STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087125	A. BUILDING: _____ B. WING _____	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES INC #641	641 N BROADMOOR AVENUE 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 number 196688, for the above named facility conducted on 10/30/25.	S 000		
S5105 SS=D	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-202 (a) (1) (2) (3) The facility reported a census of 6 residents. The sample included 3 "Residents'" (R)'s, and one closed record review. Based on record review and interview the Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R1 included the name of the outside provider, a description of services from the outside provider,	S5105		

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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S5105	Continued From page 1 and the payor source for the outside provider who was providing wound care for R1. Findings included: - Record review for R1 revealed an admission date of 08/23/22 with diagnoses of hypertensive disorder, depressive disorder, trigeminal neuralgia, and lower extremity venous stasis. Review of R1's "Functional Capacity Screen" dated 08/24/25 revealed R1 required supervision with bathing, toileting, walking/mobility, and eating. R1 lacked the ability to manage his own medications and medical treatments. R1 was incontinent of bladder and had impaired short-term memory, long-term memory, memory recall and decision making. R1 could usually make himself understood and he usually understood others. R1 was scored with impaired vision ad impaired decision making. R1 used a walker mobility device. Review of R1's unsigned NSA dated 08/24/25 identified the facility staff would provide supervision with bathing, toileting hygiene, manage his medications and the Advanced Practice Registered Nurse (APRN) would mange R1's wound. The section titled "Special Needs/Services" lacked documentation of an outside providing home health agency for wound care. Review of R1's "Health Service Plan" (HSP) instructed facility staff to assist with R1's showers, assist with incontinence, assist with	S5105		

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	B087125	A. BUILDING: _____ B. WING _____	10/30/2025

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S5105	Continued From page 2 dressing, encourage R1 to use his walker, and administer his medications. The section titled "Therapy or Treatments" lacked documentation. Review of the facility provided document titled "Resident Notes" revealed a note entered on 10/29/25 at 02:22 PM and signed by a local home health agency revealed a visit for wound care had been performed. Interview on 10/30/25 at approximately 04:00 PM with "Licensed Nurse" (LN) A and LN B confirmed R1 does receive home health services for the management of a wound and they further confirmed R1's NSA lacked the identification of the outside provider, the description of services they would provide, and the payor source for the services. The Operator failed to ensure the NSA for R1 included the name of the outside provider, a description of services from the outside provider, and the payor source for the outside provider who was providing wound care for R1.	S5105		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.	S5126		

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	B087125	A. BUILDING: _____ B. WING _____	10/30/2025

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COMFORTCARE HOMES INC #641	641 N BROADMOOR AVENUE WICHITA, KS 67206

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S5126	Continued From page 3 This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-202 (h) The facility reported a census of 6 residents. The sample included 3 "Residents'" (R)'s 1, 2, 3, and one closed record review. Based on record review and interview the Operator failed to ensure each individual involved with the development of the "Negotiated Service Agreement" (NSA) for R1 signed the NSA. Findings included: - Record review for R1 revealed an admission date of 08/23/22 with diagnoses of hypertensive disorder, depressive disorder, trigeminal neuralgia, and lower extremity venous stasis. Review of R1's "Functional Capacity Screen" dated 08/24/25 revealed R1 required supervision with bathing, toileting, walking/mobility, and eating. R1 lacked the ability to manage his own medications and medical treatments. R1 was incontinent of bladder and had impaired short-term memory, long-term memory, memory recall and decision making. R1 could usually make himself understood and he usually understood others. R1 was scored with impaired vision ad impaired decision making. R1 used a walker mobility device. Review of R1's unsigned NSA dated 08/24/25 identified the facility staff would provide supervision with bathing, toileting hygiene, manage his medications and the Advanced Practice Registered Nurse (APRN) would mange R1's wound.	S5126		

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	B087125	A. BUILDING: _____ B. WING _____	10/30/2025

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S5126	Continued From page 4 Review of R1's "Health Service Plan" (HSP) instructed facility staff to assist with R1's showers, assist with incontinence, assist with dressing, encourage R1 to use his walker, and administer his medications. Interview on 10/30/25 at approximately 04:00 PM with "Licensed Nurse" (LN) A and LN B confirmed R1's NSA lacked a signature for each individual involved in the development of R1's NSA. The Operator failed to ensure each individual involved with the development of the "Negotiated Service Agreement" (NSA) for R1 signed the NSA.	S5126		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-105 (f) (11) The facility reported a census of 6 residents. The sample included 3 "Residents'" (R)'s, and one closed record review. Based on record review and interview the Operator failed to ensure the medical records for R2 and R3 contained	S5251		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087125	A. BUILDING: _____ B. WING _____	10/30/2025

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COMFORTCARE HOMES INC #641	641 N BROADMOOR AVENUE WICHITA, KS 67206

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S5251	Continued From page 5	S5251		

documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action.

Findings included:

- Record review for R2 revealed an admission date of 06/08/22 with diagnoses of frontotemporal dementia, hypertension, anxiety, and weight loss.

Review of R2's "Functional Capacity Screen" (FCS) dated 06/14/25 revealed R2 required physical assistance with bathing, and supervision with dressing. R2 was independent with toileting, transferring, walking/mobility and eating. R2 lacked the ability to manage her own medications and medical treatments and was usually continent. R2 had impaired short-term memory, long-term memory, memory/recall and decision making. R2 used a walker mobility device.

Review of R2's "Negotiated Service Agreement" (NSA) dated 06/14/25 identified the facility staff would provide physical assistance with bathing and manage her medications.

Review of R2's "Health Service Plan"(HSP) dated 06/16/25 instructed facility staff to provide physical assistance with bathing, provide encouragement to come to meals, offer high protein snacks, and manage her medications.

Review of the facility provided document titled "Resident Notes" revealed an entry dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087125	A. BUILDING: _____ B. WING _____	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES INC #641	641 N BROADMOOR AVENUE WICHITA, KS 67206

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S5251	Continued From page 6	S5251		

10/09/25 and signed by "Licensed Nurse" C at 09:19 PM, a "Health Status Note" revealed that the facility "Certified Medication Aide" (CMA) was concerned that R2 may have been intentionally inducing "emesis" after meals and medication administration. The CMA observed that R2 frequently went to the bathroom immediately after taking medications. The CMA suspected that this behavior might have contributed to R2 ability to gain weight. There was "emesis" noted in the toilet after R2 exited the bathroom. R2's family shared that she had a history of similar behavior in the past.

The record lacked documentation of actions taken and the results of the action when R2 was suspected of having "emesis" after taking her medications. The note further lacked documentation of the provider being notified.

- Record review for R3 revealed an admission date of 01/14/21 with diagnoses of agitation due to dementia, atrial fibrillation, and urinary incontinence.

Review of R3's FCS dated 10/18/25 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, and walking/mobility. R3 lacked the ability to manage her own medications and medical treatments and was usually continent. R3 had impaired short-term memory, long-term memory, memory recall and decision making. R3 could usually make herself understood and she usually understood others. R3 used a wheelchair mobility device.

Review of R3's NSA dated 10/18/25 identified the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087125	A. BUILDING: _____ B. WING _____	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES INC #641	641 N BROADMOOR AVENUE WICHITA, KS 67206

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S5251	Continued From page 7 facility staff would provide physical assistance of one staff member with bathing, dressing, toileting, and transferring. The facility would manage R3's medications and medical treatments. Review of R3's HSP dated 10/18/25 instructed facility staff to provide one staff assistance with toileting, dressing, transferring, and administering R3's medications and medical treatments. Review of the facility provided document titled "Resident Notes" revealed an entry dated 09/29/25 signed by LN C at 10:07 PM, a "Health Status" note revealed that the caregiver reported R3 had dark colored urine and noted discharge in both urine and vaginal area. "Advised to collect" a urine specimen. "First shift nurse to follow up tomorrow morning". The record lacked documentation of actions taken on obtaining the urine specimen for R3's darkened urine and noted discharge. Interview on 10/30/25 at approximately 04:00 PM with LN A and LN B confirmed R3's record lacked documentation of the actions taken for R3's darkened urine and noted discharge. The Operator failed to ensure the medical records for R2 and R3 contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action.	S5251		

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	B087125	A. BUILDING: _____ B. WING _____	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES INC #641	641 N BROADMOOR AVENUE WICHITA, KS 67206

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S5313	Continued From page 8	S5313		
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 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 6 residents. Based on observation and interview the Operator failed to ensure the Licensed Nurse (LN) or the Licensed Pharmacist placed the full name of the resident on the "Over the Counter" (OTC) medications. Findings included: - Observation on 10/20/25 at approximately 11:20 AM, LN A unlocked the west medication cabinet door located in the kitchen next to the kitchen sink, were the following unlabeled OTC medications:	S5313		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087125	A. BUILDING: _____ B. WING _____	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES INC #641	641 N BROADMOOR AVENUE WICHITA, KS 67206

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S5313	Continued From page 9 1 bottle of Marlex Antifungal Powder 2 boxes of Ocusoft lid scrub 1 tube of Diclofenac Sodium Topical 1 box of Ondansetron 4 milligrams that had the prescription label removed. Interview on 10/25/25 at approximately 11:20 AM with LN a confirmed all OTC medication containers were to be labeled with the resident's full name. The Operator failed to ensure the LN or the Licensed Pharmacist placed the full name of the resident on the 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 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	S5315		

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	B087125	A. BUILDING: _____ B. WING _____	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES INC #641	641 N BROADMOOR AVENUE WICHITA, KS 67206

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S5315	Continued From page 10	S5315		

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:
K.A.R. 26-42-205 (h) (4)

The facility reported a census of 6 residents. The sample included 3 "Residents'" (R)'s and one closed record review. Based on observation and interview the Operator failed to ensure the Licensed Nurse (LN) or "Certified Medication Aide" (CMA) did not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration.

Findings included:

- Observation on 10/20/25 at approximately 11:20 AM, LN A unlocked the middle medication cabinet door located in the kitchen next to the kitchen sink, were the following expired medications were located in the medication bin labeled with R1's name.

1 bottle of Lastacaft eye drops with an expiration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087125	A. BUILDING: _____ B. WING _____	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES INC #641	641 N BROADMOOR AVENUE WICHITA, KS 67206

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S5315	Continued From page 11 date of 05/25 1 bottle of Refresh eye drops with an expiration date of 08/25 Interview on 10/25/25 at approximately 11:20 AM with LN a confirmed the Lastacaft and Refresh eye drops were expired. The Operator failed to ensure the LN or " CMA did not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration.	S5315		