STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087297	A. BUILDING: _____ B. WING _____	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ULTRA CARE HOME PLUS ADE HOUSE	12425 E OSIE STREET WICHITA, KS 67207

(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 citations represent the findings of the licensure resurvey for the above named facility conducted on 01/14/26	S 000		
S5246 SS=F	26-42-105 (c) Resident Record Safeguards (c) Each administrator or operator shall ensure the safeguarding of resident records against the following: (1) Loss; (2) destruction; (3) fire; (4) theft; and (5) unauthorized use. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-105 (c) (4)(5) The facility reported a census of 5 residents. Based on observation and interview the Operator failed to ensure the safeguarding of resident records, against theft and unauthorized use for all residents. Findings included: - Observation on 01/14/26 at approximately 09:15 AM during the facility tour revealed a set of shelfs above the facility medication cart located in the common living room on the west wall was a shelf with two binders. One binder was labeled with R1's name and the second binder was labeled with R4's name. A set of shelfs on the southeast corner of the common living room located above the filing cabinet revealed 3	S5246		

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

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S5246	Continued From page 1 binders. One binder was labeled with R2's name, the second binder was labeled with R3's name, and the third binder was labeled with R5's name. In the home were two facility employed maintenance men, and an outside contractor installing the security cameras in the home. Interview on 01/14/26 with Registered Nurse A confirmed the binders were the resident records for R's 1, 2, 3, 4, and 5. The Operator failed to ensure the safeguarding of resident records, against theft and unauthorized use for all residents.	S5246		
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 by: K.A.R. 28-39-437 (a) The facility reported a census of 5 residents. Based on observation and interview the Operator failed to ensure the home was maintained to protect the health and safety of residents.	S5335		

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S5335	Continued From page 2 Findings included: - Observation on 01/14/26 at approximately 09:15 AM during the facility tour, in the bathroom located in the southwest area of the home, the door to the bathroom freely opened and, on the counter, where the sink was located, was a container of opened Clorox wipes. Interview on 01/14/26 at approximately 04:00 PM with Registered Nurse A confirmed all chemicals of the home were to be kept secure. The Operator failed to ensure the home was maintained to protect the health and safety of residents.	S5335		