STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087186	A. BUILDING: _____ B. WING _____	12/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC #557	557 N ARMOUR ST WICHITA, KS 67218

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S 000	INITIAL COMMENTS The following citations represent the findings of resurvey at the above named facility on 12-8-15, 12-9-15, and 12-9-15.	S 000		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility identified a census of 7 residents. The sample included 3 residents. Based on record review, interview, and observation for 1 (#300) of 3 residents sampled, the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services for cognitive impaired resident identified at risk for falls. Health care services identified included reminding a cognitive impaired resident to call for help and to use a bicycle type horn attached to his/her walker that he/she did not like using because of the sound it made and did not meet the needs of the resident. Findings included: - Record review for resident #300 revealed an	S5155		

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

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S5155	Continued From page 1	S5155		

admit date of 1-6-15 with diagnoses of atrial fibrillation, hypertension, osteoarthritis, coronary artery disease, congestive heart failure, and chronic kidney disease.

The functional capacity screen dated 1-6-15 (admission) recorded resident required supervision with dressing, toileting, transfer, walking/mobility, physical assistance with bathing, bladder incontinence, experienced short-term memory loss, long term memory loss, difficulty with memory recall, decision making and experienced falls/unsteadiness.

The negotiated service agreement/health care service plan (NSA/HCSP) dated 1-6-15 recorded resident required assistance with bathing, standby assist with dressing, walker for walking, remind to slow down when walking with walker, horn on walker to call for assistance and standby assist needed for dressing due to fall risks.

The nurses notes recorded the following falls:

2-2-15 5:58 p.m.," Resident walking into dining room at lunch, caregiver was walking behind resident. Resident went to sit down in chair and slid to floor. Resident denied pain or discomfort."

2-7-15 8:10 p.m., Resident fell while trying to shut door. Resident stated, "Was a little tender on right hip and right arm." Explained to resident to call for help.

3-11-15 7:59 p.m. Frequent reminders required to remind resident not to get up without assistance.

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S5155	Continued From page 2 3-17-15 10:53 p.m. Received call that resident had fallen. Resident was using bathroom and caregiver standing outside the door and heard resident yell. Staff opened door and resident was on the floor in sitting position. Sign placed on walker to remind to call for assist. 3-19-15 4:15 p.m. Caregivers report resident continues to get up on own, gets frustrated when redirected to use the horn to get assistance. Resident does not like staff to sit in the bathroom with (resident). Staff will stand outside door. Will use body alarm at times of toileting. Note: body alarm discontinued on NSA/HCSP and lacked the date it was discontinued 3-26-15 1:46 p.m., "Resident got up out of dining room chair without assistance, lost balance and fell and landed on bottom. Bruise to top of right wrist. Resident frequently non-compliant with waiting for assistance. Staff frequently tell resident to call for assistance and to use horn attached to walker." 4-13-15 4:24 p.m. Resident in bathroom, got up without assistance, fell, landed on bottom. Resident is non-compliant with waiting for assistance. Resident has chair and bed alarm in place, sign on walker to use horn to alert for assistance. Caregiver was instructed to assure body alarm when resident is on toilet as resident likes caregiver to step out of bathroom for privacy. Family is aware resident does not always wait for staff. 4-21-15 5:15 p.m. Caregiver reported resident had fallen in bathroom. Resident was assisted into bathroom, instructed to stay sitting until caregiver came back or use horn for assistance.	S5155		

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S5155	Continued From page 3 Caregiver went to answer alarm of another resident who had gotten up unassisted. Resident got up, lost balance and fell on bottom. Resident continues to be non-compliant with waiting for assistance and continuously gets up on own. Staff continue to remind resident to use horn to notify of needing assistance. Alarms in place. 4-24-15 1:30 p.m. Resident continues to be non-compliant with waiting for assistance. 6-22-15 9:06 p.m., received call that resident had fallen. Non-injury fall. 6-24-15 12:41 p.m. Received call from caregiver that resident had a non-injury fall in the bathroom. Resident stated, "Tried to go to bathroom on own and slid off toilet." Bruised noted to left elbow. Blood pressure a little elevated but other vital signs were normal. 8-3-15 2:20 a.m. Night supervisor reported that resident had fallen and reported resident had red scrape mark to back. Resident stated was getting up to toilet and slipped. Resident stated honked horn but did not wait for assistance. 8-30-15 11:45 a.m. Resident was in recliner on some papers and slid to the floor. May have possible bruising. 9-23-15 7:12 a.m. Caregiver reported resident had fallen in room. Skin tear noted to left hand in two areas and forearm. Steri strips placed on skin tears. On 12-8-15 at 2:10 p.m., observed certified staff C assist resident #300 ambulate with walker. Observed horn on walker. Certified staff C stated	S5155		

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S5155	Continued From page 4 resident required stand by assist and at times physical assistance. Interview on 12-8-15 at 4:00 p.m. with licensed nurse B stated and confirmed pad alarms discontinued due to they did not work for resident and further stated resident is non-compliant with interventions such as using the horn on walker and calling for assistance. Licensed nurse B walked over to resident #300 and asked what the horn on the walker was for. The resident stated he/she was supposed to use it when getting up but did not like the sound of the horn and knew (staff) was busy with other (residents). For resident #300, the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services for cognitive impaired resident identified at risk for falls.	S5155		
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.	S5300		

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S5300	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility identified a census of 7 residents. The sample included 3 residents. Based on record review, observation, and interview for 1 (#100) of 3 residents sampled, the operator failed to ensure that all medications and biologicals are administered to resident in accordance with medical care provider's written order and professional standards of practice. Findings included: - Record review for resident #100 revealed an admit date of 12-2-15 with diagnoses non-insulin dependent diabetic, recent pneumonia, glaucoma, macular degeneration, constipation, hypothyroidism, and hypertension. The functional capacity screen dated 12-4-15 recorded resident unable to manage medications or treatments. The negotiated service agreement/health care service plan recorded facility staff to administer and manage medications/treatments. The signed medical care provider's orders dated 12-4-15 recorded the following medications to be administered: lasix 20 Milligrams (MG) daily at 8:00 a.m. (diuretic) senna 50 MG two times a day at 8:00 a.m. and	S5300		

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S5300	Continued From page 6	S5300		

5:00 p.m. (constipation)
amlodipine 10 MG at 12:00 noon daily (hypertension)
xalatan 0.0005% one drop in both eyes at 8:00 p.m. daily (glaucoma)
levothyroxine 125 mcg daily at 8:00 p.m. (hypothyroidism)
triamcinolone acetonide 0.1 % cream, apply thin layer to rash on chin every morning and 8:00 p.m. (rash)
tylenol 325 MG two tablets as needed every four hours for pain/temperature.
dulcolax 10 MG suppository every six hours as needed for constipation
milk of magnesia 30 milliters at bedtime as needed for constipation.
oxygen per nasal cannula 3 liters to keep oxygen saturation at or equal to 90%.
accu check finger stick blood sugar check daily at 6:00 a.m. fasting. non-insulin diabetic)

The Medication Administration Record (MAR) dated 12-4-15 identified the above medications/treatments not available to be administered 12-4-15 to 12-8-15 except levothyroxine and tylenol.

On 12-8-15 at 10:55 a.m. observed resident #100 lying in bed. Resident stated he/she is blind and cannot see. Resident #100 also stated, "Had a bad night last night due to severe constipation."

Interview on 12-8-15 at 11:35 a.m. with licensed nurse/operator stated the pharmacy would not accept a copy of the MAR/orders copied and sent to them. They requested written scripts from the medical care provider. Licensed nurse/operator stated this was on a Friday afternoon and the doctor's office was not open but would get a written script on Monday. Licensed

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S5300	Continued From page 7 nurse/operator confirmed medications/biologicals not administered per medical care provider's written orders. For resident #100, the operator failed to ensure that all medications and biologicals are administered to resident in accordance with medical care provider's written order and professional standards of practice.	S5300		