STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087042	A. BUILDING: _____ B. WING _____	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF WICHITA	12221 W MAPLE ST WICHITA, KS 67235

(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 186467, 185942, 185352, 18101, and 177717, for the above named facility conducted on 03/18/24 and 03/19/24.	S 000		
S3045 SS=E	26-41-101 (j) Emergency Telephone (j) Emergency telephone. Each administrator or operator shall ensure that the residents and employees have access to a telephone for emergency use at no cost. The administrator or operator shall ensure that the names and telephone numbers of persons or places commonly required in emergencies are posted adjacent to this telephone. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-101 (j) The facility reported a census of 42 residents. Based on observation and interview the Operator failed to ensure that the names and telephone numbers of persons or places commonly required in emergencies was posted adjacent to the telephone provided for staff and residents to use in case of an emergency. Findings included: - Observation on 03/18/24 at approximately 10:30 AM in the private dining area in the assisted living area of the building, a cordless telephone sat on the charging base on a cabinet	S3045		

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

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S3045	Continued From page 1 that sat against the southeast corner of the room. The walls and top of the cabinet lacked a list of emergency numbers posted adjacent to the telephone. Interview on 03/19/23 at approximately 05:40 PM with Executive Director A, Licensed Nurse B, and Resource Licensed Nurse D confirmed the names and telephone numbers of persons or places commonly required in emergencies was not posted adjacent to the telephone located in the private dining room for the use of staff and residents in case of an emergency. The Operator failed to ensure that the names and telephone numbers of persons or places commonly required in emergencies was posted adjacent to the telephone provided for staff and residents to use in case of an emergency.	S3045		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards:	S3320		

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S3320	Continued From page 2 (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-254 (a) The facility reported a census of 42 residents. 11 residents resided in a secured special care section of the facility. Based on observation, interview, and record review, the Operator failed to ensure the secured special care section of the facility was maintained to protect the health and safety of the residents when chemicals and wound cleanser were found in an unsecured cabinet in the common room of the secured unit. Findings included: Record review on 03/18/24 of the facility provided resident roster revealed 11 residents resided in the secured special care section of the facility. 3 residents were marked as residents who would "Wander". Observation on 03/18/24 at 01:08 PM revealed a cabinet in the common room located across from the medication cart. The doors freely opened, and the cabinet contained the following unsecured chemicals and wound cleansers:	S3320		

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S3320	Continued From page 3 1 bottle of Lysol Spray 1 container of Lysol wipes 1 bottle of Wizard Carpet and Room Deodorizer Powder 2 bottles of Dermal Wound Cleanser 1 can of Expo Spray Cleaner 1 can of Surface Disinfectant 1 bottle of COVID-19 Ag solution Interview with Licensed Nurse B at approximately 01:15 PM confirmed the chemicals should be secured. The Operator failed to ensure the secured special care section of the facility was maintained to protect the health and safety of the residents when chemicals and wound cleanser were found in an unsecured cabinet in the common room of the secured unit.	S3320		