STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087221	A. BUILDING: _____ B. WING _____	12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE 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 complaints 196929, 195497, 191714, and 190214 at the above named home plus conducted on 12/29/25 and 12/30/25.	S 000		
S5095 SS=E	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of nine residents with three residents included in the sample. Based on interview and record review the operator failed to ensure designated staff ensured the "Functional Capacity Screen" (FCS) for Residents (R) 1 and R2 accurately reflected their functional capacity. Findings included: - Record review for R1 revealed an admission date of 08/17/25 with diagnoses of diabetes mellitus type two and chronic kidney disease. The 08/17/25 "FCS" cognition section for R1 was	S5095		

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

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S5095	Continued From page 1 blank. The 08/17/25 "Negotiated Service Agreement" (NSA) failed to describe the services R1 received for cognition. On 12/30/25 at 01:06 PM Licensed Nurse (LN) B confirmed R1's "FCS" cognition section was blank and stated the score should be "4" (which indicated R1 had short-term and long-term memory, memory/recall, and impaired decision-making cognitive difficulties). - Record review for R2 revealed an admission date of 04/03/24 with diagnoses of Huntington's Disease and traumatic brain injury. The 11/12/25 "FCS" identified R2 scored "2-3" for ability to express information content and "2-3" for ability to understand others. The 11/12/35 "NSA" failed to describe the services R2 received for communication. On 12/30/25 at approximately 03:52 PM Administrative Staff A confirmed R2's "FCS" was scored inaccurately for communication. The undated facility's "Resident Functional Capacity Screening" policy documented designated staff would ensure the resident's functional capacity would be accurately reflected on the form. The operator failed to ensure designated staff ensured the "FCS" for R1 and R2 accurately reflected their functional capacity.	S5095		

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S5105	Continued From page 2	S5105		
S5105 SS=F	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 nine residents. Based on interview and record review the operator failed to ensure designated staff ensured the "Negotiated Service Agreements" (NSA) for Residents (R) 1, R2, and R3 described the services they received based on their "Functional Capacity Screens" (FCS), needs, and preferences. Findings included: - Record review for R1 revealed an admission	S5105		

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S5105	Continued From page 3 date of 08/17/25 with a diagnoses of diabetes mellitus type two and chronic kidney disease. The 08/17/25 "FCS" identified R1 was unable to perform bathing, toileting, and walking/mobility and she was marked at risk for falls. The cognition section was blank. The 08/17/25 "NSA" failed to describe the services R1 received for bathing, toileting, walking/mobility, cognition, and falls. - Record review for R2 revealed an admission date of 04/03/24 with diagnoses of Huntington's disease and traumatic brain injury. The 11/12/25 "FCS" identified R2 had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties, he was rarely or never understandable and rarely or never understood others during communication, and was marked at risk for falls and inappropriate behavior. The 11/12/25 "NSA" failed to describe the services he received for cognitive difficulties, communication, falls, and inappropriate behavior. - Record review for R3 revealed an admission date of 06/17/24 with diagnoses of dizziness and abnormal gait. The 03/05/25 "FCS" identified R3 was at risk for falls. The 03/05/25 "NSA" failed to describe the services R3 received to prevent injury from falls.	S5105		

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S5105	Continued From page 4 On 12/30/25 at approximately 01:06 PM Licensed Nurse (LN) B confirmed the "NSAs" for R1, R2, and R3 failed to describe the services they received based on their "FCSs." The undated facility's "Negotiated Service Agreement" policy documented the NSAs would include a description of the services the residents received. The operator failed to ensure the "NSAs" for R1, R2, and R3 described the services they received based on their "FCSs," needs, and preferences.	S5105		
S5156 SS=D	26-42-204 (b) Health Care Services (b) If the functional capacity screening indicates that a resident is in need of health care services, a licensed nurse, in collaboration with the resident, the resident ' s legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, shall develop a health care service plan to be included as part of the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(b) The facility reported a census of nine residents. Three residents were included in the sample. Based on record review and interview the operator failed to ensure designated staff developed a "Health Care Service Plan" (HSP) for Resident (R) 1.	S5156		

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S5156	Continued From page 5 Findings included: - Record review for R1 revealed an admission date of 08/17/25 with a diagnoses of diabetes mellitus type two and chronic kidney disease. The 08/17/25 "Functional Capacity Screen" (FCS) identified R1 was unable to perform bathing dressing, toileting, walking/mobility, management of medications and treatments, was frequently incontinent of bladder, and was marked at risk for falls. The cognition section on the "FCS" for R1 was blank. The 08/17/25 "Negotiated Service Agreement" (NSA) identified R1 received assistance from facility staff for dressing, transfers, management of medications and treatments, and bladder incontinence. The "NSA" failed to describe the services R1 received for bathing, toileting, walking/mobility, cognition, and falls. R1's record lacked evidence of documentation a licensed nurse developed an "HSP." On 12/30/25 at 01:06 PM Licensed Nurse B (LN) confirmed R1's record lacked evidence of documentation a licensed nurse developed an "HSP." The undated facility's "Health Care Services" policy documented if a resident's "FCS" indicated a resident needed health care services, a licensed nurse would develop a health care service plan. The operator failed to ensure designated staff	S5156		

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	B087221	A. BUILDING: _____ B. WING _____	12/30/2025

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S5156	Continued From page 6 developed a "HSP" for R1.	S5156		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of nine residents. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 employees. Findings included: - Record review for Licensed Nurse (LN) B revealed a hire date of 06/01/25. Her record lacked evidence of documentation of TB testing	S5230		

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S5230	Continued From page 7 and symptom screen questionnaire. Record review for Certified Medication Aide (CMA) C revealed a hire date of 11/11/25. Her record lacked evidence of documentation of TB testing. Record review for CMA D revealed a hire date of 10/08/25. Her record lacked evidence of documentation of TB testing. Record review for CMA E revealed a hire date of 04/21/25. Her record lacked evidence of documentation of TB testing. On 12/30/25 at 03:47 PM Administrative Staff A confirmed LN B record lacked evidence of documentation of TB testing and symptom screen questionnaire and CMA C, D, and E's records lacked evidence of documentation of TB testing. The department's June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new resident and each new employee shall have an TB test within seven days of admission or hire with a second step repeated in one to three weeks. The results of each test would be read in 48-72 hours. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S5230		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents	S5251		

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S5251	Continued From page 8 (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: KAR 26-42-105(f)(11) The facility reported a census of nine residents with three residents included in the sample. Based on interview and record review the operator failed to ensure a designated staff documented time of occurrence, actions taken, and results of the action when Resident (R) 3 reported shortness of air on 08/26/25 and when she went to the hospital in September and returned to the facility. Findings included: - Record review for R3 revealed an admission date of 06/17/24 with diagnoses of diabetes mellitus and chronic obstructive pulmonary disorder (COPD). The 03/05/25 "Functional Capacity Screen" (FCS) identified R3 was unable to perform management of treatments. The 03/05/25 "Negotiated Service Agreement" (NSA) identified R3 received assistance with management of treatments by facility staff to	S5251		

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ADVANCED CARE HOME PLUS	5501 POLO DRIVE WICHITA, KS 67208

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S5251	Continued From page 9	S5251		

monitor blood glucose levels.

The 08/26/25 "Nurse Note" documented R3 coughed green/yellow sputum and complained of shortness of air. A chest x-ray was ordered by R3's Primary Care Provider (PCP).

Review of "Nurse Notes" from 08/26/25 to 12/29/25 (start of the survey) revealed only one note. R3's record lacked evidence of documentation of time of occurrence, actions taken, and results of the action when she reported shortness of air and when she went to the hospital in September and returned to the facility.

On 12/30/25 at approximately at 01:06 PM Licensed Nurse (LN) B stated R3 was in the hospital in September. She confirmed R3's record lacked evidence of documentation of time of occurrence, actions taken, and results of the action when she reported shortness of air on 08/26/25. She further confirmed R3's record lacked evidence of documentation when R3 went to the hospital in September and returned to the facility.

The undated facility's "Resident Records" policy documented each resident's record would contain "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."

The operator failed to ensure a licensed nurse documented time of occurrence, actions taken, and results of the action when R3 reported shortness of air on 08/26/25 and when she went

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S5251	Continued From page 10 to the hospital in September and returned to the facility.	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1) The facility reported a census of nine residents. Based on interview and record review the operator failed to ensure evidence of certification of three staff was completed upon hire.	S5258		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE WICHITA, KS 67208

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S5258	Continued From page 11 Findings included: - Record review for Certified Medication Aide (CMA) C revealed a hire date of 11/11/25. The 12/30/25 "Nurse Aide Confirmation Notice" revealed a current certification for CMA C. Record review for CMA D revealed a hire date of 10/08/25. The 12/30/25 "Nurse Aide Confirmation Notice" revealed a current certification for CMA D. Record review for CMA E revealed a hire date of 04/21/25. The 12/30/25 "Nurse Aide Confirmation Notice" revealed a current certification for CMA D. On 12/30/25 at approximately 03:50 PM Administrative Staff A confirmed CMA C, D, and E's records lacked evidence of documentation certification was current upon hire. The operator failed to ensure evidence of certification of three staff was completed upon hire.	S5258		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected	S5286		

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	B087221	A. BUILDING: _____ B. WING _____	12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE WICHITA, KS 67208

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S5286	Continued From page 12 medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of nine residents with three residents included in the sample. Based on interview and record review the operator failed to ensure designated staff ensured Resident (R) 3's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration of select medications. Findings included: - Record review for R3 revealed an admission date of 06/17/24 with diagnoses of diabetes mellitus. The 03/05/25 "Functional Capacity Screen" identified R3 was unable to perform management of medications. The 03/05/25 "NSA" identified facility staff administered R3 her medications. The 02/16/25 "NSA" failed to identify R3 self-administered insulin. On 12/30/25 at 10:46 AM Licensed Nurse (LN) confirmed R3's "NSA" failed to identify who was responsible for administration of insulin.	S5286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087221	A. BUILDING: _____ B. WING _____	12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE WICHITA, KS 67208

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S5286	Continued From page 13 On 12/30/25 at approximately 11:19 AM R3 stated a medication aide dialed her insulin pen and gave it to her to self-administer the insulin. The undated facility's "Medication Management" policy documented the "NSA" would identify who was responsible for the administration and management of select medications. The operator failed to ensure designated staff ensured R3's "NSA" identified who was responsible for administration of select medications.	S5286		
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: KAR 26-42-205(g)(3) The facility reported a census of nine residents. Based on observation and interview the operator	S5313		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087221	A. BUILDING: _____ B. WING _____	12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE WICHITA, KS 67208

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S5313	Continued From page 14 failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages and removable containers from the original packages of all over-the-counter (OTC) medications. Findings included: - Observation on 12/29/25 at 09:44 AM revealed an unlocked closet near the main common area with the following medications inside that lacked residents' full names: One bottle of acetaminophen 500 milligrams (mg), 500 caplets Two bottles of acetaminophen 500 mg, 600 caplets One bottle of Tums 1000 mg, 160 chewable tablets On 12/29/25 at approximately 09:44 AM Certified Medication Aide (CMA) C confirmed the OTC medications lacked residents' full names. The undated facility's "Medication Management" policy documented a licensed pharmacist or licensed nurse would put the full name of the resident on the package. The operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages of all OTC medications.	S5313		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication	S5315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087221	A. BUILDING: _____ B. WING _____	12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE 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
S5315	Continued From page 15 aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)	S5315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087221	A. BUILDING: _____ B. WING _____	12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE WICHITA, KS 67208

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S5315	Continued From page 16 The facility reported a census of nine residents. Based on observation and interview the operator failed to ensure designated staff secured medications managed by the home in a locked location. Findings included: - Observation on 12/29/25 at 09:44 AM revealed an unlocked closet near the main common area with the following medications inside: One bottle of acetaminophen 500 milligrams (mg), 500 caplets Two bottles of acetaminophen 500 mg, 600 caplets One bottle of Tums 1000 mg, 160 chewable tablets One box of 10 prefilled six milliliter (ml) syringes of lidocaine jelly On 12/29/25 at approximately 09:44 AM Certified Medication Aide (CMA) C confirmed the medications were unsecured. Observation on 12/29/25 at 10:15 AM revealed a resident's room labeled #2 door was open with the following medications visible from the hallway on the resident's bed-side table: One bottle of berberine 1300 mg, 120 capsules One bottle of melatonin 10 mg, 60 gummies On 12/29/25 at 02:27 AM Administrative Staff A confirmed resident's room #2 had medications on the bed-side table.	S5315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5315	Continued From page 17 Observation on 12/30/25 at approximately 11:19 AM revealed one bottle of miconazole 2% powder on the bed-side table in another resident's room. On 12/30/25 at 01:06 PM Licensed Nurse (LN) B confirmed a bottle of miconazole 2% powder was not stored in a locked location. The undated facility's "Medication Management" policy documented licensed nurses or medication aides would store non-controlled medications in a locked medication room, cabinet, or medication cart. The operator failed to ensure designated staff secured medications managed by the home in a locked location.	S5315		