STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087234	A. BUILDING: _____ B. WING _____	09/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ULTRA CARE HOME PLUS LLC 2	2355 S BEDFORD ST WICHITA, KS 67207

(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 09/29/26. The facility reported a census of six residents. The sample included three residents.	S 000		
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	S5315		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5315	Continued From page 1 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 and state laws and regulations. Findings included: - Observation during the initial tour on 09/29/26 at approximately 11:55 AM with Administrative Staff A revealed one medication cart in the facility. The medication cart contained resident medications. The following medications were expired: One bottle ClearLax 17.9 ounces (oz), expiration date of 12/23/25 One bottle Geri-Lanta Liquid 12 fluid (fl.) oz, expiration date of 06/05/26 One bottle Magnesium 250 milligram (mg), 250 tablets, expiration date of 04/2025 Three boxes Albuterol Sulfate Inhalation Solution 0.083%, 75 vials, expiration date of 09/08/26 Two tubes Triamcinolone Acetonide Cream 0.1% 15 grams (g), expiration date of 06/2026 One tube Triamcinolone Acetonide Cream 0.1% 15 g, expiration date of 07/2026 On 09/29/26 at approximately 12:10 PM Administrative Staff A confirmed the medications were expired.	S5315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5315	Continued From page 2 The facility failed to ensure that all medications and biologicals are stored in accordance with federal and state laws and regulations.	S5315		