STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087162	A. BUILDING: _____ B. WING _____	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ULTRA CARE HOME PLUS 4	14601 E TIMBER LAKE ROAD WICHITA, KS 67230

(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 represent the findings of a resurvey for the above named Home Plus facility conducted on 11/13/24 and 11/14/24.	S 000		
S5055 SS=F	26-42-101 (l) Survey Report l) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a common area to residents and any other individuals wishing to examine survey results. This REQUIREMENT is not met as evidenced by: 5055 KAR 26-42-101 (l) The facility reported a census of nine residents. Based on observation and interview the operator failed to ensure a copy of the most recent survey report was made available in a common area for residents and any other individuals to examine. Findings included: An observation on 11/13/24 at 01:00 PM revealed a sign posted in the living room area near the front entrance that read, "Most recent survey results available at the desk." Upon looking for the binder where the sign indicated the survey results would be located no binder was found. On 11/13/24 at approximately 02:15 PM Administrative Staff A went downstairs to the facility office and located a copy of the most recent survey results. The operator failed to ensure a copy of the most	S5055		

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

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S5055	Continued From page 1 recent survey results was available in a common area for residents and any other individuals wishing to examine them.	S5055		
S5220 SS=F	26-42-104 (e) Emergency Plan Available (e) Each administrator or operator shall make the emergency management plan available to the staff, residents, and visitors. This REQUIREMENT is not met as evidenced by: 5220 KAR 26-42-104(e) The facility reported a census of nine residents. Based on observation and interview the operator failed to ensure a copy of the emergency management plan was made available to staff, residents, and visitors. Findings included: - On 11/13/24 at 01:00 PM during the initial tour of the facility a copy of the emergency management plan was not located. An observation on 11/14/24 at 10:39 AM revealed Administrative Staff A looked for the emergency management plan binder in the same area where other binders were kept near the medication cart but was unable to find it. Administrative Staff A proceeded to go the office in the basement to look for the binder. On 11/14/24 at 10:50 AM Certified Medication Aide (CMA) B stated she was unable to locate the emergency management plan binder and	S5220		

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S5220	Continued From page 2 confirmed the door leading to the office downstairs was always locked. On 11/14/24 at 10:55 AM Administrative Nurse A confirmed that the emergency management plan was found in the office downstairs where she sometimes held staff in-service meetings. On 11/14/24 at 11:20 AM when asked if she knew where to locate the emergency management plan, Certified Nurse Aide (CNA) C proceeded to start looking for it in the living room area. When asked if she was ever told where to locate the emergency management plan CNA C stated that she was told when she was hired but did not know where this information was now. The operator failed to ensure a copy of the emergency management plan was made available to staff, residents, and visitors.	S5220		
S5335 SS=F	28-39-437 Construction (a) Each home-plus 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. This REQUIREMENT is not met as evidenced by: 5335 KAR 28-39-254 (a)	S5335		

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S5335	Continued From page 3 The facility reported a census of nine residents. Based on observation and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - An observation during the initial tour of the facility conducted on 11/13/24 at 01:26 PM revealed an unlocked supply closet located directly across the hall from the laundry room that contained the following chemicals labeled with a "Keep Out of Reach of Children Warning": Two 32 fluid ounce (fl. oz.) spray bottles of Lysol All-Purpose Cleaner One 32 fl. oz. spray bottle of Windex glass cleaner One 128 fl. oz. bottle of Fabuloso Multi- Purpose Cleaner Two 21 oz. containers of Comet cleaner One 32 fl. oz. spray bottle of Clorox Cleaner plus bleach One 24 fl. oz. bottle of Clorox toilet bowl cleaner One 23 fl. oz. bottle of Lysol clinging toilet bowl cleaner One 15 oz. aerosol bottle of Microban sanitizing spray One 32 fl. oz. spray bottle of Windex glass cleaner One 9.7 oz. spray can of Pledge multi-surface	S5335		

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S5335	Continued From page 4 cleaner One 19 oz. spray can of Lysol disinfectant spray One 128 fl. oz. container of Bona Hardwood Floor Cleaner On 11/14/24 at 11:45 PM Administrative Staff A stated it was her expectation that the closet containing chemicals be locked at all times. A policy concerning chemical storage was requested from the operator on 11/14/24 but the operator was unable to locate one. The operator failed to ensure staff kept chemicals locked for resident safety.	S5335		