STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087206	A. BUILDING: _____ B. WING _____	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC #219	219 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 represent the findings of a resurvey for the above named home plus conducted on 03/10/25 and 03/11/25.	S 000		
S5105 SS=D	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1) The facility reported a census of 10 residents with three included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R) 5 described the services she received based on her "Functional Capacity Screen" (FCS) for eating and cognition.	S5105		

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

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S5105	Continued From page 1 Findings included: - Record review for R4 revealed an admission date of 05/22/24 with a diagnosis of Alzheimer's Dementia. The 05/21/24 "FCS" identified R4 required physical assistance with eating and had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties. The 05/22/24 "NSA" failed to describe the services R4 received for eating and cognitive difficulties. On 03/11/25 at 10:16 AM Administrative Staff A confirmed R4's "NSA" failed to describe the services she received for eating and cognitive difficulties based on her "FCS." The 10/16/13 facility's "Resident Evaluations" policy documented residents' "NSA's" would provide a description of the services provided. The operator failed to ensure the "NSA" for R4 described the services she received based on her "FCS."	S5105		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this	S5286		

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S5286	Continued From page 2 service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of 10 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 5's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration of select medications. Findings included: - Record review for R5 revealed an admission date of 04/30/24 with a diagnosis of and type two diabetes mellitus. The 04/26/24 "Functional Capacity Screen" (FCS) identified R5 was unable to perform management of medications. The 04/26/24 "NSA" identified facility qualified staff provided assistance with administration of all prescription and over the counter medications. The 04/26/24 "NSA" failed to identify who was responsible for the administration of insulin. On 03/10/25 at 03:29 PM Administrative Nurse B	S5286		

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S5286	Continued From page 3 stated R5 self-administered his own insulin after the Certified Medication Aide (CMA) dialed the dose. The 12/14/16 facility's "Resident Medication Self-Administration" policy documented a resident may self-administer some medications and request staff to administer some medications. The "NSA" should identify those medications the resident requested staff to administer. The operator failed to ensure R5's "NSA" identified who was responsible for administration of select medications.	S5286		