STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087237	A. BUILDING: _____ B. WING _____	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIFIED CARE HOME INC	5705 E ROCKHILL WICHITA, KS 67208

(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 192910 at the above named home plus conducted on 11/24/25.	S 000		
S5105 SS=E	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: KAR 26-42-202(a)(1) The facility reported a census of six residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSAs) for Residents (R) 1, R2, and R3 described the services they received based on their "Functional Capacity Screens" (FCSs).	S5105		

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

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S5105	Continued From page 1 Findings included: - Record review for R1 revealed an admission date of 05/31/21 with a diagnosis of dementia. The 09/20/25 "FCS" identified R1 had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties. The 09/26/25 "NSA" failed to describe services R1 received for cognitive difficulties. - Record review for R2 revealed an admission date of 02/01/24 with a diagnosis of cerebral vascular accident with left sided hemiparesis. The 02/01/25 "FCS" identified R2, had short-term memory, memory/recall, and decision-making cognitive difficulties, and was sometimes understandable and sometimes understood others during communication. The 02/01/25 "NSA" failed to describe the services R2 received for cognitive difficulties and communication. - Record review for R3 revealed an admission date of 01/01/25 with a diagnosis of dementia. The 01/01/25 "FCS" identified R3 had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties. The 01/01/25 "NSA" failed to describe services R3 received for cognitive difficulties. On 011/24/25 at approximately 01:30 PM	S5105		

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S5105	Continued From page 2 Administrative Staff B and Licensed Nurse C confirmed R1, R2, and R's "NSAs" failed to describe the services they received based on their "FCSs." The operator failed to ensure the "NSAs" for R1, R2, and R3 described the services they received based on their "FCSs."	S5105		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(e) The facility reported a census of six residents. Based on record review and interview the operator failed to ensure designated staff served food at the proper temperature to prevent	S5192		

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S5192	Continued From page 3	S5192		

bacterial growth.

Findings included:

Review of the "Monthly Temperature Log Sheet" for the month of October 2025
lacked evidence of documentation of food temperatures on the following dates:
10/03/25 - dinner
10/04/25 - dinner
10/05/25 - breakfast, lunch, and dinner
10/06/25 - dinner
10/07/25 dinner
10/10/25 - dinner
10/11/25 - breakfast, lunch, and dinner
10/12/25 - dinner
10/13/25 - dinner
10/14/25 - dinner
10/16/25 - breakfast and lunch
10/17/25 - breakfast, lunch, and dinner
10/22/25 - dinner
10/23/25 - dinner
10/24/25 - dinner
10/25/25 - breakfast, lunch, and dinner
10/26/25 - breakfast, lunch, and dinner
10/27/25 - dinner
10/28/25 - dinner
10/29/25 - breakfast, lunch, and dinner
10/30/25 - breakfast, lunch, and dinner
10/31/25 - breakfast, lunch, and dinner

Out of a total of 93 meals for the month October 39 meals lacked evidence of documentation of food temperatures.

Review of the "Monthly Temperature Log Sheet" for the month of November 2025

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S5192	Continued From page 4 lacked evidence of documentation of food temperatures on the following dates: 11/03/25 - dinner 11/04/25 - dinner 11/05/25 - dinner 11/06/25 - dinner 11/07/25 - dinner 11/08/25 - dinner 11/13/25 - dinner 11/16/25 - breakfast and lunch 11/21/25 - dinner 11/22/25 - breakfast, lunch, and dinner 11/23/25 - breakfast, lunch, dinner Out of a total of 69 meals for the month November up to the date of the survey, 16 meals lacked evidence of documentation of food temperatures. On 11/24/25 at approximately 08:48 AM Certified Nurse Aide (CNA) D confirmed the food temperature log lacked evidence of documentation staff served food at the proper temperature for all meals during October and November 2025. The operator failed to ensure designated staff served food at the proper temperature to prevent bacterial growth.	S5192		
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	S5195		

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S5195	Continued From page 5 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. The facility had a kitchen where staff stored, prepared, and served food to the residents. Based on observation and interview the operator failed to ensure designated staff stored food items under safe conditions. Findings included: - Observation on 11/24/25 at 08:48 AM revealed a refrigerator in the kitchen that contained the following food items for the residents: One quart plastic container of vanilla yogurt One 16-ounce (oz.) sour cream One 3-liter bottle of mixed fruit nectar One gallon of milk On 11/24/25 at approximately 08:48 AM Certified Nurse Aide (CNA) D confirmed some food items in the refrigerator lacked open dates. Review of the facility's refrigerator and freezer temperature log revealed it was blank from June 2025 to 11/24/25. The 2005 Kansas Department of Agriculture's "Focus on Food Safety" booklet documented food items must be date marked after the original	S5195		

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S5195	Continued From page 6 container was opened and can be held up to seven days if refrigeration was adequate at 41 degrees Fahrenheit or less. The operator failed to ensure designated staff stored food items under safe conditions.	S5195		