STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087251	A. BUILDING: _____ B. WING _____	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW GREENWAY	1858 S GREENWAY BLVD WICHITA, KS 67213

(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 197255 and 195847 for the above named facility conducted on 11/24/25 and 11/25/25.	S 000		
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 9 residents. Based on observation and interview the Operator failed to ensure the "Licensed Nurse" or the Licensed Pharmacist placed the full name of the resident on the "Over-the-Counter" (OTC) medications bottles and tubes. Findings included:	S5313		

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

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S5313	Continued From page 1 - Observation on 11/24/25 at approximately 03:30 PM, "Certified Medication Aide" (CMA) D unlocked the homes medication cart located on the southwest wall of the kitchen, and revealed the following OTC bottles and tubes that lacked the full name of the resident: 1 Jar of A and D ointment labeled "House Stock." 1 bottle of Equate Arthritis 650 milligram tablets labeled "House Stock." 1 bottle of Equate Stool Softener labeled "House Stock." 1 bottle of Ibuprofen 200 milligram tablets labeled "House Stock." 1 bottle of Extra Strength Tylenol 500 milligram tablets labeled "House Stock." 3 tubes of Diclofenac Sodium 1% Interview on 11/25/25 with Operator A, Registered Nurse B, and Administrative Staff C confirmed all OTC medications were to be labeled with the resident's full name. The Operator failed to ensure the "Licensed Nurse", or the Licensed Pharmacist placed the full name of the resident on the OTC medications bottles and tubes.	S5313		
S5335 SS=E	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	S5335		

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	B087251	A. BUILDING: _____ B. WING _____	11/25/2025

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S5335	Continued From page 2 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: K.A.R. 28-39-437 (a) The facility reported a census of 9 residents. Based on observation and interview the Operator failed to ensure the facility was maintained to protect the health and safety of residents, personnel, and the public. Findings included: - Review of the facility provided document titled "Resident Roster" revealed there were three residents who were identified that wandered. Observation on 11/24/25 at approximately 02:20 PM with Operator A, of the bathroom located in the northwest corner of the home, the following unsecured chemicals: On the counter sitting in front of the sink was a can of Glade air freshener spray. The cabinets under the sink freely opened and there was a bottle of Great Value Glass cleaner, and an unlabeled white spray bottle with a purple liquid. Operator A confirmed the liquid in the spray bottle was Fabuloso a multipurpose cleaner. Interview on 11/25/25 at approximately 04:30 PM with Operator A, Registered Nurse B and Administrative Staff C confirmed all chemicals were to be secured.	S5335		

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S5335	Continued From page 3 The Operator failed to ensure the facility was maintained to protect the health and safety of residents, personnel, and the public.	S5335		