, 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	S5155		

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S5155	Continued From page 9 resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		
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 12 residents. The sample included 3 residents. Based on record review and interview for 3 of 3 sampled residents (506, #507 and #508), the administrator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident #506 recorded admission date of 6/2/14 with diagnoses of: dementia, hyperlipidemia, hypertension (HTN), Arteriosclerotic Heart disease (ASHD), kidney stones and 2 heart stents.	S5251		

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S5251	Continued From page 10 Functional Capacity Screen (FCS) dated 12/18/15 recorded resident required assistance with bathing, dressing, toileting, and management of medications and treatments. Resident incontinent of bladder, has impaired cognition (short term, long term, memory recall and decision making) and impaired communication (difficulty in being understood and in understanding others). Current or recent problems include falls/unsteadiness, impaired decision making, is at risk for wandering and socially inappropriate behavior. Negotiated Service Agreement (NSA) dated 12/18/15 recorded resident to receive staff assistance with bathing, dressing and undressing, toileting and personal hygiene after toileting, behavior management, skin care and medication administration and documentation. Resident also to receive special care services for wound care as ordered. Health Care Service Plan (HCSP) dated 12/18/15 recorded resident to receive staff assistance with: bathing, toileting (moderate assistance daily), moderate assistance with dressing and undressing, ambulation with walker, and assistance with orientation, redirection and decision making. Nurses notes (titled: medical documentation) for resident #506 recorded the following entries:	S5251		

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S5251	Continued From page 11 " 3/25/16 9000 Caregivers reported blood in brief about the size of a quarter, upon assessment no visible open lesions or bleeding. Dr. (name) alerted. (initials for licensed staff # M). Documentation lacked specific time blood noted, follow up actions and assessments and name of licensed nurse completing the entry. Record included a fax to resident ' s physician dated 3/29/16 reporting an un-witnessed injury resulting in a large bruise on resident ' s anterior rib cage and pain, with physician ' s orders for rib x-rays to rule out rib fracture. Nurses notes lacked documentation of the date and time of incident resulting in bruise, assessment of resident condition, actions taken, date and time of x-ray, results of the x-ray and follow up assessment of resident. Record review for resident #507 recorded admission date of 8/1/12 and diagnoses of: dementia, (HTN) hypertension Hypothyroidism, history of bladder infections, congestive heart failure, GERD (gastro-esophageal reflux disease) and edema. FCS (annual) dated 3/23/16 recorded resident required assistance with bathing, dressing, toileting, transfer and walk/mobility, and management of medications or treatments. Resident has impaired short and long term memory, memory recall and decision making. Resident has difficulty making being understood	S5251		

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S5251	Continued From page 12	S5251		

and understanding others. Current or recent problems include falls/unsteadiness, impaired vision and impaired decision making.

NSA dated 3/28/16 recorded resident to receive assistance with bathing, toileting, dressing, ambulation, vision, medication management and administration, skin care and behavior management and monitoring.

HCSP dated 3/28/16 recorded resident to receive assistance with toileting morning and evening and between meals and staff will encourage ambulation for all transfers from room to room using walker and stand by assist at all times. Wheelchair as needed and licensed staff will administer medications as ordered by physician.

Nurses notes (titled: medical documentation) for resident #507 recorded the following entries:

" 3/22/15 2030 Caregivers called this RN (registered nurse) due to resident vomiting. CMA (certified medication aide) reported VS (vital signs) as 113/71 HR (heart rate) 100, O2 sat (percent of oxygen in the blood) 95% RA (room air) T (temperature) 97.8. Resident was asleep in bed with HOB (head of bed) elevated to 45 degrees upon arrival. PERRLA (pupils, equal, round, reactive to light, accommodation, an assessment of neurological function). Resident responsive to verbal stimuli. Resident speaking to people that are not in the room. Assessed lung sounds, CTA (clear to auscultation) in all fields. Bowel sounds present in all 4 quadrants (a

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S5251	Continued From page 13 method of dividing the abdominal area into sections for review) Instructed CMA to administer Zofran (for nausea) as ordered in MAR (medication administration record). Licensed staff #N signature " The record lacked documentation of follow up assessments. " 3/23/16 1615 had sent attached communication form to Dr. (name). Called (him/her). Dr. (name) recommended ER (emergency room) evaluation. Called (name) DPOA (durable power of attorney) and he/she agreed. Sent resident via (by) EMS (emergency medical services) to (hospital name). (licensed nurse # G initials) " . The record lacked the time resident left the facility, the time the resident returned to the facility, the findings of the hospital visit and the name of the licensed nurse completing the entry. " 3/24/16 1400 Has not gotten out of bed for 2 days d/t (due to) lethargy. Decreased appetite. Alert. Obtained hospice consultation from Dr. (name). Hospice will come out tonight for assessment around 2100. After coordinating consult, found large amount of frank blood in soiled (stool) brief. Called Dr. (name) office and requested any further instructions and to see if he/she still wants hospice consultation. Awaiting his/her response at this time. (no staff signature). "	S5251		

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S5251	Continued From page 14 The record lacked, follow up instructions received from physician, ongoing assessment of resident and name of the licensed nurse completing the entry. " 4/12/16 2100 Caregivers called d/t unresponsive episode at 8:00pm on toilet. Resident had diarrhea and would not respond to verbal stimuli for about 6 minutes. Resident sitting on toilet upon arrival. Responded to questions. BP (blood pressure) 70/42, T 97.4, O2sat 97%, HR 84. Assisted resident back to bed. Notified hospice nurse of change in condition. Nurse from hospice asked if resident was comfortable and told him/her he/she was, sleeping in bed now. O2 sat decreased to 81% at 8:45pm. Sat him/her up in bed more and O2 sat increased to 94% RA. (licensed nurse # N signature). " Record lacked documentation of date and time hospice evaluation and admission to hospice care. Record review for resident #508 recorded admission date of 1/27/16 with diagnoses of: Alzheimer ' s, arthritis, benign hypertension and cataracts. FCS dated1/26/16 recorded resident is unable to manage medications and treatments, has trouble with short term memory and memory recall, is at risk for falls and has inappropriate behavior. NSA dated 1/26/16 recorded resident to receive	S5251		

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	B023014	A. BUILDING: _____ B. WING _____	05/11/2016

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S5251	Continued From page 15 assistance with medication administration and orientation. HCSP dated 1/26/16 recorded licensed staff to administer medications and assist with orientating resident as needed. Resident record contained the following nurses notes (titled: medical documentation): " 2/25/16 1740 Redness has improved but still present. Itching is persistent. DPOA expressed concern. Notified Dr. (name). No changes were made to orders. (initials of licensed staff #P) " Nurses notes lacked description of the redness and the name of the licensed nurse completing the entry. " 3/1/16 1215 Investigation completed at this time about event which occurred on 2/26/16 in the afternoon. Another resident punched (resident #508) in the face, shoving newspaper in the face. On call nurse had assessed (resident #508) and applied cold pack to face. No ecchymosis (bruising), redness or swelling noted. Cold pack for comfort. (resident #508) did not lose consciousness. Informed (name) DPOA, of event. (initials of licensed nurse # G). Record lacked documentation by licensed nurse completing assessment of resident, the time of the incident, follow up assessments between 2/26/16 and 3/1/16, intervention to prevent further incident/injury, notification of physician, date and	S5251		

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S5251	Continued From page 16 time the DPOA notified and the name of the licensed nurse completing the entry. " 3/30/16 1000 Resident was sent to hospital on 3/29/16 due to SOB (shortness of breath), blurred vision, dizziness, tremors, v/d (vomiting/ diarrhea), BP 163/110. Resident sent home with prescription for Keflex (an antibiotic) 500 milligrams 4 times a day due to UTI (urinary tract infection). (signature of licensed nurse # N) " Record lacked documentation of the time resident ' s change in condition noted, time and manner resident transported to hospital, time of return from hospital, condition upon return from the hospital. " 3/31/16 0920 monthly nursing assessment complete. No new concerns. (signature of licensed staff #P) " Record lacked documentation of current status of the symptoms identified on 3/29/16. For 3 of 3 residents sampled (506, #507 and #508), the administrator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S5251		
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	S5300		

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S5300	Continued From page 17 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 12 residents. The sample included 3 residents. Based on record review and observation for 3 residents (#506, #507 and #508), 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 #506 recorded admission date of 6/2/14 with diagnoses of:	S5300		

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S5300	Continued From page 18 dementia, hyperlipidemia, hypertension (HTN), Arteriosclerotic Heart disease (ASHD), kidney stones and 2 heart stents. Functional Capacity Screen (FCS) dated 12/18/15 recorded resident required assistance management of medications and treatments. Negotiated Service Agreement (NSA) dated 12/18/15 recorded resident to receive staff assistance with medication administration and documentation. Review of medication administration record of May 2016 revealed documentation of administration of the following medications/treatments: Latanoprost eye drops 0.005% instill one drop in each eye daily. (a prescription medication for glaucoma) Physician ' s order (on most recent physician ' s progress notes) dated 1/20/16 lacked order for Latanoprost. Record review for resident #507 recorded admission date of 8/1/12 and diagnoses of: dementia, (HTN) hypertension Hypothyroidism, history of bladder infections, congestive heart failure, GERD (gastro-esophageal reflux disease) and edema. FCS dated 3/23/16 recorded resident required assistance management of medications or treatments. NSA dated 3/28/16 recorded resident to receive assistance medication management and administration. Review of medication administration record	S5300		

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S5300	Continued From page 19 (MAR) of May 2016 revealed documentation of administration of the following medications/treatments with no corresponding physician ' s order (on most recent physician ' s progress notes) dated 3/9/16. Review of MAR documented Ipatropium/Albuterol solution 1 treatment every 6 hours as needed for wheezing or coughing (a prescription medication given by machine to aide in breathing) Physician ' s progress notes dated 3/9/16 recorded this medication to be given as follows: Ipratropium-Albuterol 0.5-2.5 (3)mg/3ml (milligrams/milliliters) inhale contents of 1 vial nebulized every six hours. Medication was not recorded as given every 6 hours on May 2016 medication administration record. Narcotic Record for facility recorded the following medication: lorazepam 1mg take 1 tablet by mouth every six hours as needed for anxiety as given on 5/6/16 at 2205 by certified staff. Record lacked a signed physician order for medication. Record review for resident #508 recorded admission date of 1/27/16 with diagnoses of: Alzheimer ' s, arthritis, benign hypertension and cataracts. FCS dated1/26/16 recorded resident as unable to manage medications and treatments. NSA dated 1/26/16 recorded resident to receive assistance with medication administration and orientation. HCSP dated 1/26/16 recorded licensed staff to administer medications.	S5300		

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S5300	Continued From page 20 Review of medication administration record of May 2016 revealed documentation of administration of the following medications/treatments: Sertraline 25mg (milligrams) take 1 tablet by mouth daily for anxiety. Donepezil 10mg (a prescription medication for dementia) 1 tablet by mouth daily at bedtime. Lorazepam 0.5mg (a prescription medication for anxiety) take 1 tablet by mouth every 4-6 hours as needed. Loperamide 2mg take one capsule by mouth daily as needed for loose stools. Physician ' s order (on most recent physician ' s progress notes) dated 5/4/16 lacked order for sertraline, donepezil, lorazepam and loperamide. For 3 residents (#506, #507 and #508), 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.	S5300		