STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087125	A. BUILDING: _____ B. WING _____	10/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC #641	641 N BROADMOOR AVENUE 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 a Resurvey for the above named Home Plus facility conducted on 10/13/22 and 10/17/22.	S 000		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of six residents (R). Based on observation, interview and record review the operator failed to ensure designated staff completed one (R113) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability at the time staff completed the screen. Findings Included: - Review of 113's medical record revealed she moved into the facility on 08/24/22 with diagnosis of dementia and anxiety. R113's "Functional Capacity Screen" dated 08/24/22 identified the resident has significant cognitive impairment and impaired decision-making ability. It did not identify the	S5095		

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

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S5095	Continued From page 1 resident had wandering or inappropriate behaviors. R113's "Negotiated service agreement included a generalized statement that staff would monitor and observe all behaviors and document any changes. It directed staff to provide cues and reminders to complete activities of daily living. R113's "Health Care Service Plan" dated 08/24/22 included the resident had wandering behaviors, would get agitated easily when told no or couldn't find her husband and would resist care if not understood what staff asked her to do. On 10/17/22 at 10:20 AM "Certified Medication Aide" (CMA) C reported the resident had a lot of anxiety and would follow staff around and walk through the house looking for her husband. On 10/13/22 from 11:00 AM to 02:00 PM the resident walked around in the kitchen and dining room area and CMA D asked her if she wanted to go find her husband and the resident said yes. CMA D took her back to their room and within 5 minutes the resident returned to the dining room area with her husband. After eating lunch, the resident continued to walk around in the kitchen and dining room area and then go down the hall and come back. She did this multiple times throughout the day. On 10/17/22 at 11:27 AM "Licensed Nurse" B confirmed the resident did have wandering and anxious behaviors upon admission and the admission "Functional Capacity Screen" should have identified the resident wandered.	S5095		

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S5095	Continued From page 2 The operator failed to ensure designated staff completed R113's FCS to include the resident had wandering behaviors.	S5095		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(1)(2) The facility reported a census of six residents (R). The sample included three residents. Based on observation, interview and record review the operator failed to ensure staff reviewed and revised one (R114) of three resident's "Negotiated Service Agreement" at when the resident had a change in condition related to wounds and wound care. Findings Included:	S5116		

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S5116	Continued From page 3	S5116		

- Review of R114's medical record revealed the resident moved into the facility on 08/24/22 with diagnosis of hypertension and gout.

R114's "Functional Capacity Screen" dated 08/24/22 identified the resident had impaired cognition and could not manage his own medications or medical treatments.

R 114's "Negotiated Service Agreement" dated 08/24/22 identified facility staff would administer the resident's medications and medical treatments.

R114's medical record included a medical provider's order dated 09/27/22 to consult Home Health for wound care.

R114's progress notes identified "Licensed Nurse" B contacted a local Home Healthcare agency and they came to the facility on 09/29/22 and initiated care for wound management.

Observation on 10/13/22 at 02:15 PM the revealed the resident's left lower leg was slightly swollen and had an open area on his shin that was about the size of a nickel. The wound had a yellowish color and surrounding tissue was slightly red.

On 10/17/22 at 10:53 AM "Licensed Nurse" B acknowledged that had not reviewed/revised the "Negotiated Service Agreement" when the resident started on Home Health for wound care.

The operator failed to ensure designated staff reviewed and revised R114's "Negotiated Service Agreement" when he started Home Health

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S5116	Continued From page 4 services for wound care.	S5116		