Kansas Department on Aging

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 _____	09/10/2025

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 the licensure resurvey for the above named facility conducted on 09/09/25 and 09/10/25.	S 000		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: K.A.R.26-42-201 (a) The facility reported a census of 8 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Operator failed to ensure a screening was performed that determined R2's functional capacity prior to or at the time of admission to the home.	S5080		

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

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S5080	Continued From page 1 Findings included: - Record review for R2 revealed an admission date of 09/06/25 with diagnoses of unspecified dementia, Parkinson's disease, cerebellar stroke syndrome, essential hypertension, unspecified combined systolic and diastolic heart failure, pain in the right hip, unspecified kyphosis, spondylolisthesis cervical region, chest pain and other specified symptoms and signs involving the circulatory and respiratory system. Review of R2's "Functional Capacity Screen" (FCS) dated 09/08/25 revealed R2 required supervision with bathing and dressing, R2 was independent with toileting, transferring, walking, and eating. R2 lacked the ability to manage his own medications and was occasionally incontinent. R2 had impaired short-term memory, memory/recall and decision making. R2 was usually able to make himself understood and he usually understood others. R2 was documented at risk for falls, and impaired decision making. R2 used a cane, walker or wheelchair mobility device. Review of R2's combined and unsigned "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) dated 09/08/25 instructed facility staff to provide supervision with bathing, dressing, and toileting. Facility staff would administer R2's medications. Interview on 09/10/25 with Operator A and "Licensed Nurse (LN) B confirmed R2 admitted to the facility on 09/06/25 and R2's FCS was	S5080		

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S5080	Continued From page 2 dated 09/08/25. The Operator failed to ensure a screening was performed that determined R2's functional capacity prior to or at the time of admission to the home.	S5080		
S5115 SS=D	26-42-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: K.A.R.26-42-202 (c) The facility reported a census of 8 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Operator failed to ensure the development of a an initial "Negotiated Service Agreement" (NSA) at R2's admission to the home. Findings included: - Record review for R2 revealed an admission date of 09/06/25 with diagnoses of unspecified dementia, Parkinson's disease, cerebellar stroke syndrome, essential hypertension, unspecified combined systolic and diastolic heart failure, pain in the right hip, unspecified kyphosis, spondylolisthesis cervical region, chest pain and other specified symptoms and signs involving the circulatory and respiratory system.	S5115		

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S5115	Continued From page 3 Review of R2's "Functional Capacity Screen" (FCS) dated 09/08/25 revealed R2 required supervision with bathing and dressing, R2 was independent with toileting, transferring, walking, and eating. R2 lacked the ability to manage his own medications and was occasionally incontinent. R2 had impaired short-term memory, memory/recall and decision making. R2 was usually able to make himself understood and he usually understood others. R2 was documented at risk for falls, and impaired decision making. R2 used a cane, walker or wheelchair mobility device. Review of R2's combined and unsigned NSA / "Health Service Plan" (HSP) dated 09/08/25 instructed facility staff to provide supervision with bathing, dressing, and toileting. Facility staff would administer R2's medications. Interview on 09/10/25 with Operator A and "Licensed Nurse (LN) B confirmed R2 admitted to the facility on 09/06/25 and R2's NSA was dated 09/08/25. The Operator failed to ensure the development of a an initial "Negotiated Service Agreement" (NSA) at R2's admission to the home.	S5115		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (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	S5313		

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S5313	Continued From page 4 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: K.A.R.26-42-205 (g) (3) The facility reported a census of 8 residents. Based on observation and interview the Operator failed to ensure a "Licensed Nurse" (LN) or a Licensed Pharmacist placed the full name of the resident on the bottles of "Over-the-Counter" (OTC) Medications. Findings included: - Observation on 09/09/25 at approximately 02:45 PM of the facility medication cart located in the back southeast hallway of the home revealed the following OTC medication bottles that lacked the full name of the resident: 1 bottle of Natral Melatonin 3 milligrams 1 bottle of Nature Bounty Melatonin 3 milligrams 1 bottle of Equate Arthritis Pain relief tablets 1 bottle of Spring Valley Magnesium 400 milligrams 1 bottle of Dulcolax 100 milligrams 2 bottles of Preservision Areds multivitamin 1 bottle of Gentle Lax 5 milligram	S5313		

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S5313	Continued From page 5 1 bottle of Naproxen All day Pain relief 220 milligrams 1 bottle of Calcitonin nasal spray 1 bottle of Geri Care Milk of Magnesia Interview on 09/09/25 at approximately 02:45 PM with Operator A confirmed the bottles of OTC medications lacked the full name of the residents. The Operator failed to ensure a LN or a Licensed Pharmacist placed the full name of the resident on the bottles of OTC Medications.	S5313		