STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087186	A. BUILDING: _____ B. WING _____	09/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES INC #557	557 N ARMOUR STREET WICHITA, KS 67206

(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 for the above named home plus facility conducted on 09/01/26. The facility reported a census of eight residents. The sample included three residents.	S 000		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) Based on interview and record review the facility failed to obtain signatures of each individual involved in the development of the "Negotiated Service Agreements" (NSA) for Resident (R)1 and R3. Findings included: - Record review for R1 revealed an admission date of 11/24/25 with a diagnosis of Alzheimer's. The 05/21/26 Functional Capacity Screen (FCS) identified R1 was unable to perform management of medications and treatments; needed assistance with bathing, dressing, toileting, transfers, and eating; was incontinent of bladder; had decision making difficulty; usually understood	S5126		

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

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S5126	Continued From page 1	S5126		

others during communication; and was at risk of falls.

The 05/21/26 Negotiated Service Agreement (NSA) for R1 listed facility staff as provider for management of medications and treatments. The NSA instructed staff to allow R1 time to respond when communicating and to familiarize with routine and anticipate needs.

R1's NSA lacked evidence of documentation of each individual's signature involved in the development of the NSA.

- Record review for R3 revealed an admission date of 07/14/25 with a diagnosis of Diabetes Mellitus.

The 07/14/26 FCS identified R3 was unable to perform management of medications and treatments; needed assistance with bathing; independent with toileting, transfers, and eating; was occasionally incontinent of bladder; had decision making difficulty; and was at risk of falls.

The 07/14/26 NSA for R3 listed facility staff as provider for management of medications and treatments. The NSA instructed staff to allow R3 time to respond when communicating and have staff provide cuing and reminders with grooming.

R3's NSA lacked evidence of documentation of each individual's signature involved in the development of the NSA.

On 09/03/26 at approximately 10:15 AM Administrative Nurse A confirmed R1 and R3's record lacked evidence of documentation of each individual's signature involved in the development of the NSA.

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S5126	Continued From page 2 The facility failed to obtain signatures of each individual involved in the development of the "Negotiated Service Agreements" (NSA) for Resident (R)1 and R3.	S5126		
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 09/01/26 at 10:10 AM revealed cabinets located in the facility's main kitchen which contained food items for the residents. Located inside the cabinets were the following foods with no open date and expired foods: One packet Country Gravy Mix 1.37 oz, best by date of 03/10/26 One container Yellow Cornmeal 24 oz, best by date of 08/08/26	S5195		

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S5195	Continued From page 3 One container Cornstarch 16 oz, best by date of 03/24/26 One container Baking Powder 8.1 oz, best by date of 07/02/26 One bag Sun-Dried Tomatoes 3 oz, best by date of 06/05/26 One container Peanut Butter 16 oz, opened and not labeled One bag Blueberry Vanilla Whole Grain Oats 11 oz, opened and not labeled - Observation on 09/01/26 at 10:15 AM revealed a refrigerator and freezer were in the facility's main kitchen which contained food items for the residents. Located inside refrigerator were the following foods with no open date and expired foods: One bottle Lemon Juice 15 fluid (fl.) ounces (oz), best by date of 06/27/26 One bottle Lime Juice 15 fl. oz, best by date of 01/28/26 One container Sour Cream 24 oz, best by date of 08/12/26 One jug Buttermilk 16 fl. oz, best by date of 08/17/26 One container Grape Jelly 20.5 oz, opened and not labeled One container Soy Sauce 15 fl. oz, opened and not labeled One container Hot Chile Sauce 18 oz, opened and not labeled One jug French Vanilla Coffee Creamer 32 fl. Oz, opened and not labeled One jug Hazelnut Coffee Creamer 32 fl. Oz, opened and not labeled One jug Chocolate Caramel Coffee Creamer 32 fl. Oz, opened and not labeled One container Barbecue Sauce 18 oz, opened and not labeled	S5195		

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S5195	Continued From page 4 One container Ketchup 24 oz, opened and not labeled One container Mustard 20 oz, opened and not labeled One container Thousand Island Dressing 16 fl. Oz, opened and not labeled One container California French Dressing 16 fl. Oz, opened and not labeled One container Worcestershire Sauce 15 fl. Oz, opened and not labeled On 09/01/26 at approximately 10:25 AM 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;	S5230		

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S5230	Continued From page 5 (c) Each administrator or operator shall ensure 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 the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for one newly hired staff. Findings included: - Record review for Nurse B revealed a hire date of 08/10/26. First step of the TB two-step test (TST) was administered 08/10/26 and read 08/12/26. Second step of TB two-step test was administered 08/24/26 but had no results documented. On 09/03/26 at approximately 10:20 AM Administrative Nurse A confirmed there were no results documented. The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented each new employee shall receive a two-step TST or Interferon Gamma Release Assay within seven days of employment unless a completed TST documentation is provided from within six months prior to hire. Each resident and employee should have an annual TB symptom screen.	S5230		

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S5230	Continued From page 6 The facility failed to ensure the facility remained in compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105, which had the potential to affect all residents.	S5230		
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 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) Based on observation and interview, the facility failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages of all over the counter (OTC) medications. Findings included: - Observation on 09/01/26 at 10:29 AM revealed Administrative Nurse A unlocked and opened the medication cabinets where the medications for	S5313		

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S5313	Continued From page 7 the residents were stored. The following OTC medications were not labeled with residents' full names: One bottle of Magnesium Glycinate 240 milligrams (mg), 180 capsules One bottle of Magnesium L-Threonate 2,000 mg, 135 capsules One bottle of Hydrocortisone 1% Anti-Itch Liquid, 2 fluid (fl.) ounces (oz) One bottle of ProOmega 2,000 (fish oil supplement), 120 softgels Two bottles of Extra Strength Probiotics (dietary supplement) 50 billion colony-forming units (CFU), 60 capsules One bottle of O.N.E. Multivitamin (dietary supplement), 120 capsules One bottle of Charcoal Plus Binder (dietary supplement), 60 softgels Two bottles of Refresh Eye Drops, 0.33 fl. Oz One bottle of Aspercreme with 4% Lidocaine Cream, 2.7 oz One bottle of L-Methylfolate (dietary supplement) 1 mg, 90 capsules One bottle of L-Methylfolate (dietary supplement) 2.5 mg, 30 capsules On 09/01/26 at approximately 10:45 AM Administrative Nurse A confirmed the OTC medications were not labeled with residents' full names. The facility failed to ensure all OTC medications were labeled with the residents' full names.	S5313		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and	S5315		

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S5315	Continued From page 8 biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h) Based on observation and interview, the facility failed to ensure that all medications and biologicals are stored in accordance with federal	S5315		

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S5315	Continued From page 9 and state laws and regulations. Findings included: - Observation on 09/01/26 at 10:35 AM revealed Administrative Staff A unlocked the medication cabinets. The following medications located in cabinets were expired. One container of Hydrocortisone Cream 1%, expiration date of 03/19/26 One container of Hemorrhoidal Cream 5%, expiration date of 06/02/26 One container of Thera Tears Eyelid Cleanser 2 fluid (fl.) ounces (oz), expiration date of 03/20/26 One box of Ondansetron 4 (milligrams) mg, 30 tabs, expiration date of 06/06/25 One container of Antifungal Powder 2%, 3 oz, expiration date of 08/18/26 One container of Guaifenesin Oral Solution, 16 fl. Oz, expiration date of 03/01/24 On 09/01/26 at approximately 10:45 AM Administrative Staff A confirmed the medications above were expired. The facility failed to ensure that all medications and biologicals are stored in accordance with federal and state laws and regulations.	S5315		