STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B019004	A. BUILDING: _____ B. WING _____	04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES OF PITTSBURG, LLC COLEI	704 LAKEVIEW DRIVE PITTSBURG, KS 66762

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Home Plus facility conducted on 04/20/23 and 04/24/23.	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 seven 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)101, R102, and R103.	S5105		

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

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S5105	Continued From page 1 Findings included: - R101's medical record revealed the resident moved into the facility on 01/02/20 with a diagnosis of Alzheimer's dementia. The 03/23/23 FCS identified R101 triggered for walking/mobility, eating, bladder incontinence, cognition, communication, falls/unsteadiness, impaired decision-making and inappropriate behavior. The 03/23/23 NSA did not address R101's walking/mobility, eating, bladder incontinence, cognition, communication, falls/unsteadiness, impaired decision-making and inappropriate behavior. On 04/24/23 at 03:35 PM Licensed Nurse (LN) B stated if something triggered on the FCS she tried to address it 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 05/16/22 with a diagnosis of atherosclerotic heart disease. The 06/13/22 FCS identified R102 triggered for bladder incontinence, cognition, communication, falls/unsteadiness, impaired decision-making and wandering. The 06/13/22 NSA did not address R102's triggers for bladder incontinence, cognition,	S5105		

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S5105	Continued From page 2 communication, falls/unsteadiness, impaired decision-making and wandering. On 04/24/23 at 03:35 PM LN B stated if something triggered on the FCS she tried to address it on the NSA. The operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS. -R103's medical record revealed the resident moved into the facility on 08/10/20 with a diagnosis of dementia. The 10/12/22 FCS identified R103 triggered for bladder incontinence, cognition, communication, and impaired decision-making. The 10/12/22 NSA did not address R103's bladder incontinence, cognition, communication, and impaired decision-making. On 04/24/23 at 03:35 PM LN B stated if something triggered on the FCS she tried to address it on the NSA. The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS.	S5105		
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 compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.	S5195		

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S5195	Continued From page 3 (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 seven residents. All seven 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 were thawed using an acceptable method according to Food Safety Guidelines. Findings included: On 04/20/23 at approximately 11:03 AM a roll of "Ground Beef" and a package of "Smithfield Roasted Garlic & Herb Pork Loin" were observed to be improperly thawing in the kitchen sink. The 06/10/14 "Storage of Products Policy: F02-001" documented, "B. Thaw frozen foods in cold water for 2 hrs or less ...C. Thaw frozen foods in microwave on dethaw ...D. Put frozen foods in the refrigerator to thaw a day or two or overnight." According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, " "Never thaw foods at room temperature." Acceptable methods of thawing frozen foods included, "During the cooking process, continuous cooking with no	S5195		

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S5195	Continued From page 4 interruption...Under refrigeration at 41 degrees or less...By microwaving as the first step in a continuous cooking process...Completely submerge in cold (70 degree F or less) running water for two hours of less." The operator failed to ensure food items were thawed under safe and sanitary conditions.	S5195		
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 seven residents. Based on interview and record review for five new employee records, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR	S5230		

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S5230	Continued From page 5 26-39-105. Findings included: - Review of five newly hired staff records revealed the following: Certified Nurse's Aide (CNA) C's employee record revealed a hire date of 02/09/23. The facility failed to ensure a TB Symptom Screen Questionnaire was completed within seven days of employment. CNA D's employee record revealed a hire date of 01/05/23. The facility failed to ensure a TB Symptom Screen Questionnaire was completed within seven days of employment. CNA E's employee record revealed a hire date of 09/27/22. The facility failed to ensure a TB screening questionnaire was completed within seven days of hire and failed to ensure the second step of the two-step TB skin test (TST) results was read and documented. CNA F's employee record revealed a hire date of 09/27/22. The facility failed to ensure a TB screening questionnaire was completed within seven days of hire. CNA G's employee record revealed a hire date of 08/08/22. The facility failed to ensure a TB screening questionnaire was completed within seven days of hires and failed to wait the required one to three weeks before the second step of the two-step TST was administered.	S5230		

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S5230	Continued From page 6 On 04/25/23 at 04:30 PM Licensed Nurse B stated they did not complete TB screening questionnaires for employees at the time of hire but completed them on an annual basis. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident and new employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of residency or employment ...If the first TST is read as not positive, a second TST shall be administered within 1-3 weeks. " 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		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (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.	S5313		

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S5313	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of seven 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 of over the counter (OTC) medications for one resident and OTC medications were labeled as PRN or STAFF. A total of eight containers of medications were not labeled. Findings included: - Observation on 04/20/23 at 11:33 AM revealed the facility's medication cart had the following over the counter medications which were not labeled with a resident's full name: Resident (R)104 had the following OTC that lacked the full name written on the packaging: One bottle of Drop of Sunshine Vitamin D3 drops. One bottle of Spring Valley Fish Oil. One bottle of Swanson C. The top drawer of the medication cart also had the following: One bottle of Equate All Day Pain Relief marked as PRN. One bottle of Equate Pain Reliever marked STAFF. One bottle of DG Health chewable aspirin with no name.	S5313		

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S5313	Continued From page 8 The medication room had the following: One bottle of Spring Valley Potassium 99 milligrams. One bottle of Spring Valley E. On 04/20/23 at 11:45 AM Certified Medication Aide G stated the unmarked medications in the medication room were not for any of the residents but could not say what they were for. A policy concerning the labelling of OTC medications was requested on 04/20/23 but no policy was provided. The operator failed to ensure all over the counter medications were labeled with the resident's full name.	S5313		
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 seven residents. Based on observation, record review and interview the operator failed to ensure staff (a)	S5335		

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S5335	Continued From page 9 secured all chemicals to maintain the safety of all residents. Findings included: - Observations during initial tour on 04/20/23 revealed the following: At 11:03 AM a 15-ounce (oz.) spray can of Brody Chemical Disinfectant Spray, and a 125 oz. bottle of Cascade Complete OXI with "Keep Out of Reach of Children" warning labels were found under the kitchen sink. The cabinet doors had child-proof latches installed but they did not work as designed and the doors opened without any problem. At 11:15 AM an observation of the salon revealed a drawer by the hair washing sink that contained 21 small bottles of nail polish which had a "Keep away from small children" warning label. The drawer also had a six fluid oz. bottle of Equate Nail polish remover with a "Keep Away from small Children" warning label. The 10/22/13 "Housekeeping Supplies and Equipment Policy: F02-001" documented, "Make sure cleaning supplies are stored in their proper area, in the supply cabinet locked, or in a secure location where residents cannot get it." The operator failed to ensure staff kept chemicals locked for resident safety.	S5335		