STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087195	A. BUILDING: _____ B. WING _____	02/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE CARE HOMES	5319 S SPRUCE STREET WICHITA, KS 67216

(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 facility conducted on 02/12/26 and 02/16/26.	S 000		
S5105 SS=D	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: 5105 KAR 26-42-202(a)(1) The facility reported a census of two residents with one respite care resident. All three residents were included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service	S5105		

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

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S5105	Continued From page 1 needs, and preferences for Resident (R)103. Findings included: - R103's medical record revealed she moved into the facility on 01/05/26 with a diagnosis of diabetes mellitus. The 01/05/26 FCS identified R103 triggered for impaired hearing and impaired decision-making. The 01/05/26 NSA did not address the services staff provided R103 concerning impaired hearing and impaired decision-making. On 02/16/26 at 12:09 PM Administrative Staff A stated the NSA did not address what services staff provided R103 concerning hearing impairment or decision-making. The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS, her service needs, and preferences.	S5105		
S5320 SS=F	26-42-205 (k) Medication Clinical Records (k) Clinical record. The administrator or operator, or the designee, shall ensure that the clinical record of each resident for whom the home manages the resident ' s medication or prefills medication containers or syringes contains the following documentation: (1) A medical care provider ' s order for each medication; (2) the name of the pharmacy provider of the resident ' s choice; (3) any known medication allergies; and	S5320		

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S5320	Continued From page 2 (4) the date and the 12-hour or 24-hour clock time any medication is administered to the resident. This REQUIREMENT is not met as evidenced by: 5320 KAR 26-42-205(k)(4) The facility reported a census of two residents and one respite care resident with all three residents included in the sample. Based on record review and interview the facility failed to ensure the clinical record of each resident for whom the facility administered medications for contained the 12-hour or 24-hour clock time any medications were administered to residents. Findings included: - Review of the medication administration records for Resident (R)103, R104 and R105 revealed administration times of medications were labeled with "AM" (morning), "PM" (evening) and "HS" (bedtime) instead of using a 12-hour or 24-hour clock time. On 02/16/26 at 12:09 PM Administrative Staff A confirmed the resident medication administration records did not have a 12 or 24-hour time for medication administration. The operator failed to ensure the clinical records	S5320		

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S5320	Continued From page 3 for medication administration included a 12 or 24-hour clock time.	S5320		