STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087293	A. BUILDING: _____ B. WING _____	C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHT HOME PLUS LLC	109 N MARS STREET WICHITA, KS 67212

(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 represents the findings of a licensure resurvey with attached complaint #199626 at the above named home plus facility conducted on 08/25/26. The facility reported a census of 5 residents. The sample included 4 residents.	S 000		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (f) The facility had a main kitchen where food was stored and prepared. Based on observation and interview, the facility failed to ensure foods were stored under safe conditions. Findings included: - Observation on 08/25/26 at 11:02 AM revealed a refrigerator and freezer was in the facility's main kitchen which contained food items for the residents. Located inside refrigerator were the following foods with no open date as well as expired foods: One container Sour Cream 14 ounces (oz), best	S5195		

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

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S5195	Continued From page 1 by date of 07/13/26 One can Crescent Rolls 8 oz, best by date of 04/13/26 One jar Red Raspberry Preserves, opened and not labeled One container Miracle Whip 15 fluid oz, opened and not labeled On 08/25/26 at approximately 11:15 AM Administrative Nurse A confirmed there were no temperature logs for the refrigerator and freezer located in the main kitchen. Administrative Nurse A confirmed foods listed above were expired and not labeled with open date. The August 2024 Kansas Department of Agriculture's "Focus on Food Safety" booklet documented cold foods must be maintained at an internal temperature of 41 degrees Fahrenheit (F) or below and poisonous or toxic items must be stored separately from foods and food contact surfaces. The facility failed to ensure foods were stored under safe conditions.	S5195		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure	S5230		

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S5230	Continued From page 2 the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) Based on interview and record review, the facility failed to ensure they remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for one resident. Findings included: - Review of Resident (R)1's record revealed an admission date of 02/05/26 and with most recent TB screening questionnaire completed 02/26/26. The first step of TB two-step test (TST) was administered 02/26/26 and read 02/28/26, second TB step was administered 03/20/26 and read 03/23/26. On 08/25/26 at approximately 01:30 PM Administrative Nurse A confirmed the TB TST was not administered within 7 days of residency. The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented each new resident shall receive a two-step TST or Interferon Gamma Release Assay within seven days of residency unless a completed TST documentation is provided from within six months prior to admission. The facility failed to ensure they remained in compliance with the State Agency's tuberculosis	S5230		

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S5230	Continued From page 3 guidelines for adult care homes adopted by reference in KAR 26-39-105, which had the potential to affect all residents.	S5230		