STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087048	A. BUILDING: _____ B. WING _____	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ESTATES WICHITA	10550 E 21ST STREET NORTH WICHITA, KS 67206

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 197788, 197766, 197770, 197471, 196774, 196571, 196334, and 191963 for the above named facility conducted on 01/20/26, 01/21/26 and 01/22/26.	S 000		
S3261 SS=E	26-41-105 (f) (11) Resident Record 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: K.A.R. 26-41-105 (f) (11) The facility reported a census of 62 residents. The sample included 6 "Residents'" (R)'s and 2 focused reviews. Based on record review and interview the Administrator failed to ensure the 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 for R3 and R6. Findings included: - Record review for R3 revealed an admission date of 05/21/25 with diagnoses of type two diabetes mellitus, personal history of malignant	S3261		

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

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S3261	Continued From page 1 neoplasm of the prostate, personal history of pulmonary embolism, other amnesia, obesity, and long-term use of insulin. Review of R3's combined "Functional Capacity Screen"(FCS)/"Negotiated Service Agreement" (NSA) dated 07/02/25 revealed the facility staff would provide R3 with physical assistance with bathing, dressing, and management of his medications and medical treatments. Facility staff were to provide supervision with R3's toileting, transferring, and walking/mobility. R3 was identified at risk for falls, and impaired vision. R3 used a walker and cane mobility device. Review of R3's "Health Service Plan" (HSP) dated 07/02/25 instructed the facility staff to become familiar with R3's daily routine and attempt to anticipate and meet his needs daily, encourage R3 to participate in activities that would increase his strength and mobility, and maintain a safe environment for R3. Review of R3's electronic "Medical Record" under the "Progress Notes" tab revealed the following entry; On 01/15/26 at 11:08 AM it was documented that R3 had an unwitnessed fall in his bathroom ad had received a skin tear to the left forearm. The skin tear was "cleansed with normal saline and a bandage was applied". R3's vital signs were obtained. "Staff to monitor resident for new pain or issues. Rug in the bathroom to be removed". R3's electronic "Progress Notes" lacked an entry for follow up of new pain or "issues" for R3.	S3261		

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S3261	Continued From page 2 - Record review for R6 revealed an admission date of 08/25/25 with diagnoses of senile degeneration of the brain, type two diabetes mellitus with diabetic peripheral angiopathy, and major depressive disorder. Review of R6's combined FCS/NSA revealed the facility staff would provide R6 supervision with bathing, toileting, and physical assistance with dressing. R6 was independent with transferring and walking/mobility, eating, and he lacked the ability to manage his own medications and medical treatments. Review of R6's HSP dated d08/25/25 instructed the facility staff to "Check vitals monthly and with each medication administration (if ordered by physician)". Review of the facility provided document titled "Weights and Vitals Summery" revealed the following; On 01/13/26 at 07:58 AM a blood glucose reading of 41 milligrams per deciliter(mg/dL) was recorded. Under the column titled "Warnings" it was documented "Low of 60.0 exceeded". O 01/16/26 at 07:09 PM a blood glucose reading of 270 mg/dL was recorded. Under the column titled "Warnings" it was documented "High of 250.0 exceeded". Review of R6's electronic "Medical Record"	S3261		

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S3261	Continued From page 3 under the "Progress Notes" tab revealed the following; The record lacked an entry for 01/13/26 documenting all incidents and other indications for illness, including the date, time, action taken and results of the action for R6 having a low blood glucose reading that was below the low parameter. On 01/16/26 at 02:02 PM a late entry that R6 was seen by his medical care provider. The record lacked an entry for 01/16/26 documenting all incidents and other indications for illness, including the date, time, action taken and results of the action for R6 having a high blood glucose reading that was above the high parameter. Interview on 01/22/26 at approximately 04:00 PM with Administrator A and Regional Nurse B confirmed the electronic "Progress Notes" for R3 lacked the documentation of the results of actions taken when staff were to monitor for new pain or "issues" after an unwitnessed fall. They further confirmed R6's medical record lacked documentation of actions taken for the blood glucose reading that fell below the low parameter, and for the blood glucose reading that exceeded the high parameter. The Administrator failed to ensure the 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 for R3 and R6.	S3261		
S3320 SS=E	28-39-254 CONSTRUCTION	S3320		

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S3320	Continued From page 4 (a) The assisted living facility or residential health care 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. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-254 (a) The facility reported a census of 62 residents. 49 residents resided in the assisted living portion of the facility and 13 residents resided in the secured specialty unit of the facility. Based on observation and interview the Administrator failed to ensure the secured specialty unit of the facility was maintained to protect the health and safety of the 13 residents who resided in the unit.	S3320		

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S3320	Continued From page 5 Findings included: - Observation on 01/21/26 at approximately 11:30 AM in the secured specialty unit, in the kitchenette located in the northwest corner of the common area, the cabinet door under the sink freely opened and there were two plastic spray bottles. One bottle was labeled "Glance RTU Glass and Multi Surface Cleaning Solution", and the other bottle lacked a label of the contents of the bottle. Interview on 01/21/26 at approximately 11:30 AM with Administrator A confirmed all cleaning chemicals were to be secured in the specialty unit. The Administrator failed to ensure the secured specialty unit of the facility was maintained to protect the health and safety of the 13 residents who resided in the unit.	S3320		