STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087246	A. BUILDING: _____ B. WING _____	03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT AND LOVE WICHITA, LLC	2062 N GARNETT ST 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 with attached complaint numbers 179788 and 176006, for the above named facility conducted on 03/21/24 and 03/25/24.	S 000		
S 140 SS=E	26-39-103 (i) Resident Right Privacy and Confidentiality (i) Privacy and confidentiality. The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records. (1) The administrator or operator shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. (2) The administrator or operator shall ensure that the personal and clinical records of the resident are maintained in a confidential manner. (3) The administrator or operator shall ensure that a release signed by the resident or the resident's legal representative is obtained before records are released to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law. This STANDARD is not met as evidenced by: K.A.R. 26-39-103 (i) (2) The facility reported a census of 11 residents. Based on observation and interview the Operator	S 140		

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

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S 140	Continued From page 1 failed to ensure all residents rights were protected when the Operator failed to ensure the outside provider resident records for R1, R2, R3 and R4, were maintained and stored in a confidential manner. Findings included: Observation on 03/21/24 at approximately 09:40 AM of the front desk area in the entryway there was an overhead cabinet that opened freely and contained home health and hospice books. R1 had one book on the shelf, R2 had two books on the shelf from different home health and hospice providers, and R3 had a book on the shelf and did not appear on the resident roster. On the desk sat a book from an outside provider for R4, with a sticker that had his name and social security number printed on the front of the binder. Interview on 03/21/25 at approximately 04:00 PM with Operator C and Licensed Nurse B confirmed all medical records should be stored securely. The Operator failed to ensure the outside provider resident records for R1, R2, R3 and R4, were maintained and stored in a confidential manner.	S 140		
S5313 SS=F	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	S5313		

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S5313	Continued From page 2 package. If the original manufacturer ' s package 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 11 residents. Based on observation and interview the operator failed to ensure the Licensed Pharmacist or the "Licensed Nurse" (LN) placed the full name of the resident on the bottles of "Over the Counter" (OTC) medications. Findings included: - Observation on 03/21/24 at approximately 09:20 AM, "Certified Medication Aide" (CMA) A unlocked the medication cart located in the medication room, and in the second drawer down were the following unlabeled OTC bottles: 1 bottle of Centrum Silver Women's 50+ Vitamins caplets. 1 bottle of PS 100 (a supplement for brain health) 100 milligrams capsules 1 bottle of Kirkland Vitamin B12 5000 micrograms capsules 1 bottle of Natures Bounty Vitamin D3 125	S5313		

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S5313	Continued From page 3 micrograms capsules 1 bottle of Equate Pain Reliever 500 milligrams caplets. Interview on 03/21/24 with CMA A confirmed the OTC bottles lacked the full names of the residents they were for. Review of the undated six-page facility policy titled "Medication Management" revealed the following: the pages lacked page numbers. On one page number three stated "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." The operator failed to ensure the Licensed Pharmacist or the LN placed the full name of the resident on five OTC bottles located in the facility medication cart.	S5313		