STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087240	A. BUILDING: _____ B. WING _____	12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY HOUSE HOME PLUS LLC	400 N PETERSON AVE WICHITA, KS 67212

(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 represent the findings of a resurvey for the above named home plus conducted on 12/22/25 and 12/23/25.	S 000		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(a)(1) The facility reported a census of five residents with three included in the sample. Based on interview and record review the operator failed to ensure an assessment was completed to determine that Resident (R) 1 could safely	S5265		

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

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S5265	Continued From page 1	S5265		

self-administer insulin.

Findings included:

- Record review for R1 revealed an admission date of 12/16/21 with a diagnosis of type two diabetes mellitus.
The 08/21/25 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with management of medications.

The 08/21/25 "Negotiated Service Agreement" identified qualified facility staff administered R1 her medications and she self-administered her own insulin after a Certified Medication Aide (CMA) dialed the pen.

R1's record lacked evidence of documentation an assessment was completed to determine she could safely and accurately self-administer insulin.

On 12/23/25 at 02:50 PM Administrative Staff A confirmed R1's record lacked evidence of documentation an assessment was completed she could safely and accurately self-administer insulin.

The undated facility's "Self Administration of Medications" policy documented it was the responsibility of the interdisciplinary team to determine it was safe for a resident to self-administer before they self-administered medication.

The operator failed to ensure an assessment was completed to determine that R1 could safely

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	B087240	A. BUILDING: _____ B. WING _____	12/23/2025

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S5265	Continued From page 2 self-administer insulin.	S5265		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2) The facility reported a census of 5 residents. Based on observation and interview the operator failed to ensure designated staff maintained water temperatures within a safe range between 98 degrees Fahrenheit (F) and 120 degrees F. Findings included: - Observation on 12/22/25 at approximately 11:45 AM revealed the water temperature in the resident bathroom sink was 135.0 degrees Fahrenheit (F). Administrative Staff A obtained a water temperature in the facility's kitchen sink at 129.0 F. On 12/22/25 at approximately 11:45 AM Administrative Staff A stated the water was not run long enough to obtain the hottest	S5380		

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S5380	Continued From page 3 temperature. She confirmed the water was too hot and would turn the thermostat on the hot water heater. Review of the facility's water temperature log for the month of December revealed temperatures ranged from 115 to 120 degrees F daily at the kitchen sink, resident bathroom sink, resident bathroom shower, and staff bathroom. Observation on 12/23/25 at 01:08 PM revealed the water temperature in the bathroom sink was 121.5 degrees F. The undated facility's "Water Temperature" policy documented the water temperature was monitored to ensure it remained within a range of 98 to 120 degrees F. The operator failed to ensure designated staff maintained water temperatures within a safe range between 98 degrees F and 120 degrees F.	S5380		