STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087125	A. BUILDING: _____ B. WING _____	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC #641	641 N BROADMOOR AVENUE WICHITA, KS 67206

(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 the licensure resurvey for the above named facility conducted on 04/02/24 and 04/03/24.	S 000		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-206 (e) The facility reported a census of 8 residents. Based on observation, interview, and record review the Operator failed to ensure the facility staff served residents food at the proper temperature. Findings included:	S5192		

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

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S5192	Continued From page 1 - Record review on 04/03/24 of the facility provided document titled "Food Temperature Log" dated for February 2024 revealed the following dates and mealtimes that lacked entries for food temperatures being obtained prior to serving the residents the food: 02/03/24 lacked entries for "Breakfast", "Dinner", and "Supper" 02/04/24 lacked entries for "Breakfast", "Dinner" and "Supper" 02/05/24 lacked entries for "Breakfast" and "Dinner" 02/07/24 lacked entries for "Breakfast" and "Dinner" 02/09/24 lacked an entry for "Supper" 02/10/24 lacked entries for "Breakfast" and "Dinner" 02/12/24 lacked entries for "Breakfast" and "Dinner" 02/14/24 lacked an entry for "Supper" 02/17/24 for "Breakfast" the entry was handwritten for "waffles", and the document lacked an entry for "Supper" 02/18/24 lacked and entry for "Breakfast" and "Supper" 02/19/24 lacked an entry for "Breakfast" 02/23/24 lacked an entry for "Supper" 02/26/24 lacked an entry for "Breakfast" and "Dinner", and the entry for "Supper" hand written "Cold Dinner" 02/29/24 lacked an entry for "Breakfast" There was not a record for March of 2024. Record review of the facility provided document titled "Food Temperature Log" dated for April	S5192		

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S5192	Continued From page 2 2024 revealed the following dates and mealtimes that lacked entries for food temperatures being obtained prior to serving the residents the food: 04/01/24 lacked entries for "Breakfast" and "Dinner" Observation on 04/03/24 at approximately 09:20 AM on the glass top stove that was in the off position, there were three plates with waffles that had been cut into small bites with syrup and sliced bananas. There were two waffles in the toaster that had been toasted. There was one resident at the table. Residents were eating at approximately 09:45 AM. Interview with Licensed Nurse A confirmed the resident's food should be at the proper temperature prior to serving the residents, and the food temperature log for March 2024 could not be found. She stated facility staff reported finding prior food temperature logs in one resident's room who is cognitively impaired. The Operator failed to ensure the facility staff served residents food at the proper temperature.	S5192		
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	S5230		

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S5230	Continued From page 3	S5230		

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 8 residents. The sample included 3 "Residents" (R)'s, and 5 newly hired employees. Based on record review and interview, the Operator failed to ensure the home's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired activities staff B, and "Certified Nurse Aide" (CNA) C.

Findings included:

- Record review on 04/02/23 for newly hired activities staff B revealed she began employment on 02/12/24. The personnel record lacked documentation of the required two step TB test being performed within seven days of employment.

Review of newly hired CNA C revealed a rehire date of 12/11/23. The personnel record contained a document titled "Certification of Tuberculin Test". The implant date for the first step of the required two step test was 08/01/22 and was read negative on 08/03/22. The implant

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S5230	Continued From page 4 date for the second step of the required two step test was on 08/22/22 and was read negative on 08/24/22. The personnel record further contained a document titled "Tuberculosis Symptom Review Questionnaire" and was signed on 10/10/23. Interview on 04/03/24 at approximately 10:15 AM confirmed newly hired activities staff B personnel record lacked documentation of the required two step TB test being performed within seven days of employment. She confirmed CNA C's personnel record lacked documentation of receiving the required two step TB test six months prior to employment that read not positive, and she further confirmed CNA C's personnel record lacked the required TB symptom screen within seven days of rehire. The Operator failed to ensure the home's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired activities staff B, and CNA C.	S5230		