STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087095	A. BUILDING: _____ B. WING _____	C 09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES INC #441	441 S MORNINGSIDE STREET WICHITA, KS 67218

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S 000	INITIAL COMMENTS The following represents the findings of a licensure resurvey with attached complaint #198356 at the above named home plus facility conducted on 09/23/26. The facility reported a census of 10 residents. The sample included three residents.	S 000		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement 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; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2) Based on observation, interview, and record review the facility failed to ensure the review and revision of the Negotiated Service Agreement (NSA) for Residents (R)1 following a significant change in condition. Findings included:	S5116		

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

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S5116	Continued From page 1 - Review of R1's record revealed an admission date of 12/19/25 with a diagnosis of Alzheimer's. The 12/19/25 "Functional Capacity Screen" (FCS) identified R1 needed physical assistance with bathing, dressing, toileting, transferring, mobility and was unable to perform management of medications or management of treatments. R1 had difficulty with short term memory, long term memory, decision-making, and memory/recall. He was identified with impaired decision-making. The FCS did not show R1 at risk for wandering. The 12/19/25 NSA for R1 identified one facility staff would assist in dressing, take to bathroom, assist to transfer, and assist with walking and mobility. Staff were to administer medications and treatments and change approach as needed. The NSA/HSP lacked revision since admission. Review of facility incident report on 03/20/26 revealed R1 eloped from the back yard through the unlocked gate. The NSA/HSP lacked revision after R1 eloped from the facility. On 09/23/26 at approximately 01:00 PM Administrative Nurse A confirmed R1's NSA/HSP was not revised with updates after R1 eloped. The facility failed to ensure the review and revision of the NSA for R1 following a significant change in condition.	S5116		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed	S5161		

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S5161	Continued From page 2 nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) Based on interview and record review the facility failed to ensure the resident's "Negotiated Service Agreements" (NSA) named the licensed nurse responsible for implementing and supervising the plan. Findings included: - Review of R1's record revealed an admission date of 12/19/25 with a diagnosis of Alzheimer's. The 12/19/25 "Functional Capacity Screen" (FCS) identified R1 needed physical assistance with bathing, dressing, toileting, transferring, mobility and was unable to perform management of medications or management of treatments. R1 had difficulty with short term memory, long term memory, decision-making, and memory/recall. He was identified with impaired decision-making. The 12/19/25 NSA for R1 identified one facility staff would assist in dressing, take to bathroom, assist to transfer, and assist with walking and mobility. Staff were to administer medications and treatments and change approach as needed. An addendum was not completed for R1's NSA upon change in licensed nurse responsible for implementing and supervising his service plan - Record review for R2 revealed an admission date of 06/29/26 with diagnosis of Parkinsonism.	S5161		

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S5161	Continued From page 3 The 06/29/26 FCS identified R2 needed physical assistance with bathing, dressing, toileting, transferring, mobility and was unable to perform management of medications or management of treatments. R2 had difficulty with short term memory, long term memory, decision-making and memory/recall, at risk for falls and had impaired hearing. The 06/29/26 NSA described R2 identified one facility staff would assist in dressing, take to bathroom, assist to transfer, and assist with walking and mobility. Staff were to administer medications and treatments. Staff were to provide quiet activities, speak slowly and give one direction as a time. An addendum was not completed for R2's NSA upon change in licensed nurse responsible for implementing and supervising his service plan. - Review of R3's record revealed an admission date of 04/15/24 with a diagnosis of Hypotension. The 04/16/26 FCS identified R3 needed physical assistance with bathing, dressing, toileting, mobility and was unable to perform management of medications or management of treatments. R3 had difficulty with short term memory, long term memory, decision-making, and memory/recall. She was identified with impaired decision-making. The 04/16/26 NSA for R3 identified one facility staff would assist in dressing, take to bathroom, and assist with walking and mobility. Staff were to administer medications and treatments and change approach as needed. An addendum was not completed for R3's NSA	S5161		

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S5161	Continued From page 4 upon change in licensed nurse responsible for implementing and supervising his service plan On 09/28/26 at 08:55 AM Administrative Staff C confirmed via phone, R1, R2 and R3's NSA failed to name the current nurse responsible for implementing and supervising the service plan. The facility failed to ensure the residents' NSAs named the current licensed nurse responsible for implementing and supervising their service plans for R1, R2, and R3.	S5161		
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) Based on record review and interview, the facility	S5192		

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S5192	Continued From page 5 failed to ensure food was served at the proper temperature. Findings included: During initial tour temperature logs were requested. Review of a food temperature log revealed the log lacked evidence that the food was temperature checked every meal. In August 2026, the temperature log revealed the following missing temperatures for eight out of 31 breakfasts, nine out of 31 lunches, and 11 out of 31 supper meals were not temperature checked. On 09/23/26 at 11:08 AM Administrative Nurse A confirmed the food temperature log lacked evidence of documentation food was served at proper temperature for each meal. Dietary guidelines for Americans 2005 recommended using a clean thermometer that measured 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 Fahrenheit) where bacteria can multiply rapidly. The facility failed to ensure food was served at the proper temperature.	S5192		
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	S5195		

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S5195	Continued From page 6 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 09/23/26 at 11:02 AM revealed a refrigerator and freezer was in the facility's main kitchen which contained food items for the residents. The following food items were not dated with open date. One container Ranch Dressing 16 fluid (fl.) ounces (oz) One container Grape Jelly 20.5 oz. One container Mustard 20 oz. One container Lemon Juice 15 fl. oz. One container Mayonnaise 30 fl. oz. One package Sliced Honey Smoked Ham 16 oz. One package Sliced Honey Smoked Turkey Breast 16 oz. On 09/23/26 at 11:05 AM Administrative Nurse A confirmed the following food items above were not dated with open date. The facility failed to ensure foods were stored under safe conditions.	S5195		

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S5215	Continued From page 7	S5215		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(4) Based on interview and record review, the facility failed to provide documentation that annual evacuations were completed with staff and residents. Findings included: - On 09/23/26 at 10:30 AM the documentation of the last two annual evacuations with residents and staff were requested, which the facility failed to provide. On 09/24/26 at 09:41 AM Administrative Staff C confirmed via email, they were unable to locate documentation of the two previous annual	S5215		

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S5215	Continued From page 8 evacuations. The facility failed to provide documentation that annual evacuations were completed with staff and residents.	S5215		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and 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	S5315		

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S5315	Continued From page 9 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 and state laws and regulations. Findings included: - Observation on 09/23/26 at 11:20 AM revealed a locked door with medication inside. The following medications listed below were expired. One tube Bio freeze Gel 4% 3 fluid (fl.) ounces (oz), expiration date of 3/20/26 One tube Triple Antibiotic Ointment 1 oz, expiration date of 6/6/26 One bottle Geri-Lanta 12 fl. oz, expiration date of 6/16/26 One bottle Melatonin 5 milligram (mg), 90 tablets, expiration date of 06/2026 Three suppositories Acetaminophen 650mg, expiration date of 8/4/26 One bottle Acetaminophen 500mg, 24 caplets, expiration date of 05/2025 One bottle Milk of Magnesia 16 fl. oz, expiration date of 7/30/26 One card Acetaminophen 325mg, 60 tablets, expiration date of 7/30/26 One card Tizanidine 4mg, 30 tablets, expiration date of 7/30/26 One card Loperamide 2mg, 30 capsules, expiration date of 7/30/26	S5315		

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S5315	Continued From page 10 On 09/23/26 at approximately 11:25 AM Administrative Nurse A confirmed all the above medications were expired. The facility failed to ensure that all medications and biologicals are stored in accordance with federal and state laws and regulations.	S5315		