STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087206	A. BUILDING: _____ B. WING _____	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES INC #219	219 S MORNINGSIDE STREET WICHITA, KS 67218

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 198178 and 197897 for the above named facility conducted on 06/16/26.	S 000		
S5026 SS=J	26-42-101 (f) (1) Staff Treatment of residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-101 (f) (1) (B) The facility reported a census of 9 residents. The sample included 3 "Residents'" (R)'s and 1 focused review. Based on interview and record review, Operator A failed to protect R4 from neglect when "Certified Nurse Aide" (CNA) B failed to follow the "Health Service Plan" (HSP) that instructed facility staff to use two people to safely transfer R4, which resulted in R4 sustaining a fractured right femur on 01/22/26 that was confirmed by X-ray on 01/23/36. R4 died on 01/26/26. Operator A further failed to protect R4 from neglect when "Certified Medication Aide" (CMA) C and CNA D failed to	S5026		

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

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S5026	Continued From page 1	S5026		

report CNA B to the nurse when CNA B declined the second person to assist in the safe transfer of R4. This placed R4 in immediate jeopardy.

Findings included:

- Record review for R4 revealed an admission date of 09/10/25 with diagnoses of senile dementia with psychosis, mood disorder, anemia, abnormal weight loss, mixed anxiety and depressive disorder, generalized osteoarthritis, and atrial fibrillation.

Review of R4's "Functional Capacity Screen" (FCS) dated 09/10/25 revealed R4 required physical assistance with bathing, dressing, toileting, transferring and walking. R4 was independent with eating. R4 lacked the ability to manage her own medications and medical treatments. R4 was frequently incontinent, and had impaired short-term memory, long-term memory, memory/recall, and decision making. R4 was sometimes able to make herself understood and she sometimes understood others. R4 had impaired vision and impaired decision making. R4 used a wheelchair mobility device.

Review of R4's "Negotiated Service Agreement" (NSA) dated 09/10/25 identified the facility staff would provide regular toileting, assistance with dressing, and assist of one staff member to complete all activities of daily living. Section 8identified R4 used a "Broda Chair" for her primary mode of mobility. Section 9 Transfers: Instructions, supervision, and assistance as needed. Assistance needed. 2-person assistance".

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S5026	Continued From page 2 Review of R4's HSP dated 09/10/25 instructed facility staff to assist R4 to the toilet after meals, check for incontinence every two hours, and perform hygiene cares. Under the section titled "Ambulation" facility staff were instructed to provide complete assistance, "2 person assist with transfers-Broda chair for positioning-staff to propel". Review of R4's medical record revealed a medical provider's visit note dated 01/06/26 and was signed by "Advanced Practice Registered Nurse" (APRN) E, that revealed R4 was seen for the "Chief Complaint of chronic pain" and R4 had an order for Hydrocodone 5 milligrams to be administered by mouth three times daily, and every four hours as needed for pain. In the History and Physical section, APRN E documented R4 was seen at the request of the facility staff for the follow up of chronic pain. R4 had been taking hydrocodone three times a day which had helped her move without pain. APRN E continued to document that R4 "was having a lot of pain with any transfers". Review of the facility provided document titled "Resident Notes" revealed the following entries; On 01/20/26 at 02:57PM a provider note from the local hospice agency revealed that R4 was seen for a hospice visit and R4 did not show any pain or discomfort during the visit. The resident record lacked an entry on 01/22/26 . On 01/23/26 at 11:12 AM a provider note from	S5026		

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the local hospice agency revealed the facility staff had called the hospice agency to report that R4 had a "non-responsive episode" when the facility staff got her out of bed. There was bruising to the top of her right hand and to the right shin. R4 "flinched and grimaced" when the nurse "lightly touched" the hand. The hospice provider continued to document that R4 did not verbally respond when R4 was asked if she was in pain. Pain mediation was administered to R4. The note continued to reveal that when staff were attempting to provide R4 with a shower she "winced in pain when the right leg was touched".

On 01/23/26 at 11:56 AM a provider note from the local hospice agency revealed the facility CMA and nurse reported that R4 had been in pain most of the day and had felt "abnormal". When attempting to assist R4 with a shower, facility CMA F noticed R4 was in pain. The local hospice home health aide and facility CMA F then noticed a purple raised area on R4's upper "Kneecap".

On 01/23/26 at 06:51PM facility LPN G documented a new order for an x-ray to the right knee was obtained from APRN E and a fracture of the right femur was confirmed. LPN G continued to document that R4's family expressed concern about how CNA B would not talk to R4 when providing cares and would provide care to R4 while "blasting music on her phone".

On 01/26/26 at 12:05AM a nurse note entry revealed that R4 had died.

Review of the facility provided signed and

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S5026	Continued From page 4 notarized "Witness Statement" dated 02/10/26 from CMA F revealed that on 01/23/26 she and CNA H went to assist R4 in getting up for the day. CMA F wrote that she immediately noticed bruising to R4's "shin, hand, and knee". R4 wrote that she asked CNA H if the bruising was present on R4 the day prior, and CNA H responded to CMA F that the bruising was not present on the day prior. CMA F wrote that she notified facility nurse G of the new bruising to R4 at 08:34AM and at 08:40AM to notify the nurse that R4 had experienced an episode of being non-responsive. CMA F continued to write that facility nurse G notified the local hospice agency to report R4's change of condition. CMA F continued her statement and at 11:35 AM she and the local hospice home health aide were assisting R4 in the shower when CMA F noticed "something protruding" into the top of R4's right thigh. Review of the facility provided signed and notarized "Witness Statement" dated (month was not identified) /10/26 and signed by CMA C revealed on 01/22/26 around 08:30 (AM/PM not indicated) that while passing resident medications, she overheard a conversation between CNA's B and D. CMA C wrote that CNA D had "just laid someone down" on the "east hallway" CNA D told CNA B that she "could help" with CNA B's two person assist. CMA C continued to write that CNA B's response was "I got it", she did not hear the rest of the conversation, "but assumed" that CNA D helped CNA B "anyway Review of the facility provided signed and notarized "Witness Statement" dated 02/09/26	S5026		

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from CNA D revealed that she worked the second shift that day. CNA D wrote that she asked CNA B if she needed her "assistance" laying down the residents. CNA D continued to write that CNA B "insisted" that CNA B and CNA D do "separate halls". CNA D wrote that she told CNA B to let her know if CNA B needed any help. CNA Included in her statement that "Later" R4 had a bowel movement and that CNA B stated she was going to shower R4 and continued to write that CMA B did not ask for any assistance.

Review of the facility provided investigation summary dated 01/23/26 and signed by Operator A revealed the following:

R4's family had a camera in R4's room.

On 01/22/26 R4 had a "large episode" of bowel movement. R4's family reported that the caregiver took R4 from her room at 09:20 PM and returned to R4's room at 10:10 PM.

Operator A confirmed that CNA B had been transferring R4 without a second person in R4's room.

Operator A's interview with R4's family confirmed that CNA B "always" transferred R4 on her own in R4's room, and the family member confirmed that two people would assist in the common area when they transferred R4 from the recliner to the wheelchair and "vice versa" when the family member was in the home. Resident was "care planned for two person transfer at all times".

Operator A's interview with CNA B revealed that CNA B "always transferred" R4 "on her own to

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S5026	Continued From page 6	S5026		

put her to bed". Operator A continued to write that CNA B would use the mechanical sling lift to transfer without using a second person. Operator A included that CNA B was "aware" that mechanical sling lifts were to be only used with two staff members present for the transfer. CNA B confirmed that she would use the mechanical sling lift on other residents without assistance.

Operator A's notes dated 01/23/26 included that CNA B was terminated "effective immediately" for not following company policy.

Review of the facility provided investigation revealed a document titled "Care Giver Job Description Summary" signed by CMA B on 08/13/25 revealed the following:

"1. Direct personal care of residents including, but not limited to:

b. Adhere to the resident assessment and care plan for each resident in the home.

f. Be knowledgeable at all times regarding resident behavior problems; ...and other pertinent information;"

"2 Direct care of the home, including but not limited to;

6. Report incidents or concerns regarding resident care to direct supervisor immediately.

9. a. Assisting in the safe transfer and physical care of residents."

Above the signature line on the last page of the

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S5026	Continued From page 7 Job description it was typed that the individual signing the Job description had read the job description, understood the duties and responsibilities stated in the job description, and that the job description was subject to change as needed. Interview on 06/16/26 at approximately 05:00PM with Operator A confirmed that CNA B was terminated on 01//23/26 prior to the start of CNA B's next scheduled shift. Operator A continued to confirm CMA C and CNA D failed to report CNA B for not asking for assistance in transferring R4, and CMA C and CNA D further failed to acknowledge that CNA B neglected to provide services that were reasonably necessary to ensure the safety of R4 when CNA B failed to ask for assistance when transferring R4.. This placed R4 in immediate jeopardy on 01/22/26 until the jeopardy was removed on 01/24/26. The facility removal plan included the following: On 01/23/26 CMA B was terminated from employment. On 01/23/26 and 01/24/26 facility staff provided education on the importance of following the care plan and how to correctly do a two person transfer for a resident with the assistance of a gait belt. Caregivers are provided annual training and upon hire transferring residents with gait belts and mechanical lifts. 03/20/26 Quarterly house meeting included education on the use of gait belts and mechanical lifts.	S5026		

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S5026	Continued From page 8 06/12/26 a mandatory skill fair was held and included the proper use of lifts and resident transfers.	S5026		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-201 (c) (2) The facility reported a census of 9 residents. The sample included 3 "Residents'" and 1 focused review. Based on record review and interview, the Operator failed to ensure a screening that determined R2's functional capacity (FCS) was performed when R2 experienced a change of condition. Findings included: - Record review for R2 revealed an admission date of 12/19/22 with diagnoses of Alzheimer's disease, atherosclerotic heart disease of native coronary artery, hypertensive heart disease with	S5085		

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S5085	Continued From page 9	S5085		

heart failure, atrial fibrillation, dysphagia, pain, insomnia, anemia, hypokalemia, long term use of anticoagulants, and heart failure.

Review of R2's FCS dated 07/25/25 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and supervision with eating. R2 lacked the ability to manage her own medication and medical treatments. R2 was incontinent, and had impaired short-term memory, long-term memory, memory/recall, and decision making. R2 was usually able to make herself understood and she usually understood others. R2 was at risk for falls and impaired decision making. R2 used a walker and wheelchair mobility device.

Review of R2's "Negotiated Service Agreement" (NSA) dated 07/25/25 identified the facility staff would provide physical assistance with bathing, toileting, dressing, mobility, and a "1-2 person transfer" for transferring. Facility staff would administer R2's medications. The facility staff would perform a whole-body skin assessment within 72 hours of admission to the facility. Thereafter, the "skin assessments" would be done weekly by a "Certified Nurse Aide" under the supervision of a Licensed Nurse. The section titled "Treatments" revealed if treatments were ordered or needed as required by a physician or primary care practitioner, the home would assist in locating providers available to provide the necessary services/treatments. Under the section titled "Special Needs / Services" listed a local hospice agency, and the section titled "Wound Care" lacked documentation.

Review of R2's "Health Service Plan" (HSP)

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S5085	Continued From page 10	S5085		

dated 07/25/25 instructed the facility staff to provide moderate physical assistance with bathing one time weekly, toileting, dressing, and provide a two person assist for transferring.

R2's HSP lacked instructions to facility staff on wound prevention and skin preservation.

Review of R2's medical record revealed a document titled "Negotiated Service Agreement" with a "Significant Change" date of 09/11/25. The NSA identified the facility staff would provide physical assistance with bathing, toileting, dressing, mobility, and a "1-2 person transfer" for transferring. Facility staff would administer R2's medications. The facility staff would perform a whole-body skin assessment within 72 hours of admission to the facility. Thereafter, the "skin assessments" would be done weekly by a "Certified Nurse Aide" under the supervision of a Licensed Nurse. The section titled "Treatments" revealed if treatments were ordered or needed as required by a physician or primary care practitioner, the home would assist in locating providers available to provide the necessary services/treatments. Under the section titled "Special Needs / Services" listed a local hospice agency, and the section titled "Wound Care" listed the local hospice agency would provide wound care as ordered by the medical provider.

Interview on 06/16/26 at approximately 05:00PM with Operator A and Licensed Nurse G confirmed R2 had experienced a change of condition, and an addendum was added to the NSA for the addition of a pureed diet. They further confirmed R2 was made a not to be a two-person transfer. R2's order read she was to be transferred using

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S5085	Continued From page 11 the mechanical sit to stand lift, and she had developed wound to her right foot. Operator A and Licensed Nurse G continued to confirm the NSA and HSP for R2 lacked documentation of instructions to staff on skin preservation and wound prevention. The Operator failed to ensure a screening that determined R2's functional capacity (FCS) was performed when R2 experienced a change of condition.	S5085		
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: K.A.R. 26-42-202 (a) (1) The facility reported a census of 9 residents. The	S5105		

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S5105	Continued From page 12	S5105		

sample included 3 "Residents'" and 1 focused review. Based on observation, interview, and record review, the Operator failed to ensure R2's "Negotiated Service Agreement" (NSA) provided a description of services the resident would receive when R2's NSA was revised for a change of condition.

Findings included:

- Record review for R2 revealed an admission date of 12/19/22 with diagnoses of Alzheimer's disease, atherosclerotic heart disease of native coronary artery, hypertensive heart disease with heart failure, atrial fibrillation, dysphagia, pain, insomnia, anemia, hypokalemia, long term use of anticoagulants, and heart failure.

Review of R2's FCS dated 07/25/25 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and supervision with eating and facility staff were to cut up R2's meats and R2 could have a regular diet with thin liquids. R2 lacked the ability to manage her own medication and medical treatments. R2 was incontinent, and had impaired short-term memory, long-term memory, memory/recall, and decision making. R2 was usually able to make herself understood and she usually understood others. R2 was at risk for falls and impaired decision making. R2 used a walker and wheelchair mobility device.

Review of R2's "Negotiated Service Agreement" (NSA) dated 07/25/25 identified the facility staff would provide physical assistance with bathing, toileting, dressing, mobility, and a "1-2 person

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transfer" for transferring. Facility staff would administer R2's medications. The facility staff would perform a whole-body skin assessment within 72 hours of admission to the facility. Thereafter, the "skin assessments" would be done weekly by a "Certified Nurse Aide" under the supervision of a Licensed Nurse. The section titled "Treatments" revealed if treatments were ordered or needed as required by a physician or primary care practitioner, the home would assist in locating providers available to provide the necessary services/treatments. Under the section titled "Special Needs / Services" listed a local hospice agency, and the section titled "Wound Care" lacked documentation.

Review of R2's "Health Service Plan" (HSP) dated 07/25/25 instructed the facility staff to provide moderate physical assistance with bathing one time weekly, toileting, dressing, and provide a two person assist for transferring.

R2's HSP lacked instructions to facility staff on wound prevention and skin preservation.

Review of R2's medical record revealed a document titled "Negotiated Service Agreement" with a "Significant Change" date of 09/11/25. The NSA identified the facility staff would provide physical assistance with bathing, toileting, dressing, mobility, and a "1-2 person transfer" for transferring. Facility staff would administer R2's medications. The facility staff would perform a whole-body skin assessment within 72 hours of admission to the facility. Thereafter, the "skin assessments" would be done weekly by a "Certified Nurse Aide" under the supervision of a Licensed Nurse. The section titled "Treatments"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087206	A. BUILDING: _____ B. WING _____	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES INC #219	219 S MORNINGSIDE STREET WICHITA, KS 67218

(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
S5105	Continued From page 14 revealed if treatments were ordered or needed as required by a physician or primary care practitioner, the home would assist in locating providers available to provide the necessary services/treatments. Under the section titled "Special Needs / Services" listed a local hospice agency, and the section titled "Wound Care" listed the local hospice agency would provide wound care as ordered by the medical provider. Review of R2's medical record revealed a document titled "Negotiated Services Agreement Addendum" dated 04/08/25 that revealed R2 was placed on a pureed diet due to dysphagia. Review of R2's medical record revealed a document titled "Order Form" from the local hospice agency dated 02/02/26 that revealed the local hospice agency was to change the wound on Mondays, Fridays, Saturdays, and Sundays, and the facility staff were to change the dressing on Tuesdays, Wednesdays, and Thursdays. Review of R2's Medical record revealed a document titled "Order Form" dated 02/02/26 that ordered the following; "Right heel stage 3 pressure ulcer; paint with betadine daily. Right medial foot ankle stage 4 pressure ulcer; cleanse with wound cleanser and soak for five minutes. Thoroughly scrub wound bed and peri wound with dry woven gauze to remove any unhealthy tissue. Pat dry. Paint peri wound with betadine and skin prep. Place a single layer of woven gauze over the wound. Then place calcium alginate AG over the gauze packing this into the wound bed. Secure with steri strips.	S5105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087206	A. BUILDING: _____ B. WING _____	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES INC #219	219 S MORNINGSIDE STREET WICHITA, KS 67218

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S5105	Continued From page 15 Place another single layer of woven gauze over this followed by half a 4x4 sheet of calcium alginate and secure with 6x6 bordered foam dressing. Change daily for one week. Discontinue "boots" at night, and no tight socks, continue floating heels while in bed, and R2 was to be a sit to stand transfer for all transfers and not a two-person lift. Review of R2's medical record revealed a document titled "Order Form" dated 04/03/26 that ordered R2 to have a pureed diet due to dysphagia. Interview on 06/16/26 at approximately 05:00PM with Operator A and Licensed Nurse G confirmed R2 had experienced a change of condition, and an addendum was added to the NSA for the addition of the pureed diet. They further confirmed that R2 was to be transferred using a mechanical sit to stand lift. They continued to confirm the pressure ulcer to the right heel had resolved, and she had developed wound to her right medial foot. Operator A and Licensed Nurse G continued to confirm the NSA and HSP for R2 lacked documentation of instructions to staff on skin preservation and wound prevention, and the preparation of her pureed diet. The Operator failed to ensure R2's NSA provided a description of services the resident would receive when R2's NSA was revised for a change of condition.	S5105		