STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087100	A. BUILDING: _____ B. WING _____	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES INC #147	147 S RIDGEWOOD DRIVE WICHITA, KS 67218

(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 represents the findings of a resurvey with attached complaint KS00190043 at the above named home plus conducted on 09/15/25 and 09/16/25.	S 000		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of six residents. Based on observation, interview and record review the operator failed to ensure food for residents was stored under safe and sanitary conditions regarding proper dating of food items when opened to ensure timely use. Findings included: Observation during initial tour on 09/15/25 at 01:15 PM, revealed the following items not stored properly in the refrigerator in the kitchen: One clear opened undated plastic package of Kroger honey smoked ham, 16 ounce (oz)	S5195		

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

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S5195	Continued From page 1 One clear opened undated plastic package of Fricks sliced ham, 16 oz One clear opened undated plastic package of Kroger diced ham, 8 oz package Interview on 09/15/25 at 01:20 PM Certified Medication Aid (CMA) C and Administrative Nurse B confirmed that three packages of plastic packages of deli meats lacked open dates. The facility's revised 03/13/14 "General Nutrition and Meals Policy F01-001" documented that all food shall be stored, prepared, transported, and served under safe and sanitary conditions. All grocery items that were opened must be properly sealed and dated. 2005 Dietary Guidelines for Americans states refrigerated leftovers may become unsafe within 3 to 4 days. Despite the appearance of a food, it may not be safe to eat. The operator failed to ensure food for residents was stored under safe and sanitary conditions regarding proper sealing and dating of food items when opened to ensure timely use.	S5195		
S5313 SS=E	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 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	S5313		

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S5313	Continued From page 2 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: KAR 26-42-205(g)(3) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on all over-the-counter (OTC) medications. Findings included: - Observation on 09/15/25 at 01:44 PM revealed Certified Medication Aid (CMA) C unlocked and opened the medication cupboard. The following original packages of OTC medications were not labeled with residents' full names: One opened bottle of vitamin C 500 milligrams (mg) 100 count bottle One opened bottle of folate 1333 mg 400 count bottle One opened bottle of Prevagen 60 count bottle One opened bottle of Equate stool softener 100 gram 400 count bottle One opened bottle of One A Day multi-vitamin 100 count bottle One opened bottle Vitamin D3 1000 unit 180 count bottle	S5313		

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S5313	Continued From page 3 On 09/15/25 at approximately 01:44 PM Administrative Staff A confirmed the OTC medications were not labeled with residents' full names. The facility's revised 11/11/16 "Medication Management Policy HS03-002" documented a licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer's package. Nursing/Home supervisor shall place the full name of the resident on both the container and package. The operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages of all OTC medications.	S5313		
S5315 SS=D	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall	S5315		

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S5315	Continued From page 4 have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(4) The facility reported a census of six residents. Based on observation and interview, the operator failed to ensure designated staff stored Influenza Vaccine in accordance with the manufacturer's recommendations. Findings included: - Observation on 08/09/25 at 01:49 PM revealed Certified Medication Aid (CMA) C opened the facility's medication refrigerator. Inside the refrigerator was an opened box that contained Influenza Vaccine with stamped expiration dates of June 20, 2024, which was 453 days before	S5315		

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S5315	Continued From page 5 survey. On 08/09/25 at approximately 01:50 PM Administrative Nurse A confirmed the Influenza Vaccine had expired. The revised on 11/11/16 facility's "Medication Management Policy HS03-002)" lacked documentation on expired medications. The operator failed to ensure designated staff stored Influenza Vaccine in accordance with the manufacturer's recommendations.	S5315		