STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087246	A. BUILDING: _____ B. WING _____	10/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT AND LOVE WICHITA, LLC	2062 N GARNETT ST WICHITA, KS 67206

(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 represent the findings of the licensure resurvey for the above named facility conducted on 10/04/22 and 10/05/22.	S 000		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-101 (g) The facility reported a census of 12 residents. Based on observation and interview the operator failed to ensure the notice of availability of the facilities policies and procedures during normal business hours was posted for residents, legal representatives of residents, case managers, and families of the residents. Findings included: - Observation on 10/04/22 during the initial facility tour revealed the postings of the facility licensure and ombudsman information posted on the wall outside of the facility office. The documents posted lacked the notice of availability of the facilities polices and	S5029		

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

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S5029	Continued From page 1 procedures during normal business hours. Interview on 10/04/22 with operator A confirmed the faciality did not have the notice of availability of polices and procedures posted. The operator failed to ensure the notice of availability of the facilities policies and procedures during normal business hours was posted for residents, legal representatives of residents, case managers, and families of the residents.	S5029		
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: K.A.R. 26-42-202 (a)	S5105		

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S5105	Continued From page 2	S5105		

The facility reported a census of 12 residents. The sample included 3 residents. Based on observation, interview and record review the operator failed to include in R114 "Negotiated Service Agreement" (NSA) healthcare services based on information from the resident "Functional Capacity Screen" related to fall prevention, and further failed to identify the provider, service need, and preference of the quarter rail attached to the right side of the resident bed.

Findings included:

Record review on 10/04/22 of the facility provided resident roster identified R114 as having a bedrail.

Observation on 10/04/22 of the initial facility tour revealed R114's bed had the left side of the bed against the wall and the right side had a quarter rail attached and in the down position.

- Record review for R114 revealed an admission date of 06/27/22 with diagnoses of major depressive disorder, Parkinson's disease, central retinal vein occlusion of the left eye, atherosclerotic heart disease of the native coronary artery without angina, cardiomyopathy, and diffuse traumatic brain injury without loss of consciousness.

Record review of R114 FCS dated 06/24/22 identified resident required physical assistance with bathing, dressing, toileting, transferring, and walking. She lacked the ability to manage her own medications and she was frequently incontinent. Her cognition was intact, and she

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S5105	Continued From page 3	S5105		

was able to make herself understood and usually understood others. She was marked as at risk for falls and had impaired vision. She used a walker and wheelchair mobility device.

Record review of R114 facility document titled "Care Plan" stated the facility staff would provide full assistance with bathing, dressing, toileting, and transferring. The documented lacked an intervention for fall prevention, and further lacked identification of the quarter bed rail attached to the right side of the resident bed.

Record review of R114 facility document titled "Assess Needs" instructed staff to provide 1 person assist with bathing, dressing, and toileting. Facility staff would administer selected medications. The document lacked planning for fall prevention and further lacked the instruction for the resident use of the quarter bed rail attached to the right side of the resident bed.

Interview on 10/05/22 with operator A was interrupted by staff notifying operator A that R114 had been found on the floor. Operator A confirmed the NSA lacked healthcare services based on information from the resident "Functional Capacity Screen" related to fall prevention, and further failed to identify the provider, service need, and preference of the quarter rail attached to the right side of the resident bed.

Interview on 10/05/22 with R114 revealed she fell because she "didn't wait for the girls", to assist her.

The operator failed to include in R114

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S5105	Continued From page 4 "Negotiated Service Agreement" (NSA) healthcare services based on information from the resident "Functional Capacity Screen" related to fall prevention, and further failed to identify the provider, service need, and preference of the quarter rail attached to the right side of the resident bed.	S5105		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-202 (h) The facility reported a census of 12 residents. The sample included 3 "residents'" (R's) Based on record review and interview the operator failed to ensure the "Negotiated Service Agreement's" (NSA) were signed by each individual involved in the collaboration and development of the NSA's for R112, R114, and R116. Findings included: - Record review on 10/05/22 for R 112 Revealed an admission date of 06/22/22 with diagnoses of urinary tract infection, depression, migraines, hypertension, muscle weakness, abnormalities of	S5126		

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S5126	Continued From page 5 gait and presence of artificial right hip. Record review of R112 "Functional Capacity Screen" (FCS) dated 6/20/22 identified the resident required physical assistance with bathing, dressing, toileting, transferring, and she was unable to walk. R112 was incontinent, she lacked the ability to manage her own medications, she had impaired short-term memory, impaired long-term memory, and impaired decision making. She was usually able to make herself understood and she usually understood others. She was marked as having falls and used a wheelchair mobility device. Record review of R112 facility document titled "Care Plan" stated the facility staff would provide full assistance with bathing, dressing, toileting, transferring and mobility. The document identified facility staff would administer medications. Resident would require an alarm pad to be placed on the surface she would be sitting on to reduce the risk of falls. Page five of the document has places for the following signatures: resident or guardian signature, agent or representative, licensee or administrator, and other. The document lacked signatures. Record review of R112 facility document titled "Assess Needs" instructed staff to provide a one person assist with showering, dressing, and toileting, mobility and she required a two person assist for transferring. Facility staff to manage R112 medications. Interview on 10/5/22 with operator A confirmed the facility document titled "Care Plan" was the facility negotiated service agreement and the	S5126		

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S5126	Continued From page 6	S5126		

document lacked the signatures of each individual involved in the collaboration and development of the NSA.

- Record review for R114 revealed an admission date of 06/27/22 with diagnoses of major depressive disorder, Parkinson's disease, central retinal vein occlusion of the left eye, atherosclerotic heart disease of the native coronary artery without angina, cardiomyopathy, and diffuse traumatic brain injury without loss of consciousness.

Record review of R114 FCS dated 06/24/22 identified resident required physical assistance with bathing, dressing, toileting, transferring, and walking. She lacked the ability to manage her own medications and she was frequently incontinent. Her cognition was intact, and she was able to make herself understood and usually understood others. She was marked as at risk for falls and had impaired vision. She used a walker and wheelchair mobility device.

Record review of R114 facility document titled "Care Plan" stated the facility staff would provide full assistance with bathing, dressing, toileting, and transferring. The documented lacked an intervention for fall prevention.

Record review of R114 facility document titled "Assess Needs" instructed staff to provide 1 person assist with bathing, dressing, and toileting. Facility staff would administer selected medications. The document lacked planning for fall prevention.

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S5126	Continued From page 7 Interview on 10/5/22 with operator A confirmed the facility document titled "Care Plan" was the facility negotiated service agreement and the document lacked the signatures of each individual involved in the collaboration and development of the NSA. - Record review for R116 revealed an admission date of 08/20/22 with a diagnosis of Lewy Body Dementia. Record review of R116 FCS dated 8/20/22 identified the resident would require supervision for bathing, she lacked the ability to manager her own medication, she had impaired decision making, and was able to make herself understood and understood others, she was independent with mobility and transferring, and she used no mobility device. Record review of R116 facility document titled "Care Plan" stated the facility staff would provide minimal assist with bathing and the facility would manage most medications. The resident was able to self-administer eye drops. Record review of R116 facility document titled "Assess Needs" instructed staff to provide one-person minimal assist with showers and facility staff would administer some medications. Interview on 10/5/22 with operator A confirmed the facility document titled "Care Plan" was the facility negotiated service agreement and the document lacked the signatures of each individual involved in the collaboration and	S5126		

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S5126	Continued From page 8 development of the NSA. The operator failed to ensure the "Negotiated Service Agreement's" (NSA) were signed by each individual involved in the collaboration and development of the NSA's for R112, R114, and R116.	S5126		
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: K.A.R 26-42-204 (d) The facility reported a census of 12 residents. The sample included 3 "residents'" (R's) Based on record review and interview the operator failed to ensure the name of the licensed nurse (LN) responsible for the implementation and supervision of the healthcare service plan was included in the "Negotiated Service Agreement" (NSA) for R112, R114, and R116. Findings included: - Record review on 10/05/22 for R 112 Revealed an admission date of 06/22/22 with diagnoses of urinary tract infection, depression, migraines, hypertension, muscle weakness, abnormalities of gait and presence of artificial right hip.	S5161		

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S5161	Continued From page 9 Record review of R112 "Functional Capacity Screen" (FCS) dated 6/20/22 identified the resident required physical assistance with bathing, dressing, toileting, transferring, and she was unable to walk. R112 was incontinent, she lacked the ability to manage her own medications, she had impaired short-term memory, impaired long-term memory, and impaired decision making. She was usually able to make herself understood and she usually understood others. She was marked as having falls and used a wheelchair mobility device. Record review of R112 facility document titled "Care Plan" stated the facility staff would provide full assistance with bathing, dressing, toileting, transferring and mobility. The document identified facility staff would administer medications. Resident would require an alarm pad to be placed on the surface she would be sitting on to reduce the risk of falls. Page five of the document has places for the following signatures: resident or guardian signature, agent or representative, licensee or administrator, and other. The document lacked signatures. Record review of R112 facility document titled "Assess Needs" instructed staff to provide a one person assist with showering, dressing, and toileting, mobility and she required a two person assist for transferring. Facility staff to manage R112 medications. Interview on 10/5/22 with operator A confirmed the facility document titled "Care Plan" was the facility negotiated service agreement. The name of the licensed nurse responsible for the supervision and implementation of the health	S5161		

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S5161	Continued From page 10 care service plan. - Record review for R114 revealed an admission date of 06/27/22 with diagnoses of major depressive disorder, Parkinson's disease, central retinal vein occlusion of the left eye, atherosclerotic heart disease of the native coronary artery without angina, cardiomyopathy, and diffuse traumatic brain injury without loss of consciousness. Record review of R114 FCS dated 06/24/22 identified resident required physical assistance with bathing, dressing, toileting, transferring, and walking. She lacked the ability to manage her own medications and she was frequently incontinent. Her cognition was intact, and she was able to make herself understood and usually understood others. She was marked as at risk for falls and had impaired vision. She used a walker and wheelchair mobility device. Record review of R114 facility document titled "Care Plan" stated the facility staff would provide full assistance with bathing, dressing, toileting, and transferring. The documented lacked an intervention for fall prevention. Record review of R114 facility document titled "Assess Needs" instructed staff to provide 1 person assist with bathing, dressing, and toileting. Facility staff would administer selected medications. The document lacked planning for fall prevention. Interview on 10/05/22 with operator A confirmed	S5161		

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S5161	Continued From page 11	S5161		

the facility document titled "Care Plan" was the facility negotiated service agreement. She confirmed the document lacked the name of the licensed nurse responsible for the supervision and implementation of the health care service plan.

- Record review for R116 revealed an admission date of 08/20/22 with a diagnosis of Lewy Body Dementia.

Record review of R116 FCS dated 8/20/22 identified the resident would require supervision for bathing, she lacked the ability to manager her own medication, she had impaired decision making, and was able to make herself understood and understood others, she was independent with mobility and transferring, and she used no mobility device.

Record review of R116 facility document titled "Care Plan" stated the facility staff would provide minimal assist with bathing and the facility would manage most medications. The resident was able to self-administer eye drops.

Record review of R116 facility document titled "Assess Needs" instructed staff to provide one-person minimal assist with showers and facility staff would administer some medications.

Interview on 10/05/22 with operator A confirmed the facility document titled "Care Plan" was the facility negotiated service agreement. She confirmed the document lacked the name of the licensed nurse responsible for the supervision

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5161	Continued From page 12 and implementation of the health care service plan. The operator failed to ensure the name of the licensed nurse responsible for the implementation and supervision of the healthcare service plan was included in the "Negotiated Service Agreement" for R112, R114, and R116.	S5161		
S5171 SS=D	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-204 (i) The facility reported a census of 12 residents. The sample included 3 residents' (R). Based on interview and record review the operator failed to ensure R114 was provided the services by a qualified staff in accordance with acceptable standards of practice for the safe use of a quarter bed rail. The operator failed to provide a resident assessment of the quarter bedrail attached to R114 bed showing the quarter rail did not act as a restraint, to determine the use of the bedrail, the resident ability to safely use the device, state the purpose/function of the device, and ensure the resident was not at risk for entrapment by the device. Findings included:	S5171		

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S5171	Continued From page 13 - Record review on 10/04/22 of the facility provided resident roster identified R114 as having a bedrail. Observation on 10/04/22 of the initial facility tour revealed R114's bed had the left side of the bed against the wall and the right side had a quarter rail attached and in the down position. - Record review for R114 revealed an admission date of 06/27/22 with diagnoses of major depressive disorder, Parkinson's disease, central retinal vein occlusion of the left eye, atherosclerotic heart disease of the native coronary artery without angina, cardiomyopathy, and diffuse traumatic brain injury without loss of consciousness. Record review of R114 FCS dated 06/24/22 identified resident required physical assistance with bathing, dressing, toileting, transferring, and walking. She lacked the ability to manage her own medications and she was frequently incontinent. Her cognition was intact, and she was able to make herself understood and usually understood others. She was marked as at risk for falls and had impaired vision. She used a walker and wheelchair mobility device. Record review of R114 facility document titled "Care Plan" stated the facility staff would provide full assistance with bathing, dressing, toileting, and transferring. The documented lacked an intervention for fall prevention, and further lacked identification of the quarter bed rail attached to the right side of the resident bed. Record review of R114 facility document titled	S5171		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5171	Continued From page 14 "Assess Needs" instructed staff to provide 1 person assist with bathing, dressing, and toileting. Facility staff would administer selected medications. The document lacked planning for fall prevention and further lacked the instruction for the resident use of the quarter bed rail attached to the right side of the resident bed. The resident record lacked an assessment performed by a qualified staff showing the bedrail attached to the right side did not act as a restraint, determined the use of the bedrail, the resident ability to safely use the device, state the purpose/function of the device, and unsure the resident was not at risk for entrapment by the device. The operator failed to provide a resident assessment of the quarter bedrail attached to R114 bed showing the quarter rail did not act as a restraint, to determine the use of the bedrail, the resident ability to safely use the device, state the purpose/function of the device, and ensure the resident was not at risk for entrapment by the device.	S5171		
S5190 SS=F	26-42-206 (d) Dietary Services (d)(1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-206 (d) (1)	S5190		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087246	A. BUILDING: _____ B. WING _____	10/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT AND LOVE WICHITA, LLC	2062 N GARNETT ST WICHITA, KS 67206

(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
S5190	Continued From page 15 The facility reported a census of 12 residents. Based on observation and interview the operator failed to ensure the facility provided the residents menu plans on at least a weekly basis. Findings included: - Observation on 10/04/22 during the facility staff provided facility tour the daily menu was posted by the kitchen door. Interview on 10/04/22 with operator A confirmed the facility did not post the weekly menu. The operator failed to ensure the facility provided the residents menu plans on at least a weekly basis.	S5190		
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.	S5192		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087246	A. BUILDING: _____ B. WING _____	10/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5192	Continued From page 16 This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-206 (e) The facility reported a census of 12 residents. Based on record review and interview the operator failed to ensure the facility staff served the prepared food at the proper temperature. Findings included: - Observation on 10/04/22 during the facility tour of the kitchen the right side of the refrigerator had hanging from a hook a page showing the proper holding temperatures for meats and frozen storage temperatures. Interview on 10/04/22 with operator A revealed the facility staff is supposed to check food temperatures prior to serving the food, the facility staff do not record the food temperatures prior to serving the meal. The operator failed to ensure the facility staff served the prepared food at the proper temperature.	S5192		