STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B019002	A. BUILDING: _____ B. WING _____	09/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES MILLIES' PLACE	803 LAKEVIEW DRIVE PITTSBURG, KS 66762

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 175784, 173146, and 172669, for the above named facility conducted on 09/19/23.	S 000		
S5301 SS=D	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (d)((3)(C) The facility reported a census of 7 residents. The sample included 3 "Residents'" ((R)'s 1, 2 and 3). Based on observation, interview, and record review the operator failed to ensure the "Certified Medication Aide" (CMA), administered R3's	S5301		

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

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S5301	Continued From page 1	S5301		

medications within acceptable standards of practice when the CMA failed to remain with the resident until the medication was ingested.

Findings included:

- Record review for R3 on 09/21/23 revealed an admission date of 09/19/22 with diagnoses of atrial fibrillation, anxiety, depression, and mood disorder.

Record review of R3 "Functional Capacity Screen" (FCS) dated 06/19/23, revealed R3 required physical assistance with bathing, dressing, and toileting. She required supervision with transferring, walking, and eating. She lacked the ability to manage her own medications and had incontinence daily. She had with impaired short-term memory, impaired-long term memory, impaired memory recall and impaired decision making. She was marked as a fall risk, having impaired vision, risk for wandering/elopement, crying/disruptive behavior and impaired decision making. She used no mobility device.

Record review of R3 combined "Negotiated Service Agreement" (NSA)/" Health Service Plan" (HSP) dated 06/19/23, revealed the following health services to be provided by facility staff: assist with showers, one staff to assist her with dressing, and one staff member to assist with toileting every two hours. The facility staff were to manage her medications, "staff will be patient with her, she takes her medications whole, but she takes them one at a time and you have to give them to her one at a time and make sure she swallows them down".

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S5301	Continued From page 2 Record review of R3 signed order dated 09/12/23 revealed the following order: "Medications - May crush or take whole". Observation on 09/19/23 at 09:23 AM, R3 was sitting at the dining room table with two other residents to her right side. CMA B approached R3 with a spoon that had crushed meds in what appeared to be jelly. CMA B attempted to place the spoon to R3's mouth and R3 guided her hand away. CMA B attempted three times total to have R3 take the crushed medications in R3's mouth and all three times R3 refused. CMA B then came back with a piece of white bread folded with the crushed medications spread on the bread, she handed the folded piece of bread to R3 and walked away. R3 would take a bite of the bread and lay the folded piece of bread on the table. Interview with operator A on 09/19/23 at 02:03, she confirmed that R3 had an order for crushed medications, and that the staff were to stay with her until she consumed the medications. Record review of the facility provided policy titled "Medication Management" and dated 10/22/13 stated under "5. C. Remain with the resident until the medications is ingested or applied". The operator failed to ensure the "Certified Medication Aide" (CMA), administered R3's medications within acceptable standards of practice when the CMA failed to remain with the resident until the medication was ingested.	S5301		
S5313 SS=D	26-42-205 (g) (3) Over the counter medication	S5313		

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S5313	Continued From page 3 (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. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-205 (g)(3) The facility reported a census of 7 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or a licensed nurse placed the full name of the resident on the bottles of "Over-The-Counter" (OTC) medications. Findings included: - Observation on 09/19/23 at 09:55 AM, the only medication cart is unlocked by CMA B, and the following unlabeled OTC bottles lacked the resident full name: 1 bottle of ibuprofen gel caps 200mg 1 bottle of Milk of Magnesia 1 bottle of Geri care stool softener 1 bottle of Skin Tegrity wound cleanser	S5313		

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S5313	Continued From page 4 Interview with operator A at 02:03 PM on 09/19/23 the OTC bottles are to have the resident full name in place. Review of the facility provided policy titled "Medication Management" dated 10/22/13 stated the following: "4. Over the counter medications: C. Director of Resident care - licensed nurse / registered nurse shall place the full name of the resident on both the container and package, or the pharmacy may send a label for the medication". The operator failed to ensure a licensed pharmacist, or a licensed nurse placed the full name of the resident on the bottles of "Over-The-Counter" (OTC) medications.	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: K.A.R. 28-39-437 (a) The facility reported a census of 7 residents. Based on observation and interview and record	S5335		

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S5335	Continued From page 5	S5335		

review, the operator failed to maintain the facility to protect the health and safety of the residents and the public.

Findings included:

- Observation on 09/19/23 at 09:01 AM revealed the following details during the initial facility tour:

The door to the chemical closet in the entry way was opened approximately 2 inches with the light on, in the closet were the following unsecured chemicals: 1 bottle of Clorox spray, 1 can of Wizard air freshener, 1 bottle of Clorox toilet bowel cleaner.

In the front entry way, there was a strong smell of urine, and to the left of the door on the floor sat an empty "Coca Cola" box, 1 medium white bag of trash, and 1 large empty bottle of Clorox cleaner.

In the common area inside the front entryway there is a fireplace with a white power strip freely hanging to the left side with 3 things plugged into the strip.

To the right side of the fireplace above the base board is a two-outlet electrical socket which had the right bottom corner of the plate broken off.

A bottle of dawn dish soap on the right side of the kitchen sink.

In the common bathroom in the middle of the house there was no light in the exhaust fan and the exhaust fan has no cover/globe in place. The over the sink lights had two open sockets and 2

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S5335	Continued From page 6 light bulbs in place the bulb in the far-right side blinked on and off. There was a floor vent on the west side of the bathroom that is rusted and missing several pieces. The open part of the grate measured 4 inches by 4 inches. The common bathroom in the northwest section of the house bathroom sink plug is broken in the down position, water will not drain out of the sink. Interview on 09/19/23 at 02:03 PM she confirmed the chemicals were to be secured, and was unaware of the missing light bulbs an exhaust fan globe/cover, the broken plunger in the sink, and the broken electrical socket cover. Record review of the facility provided policy titled "House Keeping Supplies and Equipement" dated 05/01/23 revealed the following: "5. Make sure all supplies are stored in proper area, in the supply cabinet locked, or in a secure location where residents cannot have access to it". The operator failed to maintain the facility to protect the health and safety of the residents and the public.	S5335		