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 _____	11/07/2023

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
S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure survey with complaint investigations 180631 and 183760 for the above named Home Plus Facility conducted on 11/06/23 and 11/07/23.	S 000		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of eight residents (R). The sample included three residents and one focused record review. Based on observation, interview, and record review the operator failed to ensure designated staff completed one (R3) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability related to behaviors Findings Included: - Review of R3's medical record revealed she moved into the facility on 12/16/22 with diagnoses of Alzheimer's and depression.	S5095		

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

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S5095	Continued From page 1 R3's "Functional Capacity Screen" dated 12/16/22 failed to identify the resident had inappropriate behaviors. R3's "Health Care Service Plan" identified the resident had behaviors of yelling, verbally abusive, and wandering with a risk for elopement. R3's Nursing progress notes from admission to current included multiple entries of the resident being combative with staff, attempting to bit and kick them. It included documentation of her ripping notices off the wall and taking things out of other resident's rooms. On 11/07/23 at 12:07 AM Administrative Nurse B reviewed the resident's record and acknowledged Inappropriate/disruptive behaviors should have been identified on the FCS as a current/recent problem. The operator failed to ensure designated staff completed R3's "Functional Capacity Screen" accurately regarding her behaviors.	S5095		
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	S5126		

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S5126	Continued From page 2 by: KAR 26-42-202 (h) The facility reported a census of 12 residents(R). The sample included three residents and one focused record review. Based on interview and record review for two (R3 and R5) of three sampled residents, the operator failed to ensure that everyone involved in the development of the negotiated service agreement signed the agreement. Findings included: - Review of R3's medical record revealed she moved into the facility on 12/16/22 with diagnoses of Alzheimer's and depression. . R3's "Functional Capacity Screen" (FCS) dated 12/16/22 identified the resident had wandering behaviors. R3's "Negotiated Service Agreement" (NSA) dated 12/16/22 included that she liked to walk around and liked to go outside. R3's "Health Care Service Plan" dated 12/16/22 identified the resident was at risk for elopement and for staff to redirect as needed. R3's record also included an Addendum to the NSA dated 08/14/23 for staff to perform 30-minute visual checks due to elopement risk. The addendum to the "Negotiated Service Agreement was signed by facility licensed nurse but was not signed by the resident's legal representative.	S5126		

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S5126	Continued From page 3 11/07/23 at 12:08 PM Administrative Nurse B acknowledged the NSA and any addendums needed to be signed by the licensed nurse and the resident's legal representative. The operator failed to ensure all who participated in the development of the Amended NSA signed it. - Review of R5's medical record revealed he moved into the facility on 10/10/23 with diagnoses of dementia. R5's "Functional Capacity Screen" dated 10/10/23 identified he needed physical assistance toileting, supervision with other activities of daily living, was unable to manage his medications and medical treatments, had bladder incontinence and impaired cognition. R5's "Negotiated Service Agreement" (NSA) is dated 10/10/23 included the signature of the licensed nurse but failed to include the signature of the resident's legal representative. On 11/06/23 at 02:15 PM Licensed Nurse C reported the resident's legal representative had not signed the "Negotiated Service Agreement" yet because they keep missing each other. Licensed Nurse C acknowledged it should be signed upon completion. The operator failed to ensure all who participated in the development of the NSA signed it upon completion.	S5126		
S5230 SS=E	26-42-207 (b)(5)(6) (c) Infection Control Policies	S5230		

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S5230	Continued From page 4 (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 12 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 two (R4 and 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 R4's medical record revealed she moved into the facility on 11/18/20 with diagnosis of dementia.	S5230		

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S5230	Continued From page 5 Review of R4's annual TB symptom screen revealed it was last completed on 03/09/22. On 11/07/23 at 03:35 PM Licensed Nurse C looked through R4's record and acknowledged the last annual TB symptom screen was done on 03/09/22 and it should be done annually. Review of the TB guidelines for adult care homes June 2013 revealed each resident shall have an annual TB symptom screen. The operator failed to ensure designated staff completed R4's TB symptom screen annually. - Review of R5's medical record revealed he moved into the facility on 10/10/23 with diagnoses of dementia. Review of R5's two-step TB skin test identified the results of both tests were negative but did not include the induration at the injection site. Review of the TB guidelines for adult care homes June 2013 revealed documentation in the residents record for a Two-Step TB skin test (TST) needed to include "results of each TST in millimeters (mm) of induration". The operator failed to ensure designated staff completed R5's TB skin tests to include the required information according to TB guidelines.	S5230		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including	S5251		

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S5251	Continued From page 6 the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of 12 residents (R). The sample included three residents and one focused record review. . Based on interview and record review the operator failed to ensure the medical record contained documentation of all incidents, symptoms, and other indications of illness or injury including the action taken, and results of the action for two (R4 and R5) of three sampled residents. Findings included: - Review of R4's medical record revealed she moved into the facility on 11/18/20 with diagnosis of dementia. R4's "Functional Capacity Screen" dated 11/23/22 revealed the resident required physical assistance with bathing, dressing, toileting, and was unable to manage her medications and medical treatments. It identified she had impaired cognition, bladder incontinence and impaired vision. R4's "Negotiated Service Agreement dated 11/23/22 included information for certified staff providing assistance with activities of daily living and qualified staff to administer all medications.	S5251		

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S5251	Continued From page 7 Review of R4's electronic "notes" revealed the following documentation: 01/13/23 -which resulted in no obvious injuries. The record revealed an x-ray was obtained due to complaints of pain to right hip area but failed to include follow up on the resident's hip pain. 05/18/23 - resident had an unwitnessed fall with no obvious injuries but record lacked documentation of follow up for possible latent injuries. 06/25/23 - resident yelling at other residents, had not urinated today, has burning while urinating and lower back pain. Nurse awaiting signed order for urinary analysis collection. The record failed to include information if the UA was obtained and the results as well as following up on symptoms of not urinating and yelling, lower back pain and burning when urinating. 07/03/23 - New orders for Seroquel (antipsychotic) for agitation/psychosis. The resident record lacked documentation of any symptoms of agitation except for one day on 06/25/23. There is no documentation of any other symptoms of psychosis to indicate need for an antipsychotic medication and no follow up for the effectiveness of the medications. 10/14/23 - Resident continues fall follow-up, no injuries observed. The record lacked documentation of the fall when it initially occurred. An interview on 11/07/23 at 03:29 PM with Administrative Nurse B and Licensed Nurse C and both acknowledged staff were supposed to follow up for 72 hours after a fall and should have included the resident's behaviors prior to starting the Seroquel and follow up on its effectiveness.	S5251		

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S5251	Continued From page 8 The operator failed to ensure staff documented all symptoms of illness, incidents including what was done and its effectiveness. - Review of R5's medical record revealed he moved into the facility on 10/10/23 with diagnoses of dementia. R5's "Functional Capacity Screen" dated 10/10/23 identified he needed physical assistance toileting, supervision with other activities of daily living, was unable to manage his medications and medical treatments, had bladder incontinence and impaired cognition. R5's "Negotiated Service Agreement" (NSA) is dated 10/10/23 included the signature of the licensed nurse but failed to include the signature of the resident's legal representative. Review of R5's electronic "notes" revealed on 10/18/23 the medical provider orders lubricating eye drops for R5 due to having redness and swelling in his eyes. The record lacked follow up of the effectiveness of the eye drops. On 11/7/23 at 01:40 PM Licensed Nurse C acknowledged the record lacked follow up as to the effectiveness of the eye drops. The operator failed to ensure designated staff followed up on the initiation of eye drops for redness and swollen eyes.	S5251		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication	S5313		

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S5313	Continued From page 9 (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: KAR 26-42-205(g)(3) The facility reported a census of 12 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 each package and/or bottle of over-the-counter medications. Findings included: - On 11/06/23 at 11:07 AM Certified Medication Aide D unlocked the medication room and cabinets for inspection. Observation revealed the following over-the-counter medications that did not have the resident's full name written on the package and/or the tube/bottle of medication: a container of pain relieving foot cream; box of Coloplast (wound cream) with a tube in it and two	S5313		

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S5313	Continued From page 10 additional tubes without a name on them; Calazime cream,; bottle of Vitamin D3, box with a bottle of Systane eye drops; bottle of Aspirin, and a bottle of Bio Salud (probiotic drink) in the refrigerator without a resident's name on it. On 11/06/23 at 11:10 AM Certified Medication Aide D acknowledged residents full name needed to be on all over-the-counter medications. On 11/06/23 at 03:55 PM Administrative Nurse B acknowledged the resident's full name needed to be on all over-the-counter medications. The operator failed to ensure each over-the-counter medication package and the medication container included the residents' full name.	S5313		