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 _____	C 12/13/2023

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

(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 complaint investigation 184399 at the above named Home Plus conducted on 12/12/23 and 12/13/23.	S 000		
S5026 SS=J	26-42-101 (f) (1) Staff Treatment of residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(f)(1)(B) The facility reported a census of six residents. Based on observation, interview, and record review the operator failed to ensure Resident (R)101 was not subjected to neglect when R101 exited the building without staff knowledge. This resulted in cognitively impaired R101 exiting the facility and being unaccounted for by staff for approximately 53 minutes until local law enforcement located her approximately 0.1 miles from the facility on the street South of the facility. This placed R101 in Immediate Jeopardy. Findings included:	S5026		

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

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- R101's medical record revealed the resident moved into the facility on 09/16/22 with a diagnosis dementia.

R101's "Functional Capacity Screen" (FCS) dated 06/09/23 revealed she was independent with transfers and mobility without the use of an assistive device and had a cognitive score of four, indicating she was severely cognitively impaired.

R101's "Negotiated Service Agreement" (NSA) dated 06/09/23 revealed she was at risk for elopement and was an exit seeker.

Review of R101's medical record revealed the following:

An 11/26/23 "Nurses Note" documented R101 eloped from the facility at 01:30 PM when she exited through the west emergency exit. Camera footage revealed R101 walked around the front of the house and followed a gentleman with a dog walking down the road. Camera footage revealed staff came outside and looked around the area. A neighbor one block south of the home stated they witnessed R101 outside. Local law enforcement called the facility to let them know R101 was okay and at the hospital emergency room.

Observation on 12/12/23 at 10:00 AM revealed the west exit door required a keypad code in order to unlock it. This door was also an emergency exit and had a 15-second egress alarm. The door was difficult to open.. When the

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door opened there was a soft chime that lasted approximately one to two seconds. All other exit doors accessible by the residents sounded with the same soft chime indistinguishable from the emergency exit door. The facility was in a residential area, the street was paved with asphalt and there were no sidewalks. The posted speed limit was 30 miles per hour with minimal traffic.

Weather conditions at the time of the elopement as verified on https://www.wunderground.com/ revealed it was daytime outside with no precipitation and a temperature of 38 degrees Fahrenheit. R101 had on jeans, a t-shirt with a sweatshirt over it, socks, and tennis shoes.

On 12/12/23 at 11:48 AM Certified Nurse Aide (CNA) C stated R101 was an elopement risk and had been known to exit seek at all three of the exits accessible to residents. CNA C stated she was cleaning the kitchen after lunch between 01:00 PM and 01:30 PM when she realized she had not seen R101 for a while. CNA C went to check to see if R101 was in her room but could not find her. CNA C stated the West emergency door was closed but may have not been completely latched.

On 12/12/23 at 10:09 AM Licensed Nurse (LN) A stated R101 was independent with transfers and ambulation and did not use an assistive device. LN A stated R101 was at risk for elopement and had previously eloped on 11/03/22. LN A stated R101 would exit seek after her family left from visiting her. LN A stated R101 exited the facility at 01:30 PM and followed a gentleman walking his dog and headed east along the street. LN A

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stated staff noticed R101 was no longer sitting on the couch in the front TV room. She could not find R101 anywhere in the house and found the west door was left open. CNA staff checked the house to see if all of the residents were accounted for, then called the CMA at the facility across the street. One staff member walked around the facility and looked around the lake located north of the facility while the other staff started calling administrative staff. Staff went door to door through the neighborhood looking for R101. Staff were notified at 02:23 PM that R101 was found by local law enforcement in front of a neighbor's home one block south of the facility and was taken to the local emergency room.

The operator failed to ensure R101 was not subjected to neglect when the operator failed to ensure the West emergency exit door had an adequate alarm to notify staff when it was opened. This resulted in cognitively impaired R101 exiting the facility without staff knowledge and being unaccounted for approximately 53 minutes.

On 12/12/23 at 04:05 PM LN A and Administrative Staff B were informed of the findings which resulted in immediate jeopardy for a cognitively impaired resident exiting the facility unaccompanied by staff and the failure of staff to ensure the west emergency exit door had an adequately loud alarm in place to notify staff when a resident exited the building without staff being aware.

Administrative Staff B submitted an abatement plan which included the following:

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S5026	Continued From page 4 A.) On 11/26/23 15-minute visual checks were initiated upon arrival of the resident to the facility. B.) On 11/27/2023 a floor pressure alarm was placed in front of West emergency exit. C.) On 11/27/23 staff called the alarm vendor to request them to check the security system and upgrade the West door with a louder alarm. D.) On 11/27/2023 staff redirected the exterior security camera from Collen's Cottage across the street to view the emergency exit and the front yard at Millie's Place. E.) On 11/29/2023 a staff in-service was held to review the elopement incident and review the proper procedures in reference to elopements. F.) Staff will continue to do monthly checks on the emergency doors. The immediate jeopardy was abated on 12/13/23 at 10:19 AM based on the facility's plan of correction and approved by the department.	S5026		