Kansas Department on Aging

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B087248 | A. BUILDING: _____ B. WING _____ | 12/21/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COMFORT CARE HOMES 29TH #2 | 8629 W 29TH ST N WICHITA, KS 67205 |

| (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 |
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| S 000 | INITIAL COMMENTS<br><br>The following represent the findings of a resurvey for the above named home plus facility conducted on 12/20/22 and 12/21/22. | S 000 | | |
| S5192 SS=F | 26-42-206 (e) Food Preparation<br><br>(e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.<br>(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.<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-206(e)<br><br>The facility reported a census of 11 residents. The facility had a main kitchen where food was stored and prepared. Based on record review and interview the operator failed to provide evidence of documentation of food temperatures to ensure potentially hazardous foods were served at safe temperatures. | S5192 | | |

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

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| S5192 | Continued From page 1<br>Findings included:<br><br>- The "ComfortCare Homes Food Temperature Log" for 12/01/22 to 12/20/22 revealed food temperatures were blank from supper on 12/02/22 to supper on 12/06/22 and from breakfast on 12/08/22 to supper on 12/13/22. That was 32 out of 60 total meals that food was served without first obtaining temperatures to ensure the food was safe.<br><br>On 12/20/22 at 12:57 AM Administrative Nurse B confirmed the food temperature was missing several entries.<br><br>The operator failed to document food service temperatures to ensure potentially hazardous foods were served at safe temperatures. | S5192 | | |
| S5313 SS=E | 26-42-205 (g) (3) Over the counter medication<br><br>(g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.<br><br>This REQUIREMENT is not met as evidenced | S5313 | | |

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| S5313 | Continued From page 2<br>by:<br>KAR 26-42-205(g)(3)<br><br>The facility reported a census of 11 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package and the container, bottle, or tube if it could be removed from the original package of over-the-counter (OTC) medications.<br><br>Findings included:<br><br>- Observation on 10/27/22 at 01:10 PM revealed Administrative Nurse B unlocked and opened the medication room where the medications were stored. The room contained cabinets with boxes on shelves that were labeled the residents' (R) names. The following OTC medications were not labeled with a resident's first and last name:<br><br>One bottle of Sentry Senior vitamins<br>One bottle of 100 milligrams (mg) melatonin gummies<br>One 17.9-ounce (oz) bottle of Miralax<br>One bottle of 100 mg docusate sodium stool softener<br>One bottle of 81 mg aspirin<br>One bottle of Osteo Bi-Flex joint health tablets<br>One unopened box of Tylenol PM<br>One bottle of 20 mg esomeprazole magnesium<br><br>On 12/20/22 at approximately 01:00 PM Administrative Nurse B confirmed the OTC medications were not labeled with residents' full names. | S5313 | | |

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| S5313 | Continued From page 3<br>The operator failed to ensure all OTC medications were labeled with the residents' full names. | S5313 | | |