STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087247	A. BUILDING: _____ B. WING _____	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC 29TH #1	8631 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
S 000	INITIAL COMMENTS The following represent the findings of an initial survey for the above named Home Plus facility conducted on 01/18/23 and 01/19/23.	S 000		
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: KAR 26-42-202(h) The facility had a census of 11 residents. Three residents were included in the sample. The facility failed to ensure each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreement for two of three residents sampled (resident (R)102 and R103.) Findings included: - R102 admitted to the facility on 12/14/22 with a diagnosis of dementia. The 12/14/21 NSA revealed R102 was cognitively impaired and did not include the signature of his legal representative.	S5126		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087247	A. BUILDING: _____ B. WING _____	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC 29TH #1	8631 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
S5126	Continued From page 1 On 01/19/23 at 01:35 PM Administrative Nurse B stated the NSA was typically mailed out for the family to sign and staff tried to follow-up with the family when they came to visit or requested family mail or email it back to the facility. The 10/16/13 "Policy O01-004" documented, "The Negotiated Service Agreement will be signed by those involved in its development." The operator failed to ensure the NSA was signed by the resident's legal representative. - R103 admitted to the facility on 09/08/22 with a diagnosis of dementia. The 11/16/22 NSA revealed R103 was cognitively impaired and did not include the signature of her legal representative. On 01/19/23 at 03:55 PM Licensed Nurse (LN) A stated the NSA was sent out by regular mail and family either returned the form in person or mailed it back to the facility. LN A stated currently there was no system in place to follow-up with having the NSA signed by the DPOA. The 10/16/13 "Policy O01-004" documented, "The Negotiated Service Agreement will be signed by those involved in its development." The operator failed to ensure the NSA was signed by the resident's legal representative.	S5126		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous	S5195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087247	A. BUILDING: _____ B. WING _____	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC 29TH #1	8631 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
S5195	Continued From page 2	S5195		

compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.

(g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-206 (f)

The facility had a census of 11 residents. All 11 residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to ensure foods stored in the refrigerators were dated and labelled and the foods in the dry goods storage room were not stored on the floor.

Findings included:

- On 01/18/23 at 03:32 PM an observation of the kitchen pantry revealed the following food items stored on the floor:
Eight bottles of juice
Three bottles of cooking oil
Two bags of granulated sugar
Four boxes of Premier Protein shakes
One gallon jug of vinegar
One bag of russet potatoes.

The double-doored GE refrigerator and freezer revealed numerous containers of food and jugs of beverages not dated or labelled.

A cabinet under a counter, off the kitchen,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087247	A. BUILDING: _____ B. WING _____	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC 29TH #1	8631 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
S5195	Continued From page 3 contained dry goods like cereal including an unsealed, opened bag of what looked to be corn flakes that was not labelled or dated. The 06/10/14 "Storage of Products Policy: F02-001" documented, "Wrap, cover or seal all refrigerated foods and label the product with the preparation date ...Dry storage is appropriate for foods which are nonperishable ...these products must be protected and be stored off the floor on a sealed base, on a wheeled platform, or on shelving which is at least eight inches off the floor. According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, "Date mark foods appropriately, cover foods after completely cooled, cover foods to maintain cold holding temperature." The operator failed to ensure food items were stored under safe and sanitary conditions by failing to date and label food items in the refrigerator and failed to ensure food items in the dry goods storage room were kept off of the floor.	S5195		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately	S5265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087247	A. BUILDING: _____ B. WING _____	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC 29TH #1	8631 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
S5265	Continued From page 4 without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(a)(1) The facility reported a census of 11 residents. The sample included three residents. Based on interview and record review the operator failed to ensure one of three sampled residents (R)101's medical record contained documentation of a completed medication self-administration assessment for insulin. Findings included: -R101's medical record revealed she moved into the facility on 12/28/22 with a diagnosis of diabetes mellitus. The 01/17/23 "Negotiated Service Agreement" (NSA) documented staff administered R101's medications and home health administered his morning insulin. The NSA did not identify that R101 self-administered his insulin at times. The 01/17/23 Health Care Services Plan	S5265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087247	A. BUILDING: _____ B. WING _____	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC 29TH #1	8631 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
S5265	Continued From page 5 documented staff dialed up R101's insulin pen and reminded him of where to inject it. Order dated 01/17/23 for Insulin lispro 10 units, subcutaneous, three times daily for diabetes mellitus. Review of R101's medical records failed to locate a medication self-administration assessment completed for insulin injection. On 01/19/23 at 03:23 PM Certified Medication Aide C stated R101 self-injected his insulin on a daily basis and stated staff dialed-up the Flex-pen and handed it to R101 to self-inject. On 01/19/23 at 03:40 PM Licensed Nurse A stated she could not find a self-administration of medication assessment for the use of insulin. The operator failed to ensure a medication self-administration assessment was completed for R101's use of insulin.	S5265		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.	S5286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087247	A. BUILDING: _____ B. WING _____	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC 29TH #1	8631 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
S5286	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of 11 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101 identified the responsible person for administration and management of selected medications the facility administered. Findings included: -R101's medical record revealed she moved into the facility on 12/28/22 with a diagnosis of diabetes mellitus. The 01/17/23 "Negotiated Service Agreement" (NSA) documented staff administered R101's medications and home health administered his morning insulin. The NSA did not identify that R101 self-administered his insulin at times. The 01/17/23 Health Care Services Plan documented staff dialed up R101's insulin pen and reminded him of where to inject it. Order dated 01/17/23 for Insulin lispro 10 units, subcutaneous, three times daily for diabetes mellitus. On 01/19/23 at 03:23 PM Certified Medication Aide C stated R101self-injected his insulin on a daily basis and stated staff dialed-up the Flex-pen and handed it to R101 to self-inject.	S5286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087247	A. BUILDING: _____ B. WING _____	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC 29TH #1	8631 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
S5286	Continued From page 7 On 01/19/23 at 03:40 PM Licensed Nurse A stated that staff assistance with dialing-up of insulin and the resident self-administering insulin should be included on the NSA. The 10/16/13 "Policy: O01-004" documented the NSA should include, " ...Identification of who is providing each service." The operator failed to ensure the NSA identified the responsible person for administration and management of selected medications the facility administered concerning R101's insulin.	S5286		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The facility reported a census of 11 residents. Based on observation, record review and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included:	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087247	A. BUILDING: _____ B. WING _____	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC 29TH #1	8631 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
S5335	Continued From page 8 - Observations during initial tour on 01/18/23 revealed the following: At 03:18 PM revealed an aerosol spray can of Clorox Disinfectant Spray located in the restroom by the front entrance which had a "Keep Out of Reach of Children Warning." At 03:32 PM the lockable cabinet beneath the kitchen sink was unlocked and contained the following chemicals: One spray can of Clorox Disinfectant spray One bottle of Kroger Concentrated Bleach One bottle of Cascade Complete liquid dishwasher detergent One container of Cascade Pods One spray can of RAID flying insect spray One spray can of IND COM disinfectant spray as well as other chemicals. At 03:51 PM an unlocked laundry room directly off the kitchen had a lockable cabinet under the sink, which was unlocked, and contained the following chemicals: One spray can of CLOROX Disinfectant spray One spray bottle of RTU cleaner/degreaser One 128 fluid ounce container of Hoover Paws and Claws Deep Clean & Neutralize One gallon container of ACS Excalibur liquid laundry detergent One spray bottle of 409 Multi-Surface Cleaner Two bottles of Fabuloso Mult-Purpose Cleaner. A lockable overhead cabinet not locked contained the following chemicals: Two spray cans of CLOROX Disinfectant Spray One spray bottle of Spray N Wash Laundry Stain Remover	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087247	A. BUILDING: _____ B. WING _____	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC 29TH #1	8631 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
S5335	Continued From page 9 One spray can of SPOT SHOT instant carpet stain remover One gallon jug of ACS Excalibur Liquid Laundry Detergent One 167 fluid ounce container of Arm & Hammer Oxi Clean laundry detergent One box of Kroger brand dryer sheets There was also a bottle of Fabuloso Mult-Purpose Cleaner left on the floor of the laundry room. The 08/18/22 "Policy: LS09-001" documented, "As we serve those with cognitive impairment, it is required that all hazardous chemicals ...must remain either behind a locked door or be inaccessible to Residents unless being actively utilized by Care staff." The operator failed to ensure staff kept chemicals locked for resident safety.	S5335		