Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087307	A. BUILDING: _____ B. WING _____	02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN HOUSE	3225 W 15TH STREET N WICHITA, KS 67203

(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 an initial Licensure Survey for the above named Home Plus Facility conducted on 02/16/26 and 02/17/26.	S 000		
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 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 seven residents. Based on record review and interview, the operator failed to ensure staff prepared food using safe methods to ensure staff served foods at the proper temperature for all residents in the facility.	S5192		

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

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S5192	Continued From page 1 - During initial tour on 02/16/26 at 02:22 PM review of the food temperature logs provided by the operator revealed the following: December 2025 : no food temperatures on the 25th, 30th, and 31st and no lunch or dinner food temps on 12/29/25. January 2026 : No food temperatures on the 16th, 21st and 31st and no lunch or dinner food temps on 01/12/26. February 2026: No food temperatures on the 5th, 14th, and no dinner temps on the 8th and 9th and no temps for lunch and dinner on the 11th. Interview on 02/16/25 at 04:00 PM Administrative staff A confirmed staff were to be taking and logging the temperatures of foods they prepare. According to the " Dietary Guidelines for Americans 2005" recommends using a clean thermometer that measures the internal temperature of cooked food to make sure food is cooked to and held at proper temperatures and to keep food out of the "danger zone" (40 degrees Fahrenheit to 140 degrees F) where bacteria can multiply rapidly. The operator failed to ensure staff checked the temperature of food to ensure staff cooked it to the proper temperature as well as served at a proper temperature.	S5192		
S5313 SS=E	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	S5313		

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S5313	Continued From page 2 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 (R). Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each package and/or bottle/tube of over-the-counter medication the facility was responsible for administering. Findings included: - Observation on 02/16/26 at 01:07 PM Certified Medication Aide (CMA) B unlocked the medication cabinets for inspection which revealed the following over-the-counter medications without the resident's full name on the box or medication container: Bottle of Smarter Greens, bottle of Hair Skin and Nails supplement, box of Nasal Relief with no name on the box or the foil packs, Bottle of Eye drops, Bromelain, Aspercream in a cream and in a roll-on.	S5313		

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S5313	Continued From page 3 Interview on 02/16/26 at 01:09 PM CMA B reported she wasn't sure how over-the-counter medications were supposed to be labeled. Interview on 02/16/26 at 04:00 PM Administrative Staff A confirmed over-the-counter medications were to have the resident's full name on the bottle. The operator failed to ensure each over-the-counter medication included the residents' full name on the package and the medication container.	S5313		