STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087237	A. BUILDING: _____ B. WING _____	12/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIFIED CARE HOME INC	5705 E ROCKHILL WICHITA, KS 67208

(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 12/05/22.	S 000		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1) The facility reported a census of seven residents.	S5258		

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

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S5258	Continued From page 1 Based on interview and record review the operator failed to ensure evidence of certification for five sampled staff was completed upon hire. Findings included: - Record review for five employees revealed the following: Certified Medication Aide (CMA) C's employee record revealed a hire date of 04/05/22. The employee record lacked evidence the registry was contacted to check certification status. CMA B's employee record revealed a hire date of 06/10/21. The employee record lacked a date the registry was contacted to check certification status. CMA D's employee record revealed a hire date of 09/28/22. The employee record lacked a date the registry was contacted to check certification status. Certified Nurse Aide (CNA) E's employee record revealed a hire date of 04/04/22. The employee record lacked a date the registry was contacted to check certification status. CNA F's employee record revealed a hire date of 05/11/21. The employee record lacked a date the registry was contacted to check certification status. On 12/05/22 at 01:06 PM Administrative Staff A confirmed CMA B and D's and CNA E and F's records lacked dates the registry was checked.	S5258		

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S5258	Continued From page 2 On 12/05/22 at 01:19 PM Administrative Staff A confirmed CMA C's record lacked evidence the registry was contacted to check certification status. The operator failed to ensure evidence of certification for CMA B, C, and D and CNA E and F was completed upon hire.	S5258		