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 _____	02/11/2026

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 citation represents the findings of an abbreviated survey for complaint # 197953 of the above named facility conducted on 02/11/26.	S 000		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-204 (a) The facility reported a census of 9 residents. The sample included 2 "Residents'" (R). Based on observation, interview, and record review, the Operator failed to ensure the "Licensed Nurse" (LN) provided the provision of necessary health care services that met the needs of each resident and was in accordance with the "Functional Capacity Screen" (FCS) and the "Negotiated Service Agreement" (NSA) for R1. Findings included: - Record review for R1 revealed an admission date of 04/21/25 with diagnoses of insomnia,	S5155		

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

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S5155	Continued From page 1 major depressive disorder, impulse disorder, other sexual disorders, cognitive communication deficit, other lack of coordination, aphasia, other specified problems related to psychosocial circumstances, dysphagia, unspecified dementia, and anoxic brain damage. Review of R1's FCS dated 04/04/25 revealed R1 required supervision with bathing and eating. R1 required physical assistance with dressing and toileting. R1 was independent with transferring and walking. R1 lacked the ability to manage his own medications and was incontinent. R1 had impaired short-term memory, long-term memory, memory/recall, and decision making. R1 was rarely or never able to make himself understood and he sometimes understood others. R1 was identified to be at risk for wandering, socially inappropriate behavior, and impaired decision making. R1 used not mobility device. Review of R1's combined NSA/"Health Service Plan" (HSP) dated 04/07/25 identified the facility staff would provide a one person physical assistance for bathing, dressing, and toileting. Under the section titled "Walking/Mobility/Ambulation" "B. Wandering" it was typed "The resident has a history of wandering in and out of rooms and pacing with appearance of being lost". Under the Section titled "Behavior Management", R1 was identified to have the following behaviors: Sundowning, depression and confusion, and Public sexual behavior." Next to "Public Sexual Behavior" it was typed R1 had a history of inappropriate grabbing of self and female staff. R1's combined NSA/HSP lacked health care	S5155		

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S5155	Continued From page 2 services for R1 for wandering, sundowning, depression, confusion, and inappropriate grabbing of self and female staff. Observation on 02/12/26 of R1 in the common dining area of the facility at 02:25 PM R1 came and stood by the surveyor, and he reached out and touched the surveyor under the chin and walked away. R1 was observed wandering throughout the common area among the other residents of the home and R1 was not observed touching other residents. One observation R1 reached for another residents sandwich and R1 was immediately redirected by staff. Interview on 02/12/26 with Operator A and LN B confirmed R1's NSA lacked health care services addressing R1's inappropriate grabbing of female staff. The Operator failed to ensure the LN provided the provision of necessary health care services that met the needs of each resident and was in accordance with the FCS and the NSA for R1.	S5155		