STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087095	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC #441	441 S MORNINGSIDE STREET WICHITA, KS 67218

(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 Re-Licensure survey with complaint investigations 173742 and 178672 for the above named Home Plus facility conducted on 09/26/23 and 09/27/23.	S 000		
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) The facility reported a census of six residents (R). The sample included three residents and one focused record review. Based on observation interview and record review, the operator failed to ensure the review and if necessary, the revision of the negotiated service agreement for one (R3) of three sampled residents when he experienced a significant	S5116		

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

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S5116	Continued From page 1	S5116		

change and became at risk for elopement.

Findings Included:

Review of R3's record revealed he moved into the facility on 02/08/23 with a diagnosis of dementia.

R3's "Functional Capacity Screen" dated 02/08/23 revealed the resident was independent with transfers and mobility and had impaired communication. He did not have any wandering or inappropriate behaviors.

R3's "Negotiated Service Agreement" (NSA) dated 02/08/23 revealed the resident was alert and recognized family, required time to process thoughts and may forget what was said after a short time. It identified R3 could make basic decisions for wants and needs and could answer yes, no questions.

R3's "Health Care Services" plan included the following: 0n 03/07/23 staff to do frequent checks and alarms on windows in his room.

Review of R3's medical record revealed that on 03/05/23 between 08:30 PM and 09:00 PM the resident pushed the screen out of his window and crawled out the window and left the facility. The resident was found at 09:07 PM two blocks from the facility.

Observation on 09/26/23 at 12:55 PM R3 got up from the table and walked back to his room independently without the use of an assistive device.

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S5116	Continued From page 2 Observation on 09/26/23 at 12:27 PM the resident's room had two windows. The window beside his bed was shut but did not have a storm window or screen on it. The window on the other side of the room was shut and the storm window remained on the window with a screen, and it was also shut. Surveyor did not see any alarms on the windows. On 09/26/23 at 01:00 PM the resident sat in his recliner in his room. The resident did not verbally respond to surveyor after introduction but did motion his arm across his body abruptly with his index finger pointing in one direction. When asked if that meant he wanted out and to go home, he nodded his head yes. On 09/26/23 at 12:32 PM Administrative Staff A reported they have put multiple different alarms on the window and the resident would break them and even flushed one down the toilet. She also stated they had worked with the fire department regarding what could be done with the window as far as whether not being able to open it or only open so far. On 09/27/23 at 10:40 AM Administrative staff A acknowledged that the NSA should have been reviewed and an addendum completed to include services related to elopement risk after he eloped. The operator failed to ensure designated staff reviewed and revised R3's NSA after having an elopement from the facility.	S5116		
S5230 SS=D	26-42-207 (b)(5)(6) (c) Infection Control Policies	S5230		

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S5230	Continued From page 3 (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: K.A.R 26-42-207(c) The facility reported a census of six residents (R). The sample included three residents and one focused record review, and review of five newly hired employee files. Based on interview and record review for one (R5) of three sampled residents the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of R3's medical record revealed the resident moved into the facility on 02/08/23 with a diagnosis of dementia. Review of his record included a TB symptom	S5230		

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S5230	Continued From page 4 screen completed on 02/03/23 but did not have record of receiving a two-step TB skin test or having an Interferon Gamma Release Assay (blood test) done. The record lacked documentation of any reasons why the resident had not received TB testing as required. It also lacked physician notification that the resident had not received TB testing. On 09/27/23 at 10:35 AM Administrative Staff A reported they had attempted to give the resident a TB skin test but there is no way he was going to allow us to do that. He has refused any labs that were ordered and when we had taken him to the hospital for x-rays, security had to come out and help us. She acknowledged the record lacked documentation of his refusals and physician notification of the resident's refusal for TB testing. Review of the "Tuberculosis Guidelines for Adult Care Homes" dated June 2013 revealed: Each new resident shall receive a two-step tuberculosis skin test (TST) or Interferon Gamma Release Assay testing within seven days of residency. For one of three sampled residents the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		