STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087247	A. BUILDING: _____ B. WING _____	12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES 29TH #1	8631 W 29TH ST N WICHITA, KS 67205

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #197086 at the above named Home Plus conducted 12/29/25 and 12/30/25.	S 000		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(1) The facility reported a census of 11 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)102 was reviewed and revised after she signed on for home health care services. Findings included:	S5116		

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

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S5116	Continued From page 1 - R102's medical record revealed she moved into the facility on 05/20/25 with a diagnosis of Parkinson's Disease. The most current NSA available in R102's medical records was dated 05/20/25 with no documentation to show a revised NSA was completed since this date to indicate R102 started on home health service. On 12/30/25 at 02:00 PM "Certified Medication Aide" (CMA) B stated R102 had a home health care service treat her pressure wound. On 12/30/25 at 11:54 AM Administrative Nurse C stated she did not complete an addendum to the NSA when R102 was started on home health services. The operator failed to ensure designated staff revised the NSA for R102 when she started home health services.	S5116		
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	S5195		

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S5195	Continued From page 2 by: 5195 KAR 26-42-206(f) The facility had a census of 11 residents. All 11 residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to ensure foods stored in the refrigerators were kept at 41 degrees Fahrenheit (F) or lower according to Food Safety Guidelines. Findings included: - Review of the "Freezer and Refrigerator temperature" chore recap documented staff were to "Check temperatures in Freezer and refrigerator...In the note field provided enter both Freezer as (F) temp and Refrigerator (R) temp." The following dates lacked either temperature documentation in the note field or was not completed at all: 10/06/25- lacked refrigerator/freezer temperatures documented under the "Chore Note". 10/27/25- no temperatures documented 11/10/25- no temperatures documented 11/17/25- no temperatures documented 11/24/25- no temperatures documented 12/08/25- no temperatures documented 12/15/25- lacked refrigerator/freezer temperatures documented under the "Chore Note". On 12/30/25 at 02:15 PM Administrative Staff A stated she expected refrigerator and freezer	S5195		

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S5195	Continued From page 3 temperatures to be documented as instructed. The 2005 "Dietary Guidelines for Americans" documented in order to keep food out of the bacterial growth danger zone, cold food should be stored below 40 degrees Fahrenheit. Frozen food items should be kept at zero degrees Fahrenheit or below and these temperatures should be checked with an appliance thermometer. The operator failed to ensure food items were stored under safe and sanitary conditions by failing to document refrigerator/freezer temperatures.	S5195		
S5251 SS=D	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: 5251 KAR 26-42-105(f)(11) The facility reported a census of 11 residents. The sample included three residents. Based on record review and interview for three sampled the operator failed to ensure documentation in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or	S5251		

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S5251	Continued From page 4 injury including the date, time of occurrence, action taken and results of the action for Resident (R)102. Findings included: - Review of R102's medical record revealed she was admitted to the facility on 05/20/25 with a diagnosis of Parkinson's Disease. The 05/22/25 "Functional Capacity Screen" (FCS) documented R102 required supervision with toileting, transfers, mobility and was unable to manage her treatments. The 05/22/25 "Negotiated Service Agreement" (NSA) documented staff administered treatments if treatments were ordered or needed as required by a physician or primary care practitioner. 11/12/25 "Skin Integrity Nurse Note" documented, "Noted reddened area to resident's left buttock and coccyx. Skin intact no drainage noted. Caregiver reports applying barrier cream to affected area. No pain or discomfort noted. Will continue to monitor skin integrity and notify provider for further orders." 11/13/25 "New Order Nurse Note" documented a new order for Calmoseptine to be applied to affected area(s) on buttock twice daily and as needed until healed. 12/15/25 "Health Status Nurse Note" documented staff identified a pressure wound to R102's left buttock. R102's health care provider to write an order for a home health consult.	S5251		

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S5251	Continued From page 5 R102's medical records lacked any documentation describing R102's pressure wound to include the size, treatment and outcome of the treatment. On 12/30/25 at 02:00 PM "Certified Medication Aide" (CMA) B stated there was a wound on R102's buttock and that a home health care service came to treat the wound, clean it, change the bandage and date it. On 12/30/25 at 11:54 AM Administrative Nurse C confirmed R102 had a pressure wound and a home health agency took care of the treatment of this wound. Administrative Nurse C stated facility staff have not documented any wound measurements, wound description, treatments or outcome. The operator failed to ensure documentation for R102's care was in accordance with accepted professional standards and practices.	S5251		
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	S5335		

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S5335	Continued From page 6 by: 5335 KAR 28-39-437(a) The facility reported a census of 11 residents. Based on observation, record review and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - An observations during initial tour on 12/29/25 at 12:53 PM an unlocked laundry room directly off the kitchen had a lockable cabinet under the sink and contained the following chemicals with KEEP OUT OF REACH OF CHILDREN warning labels: Two 22 fluid (fl.) ounce (oz.) spray bottles of Bissell OXY Stain Pretreat One 48 oz. bottle of Bissell OXY Deep Clean One bag of Kroger Ultra Dish Pacs One 32 fl. oz container of Bright Solutions Fireball RTU cleaner One 32 fl. oz. spray bottle of Great Value Glass Cleaner One gallon container of Carroll Clean N Fresh Foaming Hand Soap One 32 fl. oz. spray bottle of Super Odor Eliminator Two 32 fl. oz spray bottles of Betco GE Fight Bac RTU Disinfectant One 32 fl. oz. bottle of Spic and Span all-purpose disinfectant and glass cleaner. One 64 fl. oz. bottle of Formula 409 Multi-Surface Cleaner One 128 fl. oz. bottle of Ben E. Keith Essentials Disinfectant Ultra Bleach	S5335		

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S5335	Continued From page 7 The 08/18/22 "Policy: LS09-001" documented, "As we serve those with cognitive impairment, it is required that all hazardous chemicals ...must remain either behind a locked door or be inaccessible to residents unless being actively utilized by care staff." On 12/30/25 at 02:15 PM Administrative Staff A stated she expected the door to the laundry room to be locked at all times. The operator failed to ensure staff kept chemicals locked for resident safety.	S5335		