STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B040001	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES OF HARVEY COUNTY LLC M	1504 TERRACE DRIVE NEWTON, KS 67114

(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 represent the findings of a resurvey for the above named Home Plus facility conducted on 09/15/22 and 09/19/22.	S 000		
S5105 SS=F	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 26-42-202(a) The facility reported a census of eight residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for Resident (R)100, R101, and R102.	S5105		

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

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S5105	Continued From page 1 Findings included: - R100's medical record revealed the resident moved into the facility on 05/13/22 with Parkinson's Disease. The 05/13/22 FCS identified R100 required physical assistance with transfers, had difficulty with both short-term and long-term memory, and triggered for impaired decision-making. The 05/13/22 NSA did not address R100's required assistance with transfers, her short-term and long-term memory, and impaired decision-making. On 09/19/22 at 03:03 PM Licensed Nurse (LN) B stated whatever triggered on the FCS should be addressed in the "Health Services Care Plan" (HCSP) but was not aware that items that were not provided by other than a third-party provider needed to be addressed on the NSA. The Operator failed to ensure R100's NSA was fully developed to include all items that triggered in the FCS. - R101's medical record revealed the resident moved into the facility on 09/14/22 with diagnoses of dementia with behavioral disturbance and Alzheimer's Disease. The 09/14/22 FCS identified R101 required physical assistance with eating, had problems with short-term and long-term memory, had difficulty with communication, triggered for falls/unsteadiness, and impaired	S5105		

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S5105	Continued From page 2	S5105		

decision-making.

The 09/14/22 NSA did not address R101's need for physical assistance with eating, her short-term and long-term memory, difficulty with communication, falls/unsteadiness, and impaired decision-making.

On 09/19/22 at 03:03 PM Licensed Nurse (LN) B stated whatever triggered on the FCS should be addressed in the "Health Services Care Plan" (HCSP) but was not aware that items that were not provided by other than a third-party provider needed to be addressed on the NSA.

The Operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS.

-R102's medical record revealed the resident moved into the facility on 10/15/19 with a diagnosis of Alzheimer's Disease.

The 07/28/22 FCS identified R102 required assistance with transfers as having impaired cognition, difficulty with communication and triggered for impaired decision-making.

The 05/12/22 NSA did not address R102's need for assistance with transfers, her impaired cognition and impaired decision-making.

On 09/19/22 at 03:03 PM Licensed Nurse (LN) B stated whatever triggered on the FCS should be addressed in the "Health Services Care Plan" (HCSP) but was not aware that items that were not provided by other than a third-party provider needed to be addressed on the NSA.

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S5105	Continued From page 3 The Operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS.	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 facility reported a census of eight residents. The sample included three residents. Based on observation, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for two of three sampled residents evidenced by the failure to complete and document an assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint for Resident (R)100, and R102. Findings included:	S5155		

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S5155	Continued From page 4	S5155		

- R100's medical record revealed the resident moved into the facility on 05/13/22 with a diagnosis of Parkinson's Disease.

The 05/13/22 "Functional Capacity Screen" (FCS) documented R100 required physical assistance from staff with transfers, walking/mobility and did not use an assistive device on her bed.

The 05/13/22 "Negotiated Service Agreement" (NSA) documented R100 did not address transfers, required physical assistance with walking and did not mention the use of an assistive device on her bed.

Review of R100's medical records failed to locate an assessment for the use of a bed cane.

On 09/19/22 at 01:22 PM a bed cane was observed in place on the left-hand side of R100's bed.

On 09/19/22 at 01:45 PM Certified Medication Aide (CMA) G stated resident had a bed rail to help her with getting up in bed.

On 09/19/22 at 03:03 PM Licensed Nurse (LN) B stated a bed rail assessment should be completed if a resident utilized an assistive device on their bed.

On 09/19/22 at 10:38 AM, Administrative Staff A stated a bed rail assessment was not completed for R100.

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S5155	Continued From page 5	S5155		

The 08/22/14 "Use of Positioning Rails" policy documented, "Nurse will document assessment of Resident's ability to use rails and include as part of the Resident's plan of care."

The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R100 regarding the use of a bed assistive device.

- R102's medical record revealed the resident moved into the facility on 10/15/19 with a diagnosis of Alzheimer's Disease.

The 07/28/22 FCS documented R102 required physical assistance from staff with transfers, walking/mobility and did not use an assistive device on her bed.

The 05/12/22 NSA documented R102 did not address transfers, required staff supervision with walking and did not mention the use of an assistive device on her bed.

Review of R102's medical records failed to locate an assessment for the use of a bed cane.

Observation on 09/15/22 at 01:43 PM revealed there was a bed rail installed on the right-hand side of R102's bed.

On 09/19/22 at 01:36 PM CMA H stated R102 had a bed rail that helped her to turn while in bed but did not inhibit her from getting out of bed.

On 09/19/22 at 03:03 PM LN B stated a bed rail assessment should be completed if a resident

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S5155	Continued From page 6 utilized an assistive device on their bed. On 09/19/22 at 10:38 AM, Administrative Staff A stated a bed rail assessment was not completed for R102. The 08/22/14 "Use of Positioning Rails" policy documented, "Nurse will document assessment of Resident's ability to use rails and include as part of the Resident's plan of care." The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R102 regarding the use of a bed assistive device.	S5155		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of eight residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for Resident (R)100 and R102.	S5161		

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S5161	Continued From page 7 Findings included: - R100's medical record revealed the resident moved into the facility on 05/13/22 with a diagnosis of Parkinson's Disease. R100's most recent "Negotiated Service Agreement" (NSA) was completed on 05/13/22. On 09/19/22 at 02:39 PM Licensed Nurse (LN) B stated the NSA should identify the nurse responsible for the implementation of the care plan and stated she was not aware that an addendum needed to be completed when a new nurse was responsible for the implementation of the care plan. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R100. - R102's medical record revealed the resident moved into the facility on 10/15/19 with a diagnosis of Alzheimer's Disease. R102's most recent NSA was completed on 05/12/22. On 09/19/22 at 02:39 PM Licensed Nurse (LN) B stated the NSA should identify the nurse responsible for the implementation of the care plan and stated she was not aware that an addendum needed to be completed when a new nurse was responsible for the implementation of the care plan.	S5161		

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S5161	Continued From page 8 The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R102.	S5161		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of eight residents. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for five of five staff reviewed.	S5230		

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S5230	Continued From page 9 Findings included: - Review of Certified Medication Aide (CMA) C's employee record revealed a hire date of 01/21/21. The facility failed to ensure a TB Screening Questionnaire was completed and a two-step TB Skin Test was started within seven days of being hired. Review of CMA D's employee record revealed a hire date of 08/03/21. The facility failed to ensure a TB Screening Questionnaire was completed. Review of CMA E's employee record revealed a hire date of 06/17/21. The facility failed to ensure a TB Screening Questionnaire was completed. Review of Licensed Nurse F's employee record revealed a hire date of 07/02/21. The facility failed to ensure a TB Screening Questionnaire was completed. Review of CMA G's employee record revealed a hire date of 09/20/21. The facility failed to ensure a TB Screening Questionnaire was completed. On 09/15/22 at 04:34 PM Administrative Staff A stated a TB Screening Questionnaire was not completed for staff upon hire that contained all the required components. Administrative Staff A acknowledged the TB skin test for CMA C was completed late. The 06/17/14 "Tuberculosis Screening" policy documented, "Each new Resident and new employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire	S5230		

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S5230	Continued From page 10 within seven days of residency or employment or at the time of administration of the tuberculin skin test (TST) ...Each new resident and new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within seven days of residency or employment ..." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees.	S5230		