STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087264	A. BUILDING: _____ B. WING _____	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOD'S CHOSEN CARE	2734 N WELLESLEY WICHITA, KS 67220

(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 191134 at the above named home plus conducted on 12/31/25.	S 000		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of five residents with three residents included in the sample and one focused review. Based on interview and record review the operator failed to ensure designated staff conducted a screening to determine Resident (R) 4's functional capacity.	S5080		

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

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S5080	Continued From page 1 Findings included: - Record review for R4 revealed an admission date of 10/14/25. His record lacked evidence of documentation of a "Functional Capacity Screen" (FCS). The 12/09/25 "Negotiated Service Agreement" (NSA) identified he received staff assistance three times weekly for bathing, staff management of medications and treatments, cueing for cognition, and clutter free floors and warning signs when the floor was wet to prevent injury from falls. On 12/31/25 at 12:53 PM Licensed Nurse (LN) C confirmed R4's record lacked evidence of documentation of an "FCS." The operator failed to ensure designated staff conducted a screening to determine R4's functional capacity.	S5080		
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	S5192		

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S5192	Continued From page 2 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 five residents. Based on record review and interview the operator failed to ensure designated staff served food at the proper temperature to prevent bacterial growth. Findings included: Review of the food temperature log sheets for the month of December 2025 lacked evidence of documentation of food temperatures for all three meals from 12/20/25 - 12/26/25. On 12/31/25 at approximately 09:56 AM Administrative Staff B confirmed the food temperature log sheets for the month of December 2025 lacked evidence of documentation of food temperatures for all three meals from 12/20/25 - 12/26/25. The operator failed to ensure designated staff served food at the proper temperature to prevent bacterial growth.	S5192		

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S5240	Continued From page 3	S5240		
S5240 SS=D	26-42-105 (a) Resident Records (a) The administrator or operator of each home plus shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices. (1) Designated staff shall maintain the record of each discharged resident who is 18 years of age or older for at least five years after the discharge of the resident. (2) Designated staff shall maintain the record of each discharged resident who is less than 18 years of age for at least five years after the resident reaches 18 years of age or at least five years after the date of discharge, whichever time period is longer. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(a)(1) The facility reported a census of 5 residents with three included in the sample and one closed record review. Based on interview and record review the operator failed to ensure designated staff maintained Resident (R) 1's record for at least five years after his discharge. Findings included: - On 12/31/25 at approximately 01:08 PM medical records for R1 were requested. On 12/31/25 at approximately 01:08 PM Administrative Staff A stated R1's records were stored at an off-site location. He would provide	S5240		

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S5240	Continued From page 4 the requested records to the state surveyor by email by the end of the day. On 01/05/26 at 08:00 AM facility staff had not provided records for R1. The operator failed to ensure designated staff maintained R1's record for at least five years after his discharge.	S5240		