STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087247	A. BUILDING: _____ B. WING _____	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE HOMES INC 29TH #1	8631 W 29TH ST N WICHITA, KS 67205

(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 number 184414 for the above named facility conducted on 05/29/24 and 05/30/24.	S 000		
S5370 SS=F	28-39-437 Construction (f) Sanitation and maintenance. Each facility shall provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. (g) Public telephone. There shall be a public telephone locally accessible to individuals with disabilities in a private area that allows a resident or another individual to conduct a private conversation. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-437 (f) The facility reported a census of 12 residents. Based on observation and interview the operator failed to ensure the facility was maintained to protect the health and safety of the residents in a secured specialty unit with unsecured chemicals. Findings included: - Observation on 05/29/24 at approximately 04:40 PM during the initial facility tour, the common bathroom on the southwest side of the home had a low cabinet that freely opened and contained a can of Clorox Bathroom spray. Down the southwest hallway on the north side of the wall next to the last room on the right side of the hall an upper cabinet that freely opened with a	S5370		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5370	Continued From page 1 can of De Odorizer disinfectant spray. Interview on 05/29/24 at approximately 04:40 PM with "Licensed Nurse" (LN) A confirmed all chemicals were to be secured. The operator failed to ensure the facility was maintained to protect the health and safety of the residents in a secured speciality unit with unsecured chemicals.	S5370		