STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087167	A. BUILDING: _____ B. WING _____	C 09/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MI CASA CARE HOMES- TYLER	968 N TYLER RD WICHITA, KS 67212

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R 000	Initial Comments The following citations represent the finding of a Health Licensure Resurvey and Complaint Survey regarding allegations 199669, 197526, and 197298, conducted on 09/29/26 and 09/30/26. The facility reported a census of 6 residents. The sample included 4 residents.	R 000		
S5026 SS=D	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) Administration Based on record review and interview the facility failed to ensure the facility staff provided services which were reasonably necessary to ensure the resident safety while using a mechanical lift for transferring for one of three residents sampled, "Resident" (R) 2. This failure resulted in R2 falling from the mechanical lift during the transferring process and being sent by emergency medical services to the local hospital for evaluation. R2 diagnoses included dementia, obesity, and abnormalities of gait and mobility.	S5026		

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

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S5026	Continued From page 1 The combined 08/28/26 Functional Capacity Screen/Negotiated Service Agreement revealed R2 was non-ambulatory, and unable to perform bathing, toileting, walking/mobility, dressing, and transferring. R2 admitted to the facility on 06/01/25 and required physical assistance with bathing, toileting, dressing, eating, mobility, and transferring. The care plan dated 06/11/26 directed staff to use a sit to stand mechanical lift for all transfers. R2 was unable to bear weight, he was to use a wheelchair for mobility and required a mechanical sit to stand lift for safe transferring. Observation note on 08/25/26 at 06:59 PM signed by "Registered Nurse" (RN) C revealed staff reported concerns regarding R2's bilateral lower extremity contractures and stiffness while he was in bed. Observation note on 08/266/26 at 12:06 PM signed by RN C revealed R2 fell from the mechanical lift during a transfer and hit his head. R2 was sent by emergency medical services for evaluation at the local hospital for evaluation after the fall. The surveyor reviewed the facility provided Department Report dated 08/26/26 which showed Certified Medication Aides (CMA)'s H and J placed the sit to stand waist belt around R2 and did not fasten the belt and the right loops of the transfer waist belt sling were not properly attached to the designated hooks on the mechanical sit to stand lift. Staff using the sit to stand mechanical lift then placed R2 into an	S5026		

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S5026	Continued From page 2 upright position and preparation for the transfer when R2 unexpectedly fell backward and landed on the floor. On 09/30/36 at approximately 12:00 PM CMA's H and J confirmed neglect to secure the belt around R2's waist and their further failure to ensure the belt was properly attached to the mechanical sit to stand lift resulted in R2 falling to the floor during the transfer process. As a result of CMA's H and J not properly securing the mechanical sit to stand belt around R2 and confirming the transfer belt was properly secured to the mechanical lift, R2 fell to the ground during the transfer.	S5026		
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 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: K.A.R. 26-42-207 (c) Infection Control	S5230		

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S5230	Continued From page 3 Based on record review and interviews, the facility failed to ensure the home's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for three out of five employees sampled. Record review for Certified Nurse Aide K revealed she began her employment on 09/08/26. Her employee record lacked documentation of the first step of the required two step TB skin test being performed within seven days of employment. Record review for Certified Nurse Aide L revealed she began her employment on 08/08/26. Her employee record lacked documentation of the first step of the required two step TB skin test being performed within seven days of employment. Record review for unlicensed staff member M revealed she began her employment on 06/01/25. Her employee record lacked documentation of the first step of the required two step TB skin test being performed within seven days of employment. On 09/29/26 at approximately 12:00 PM with Operator A and Registered Nurse C confirmed the personnel records for Certified Nurse Aide's K, L, and unlicensed staff member M lacked documentation of the first step of the required two step TB skin test being performed within seven days of employment	S5230		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication	S5313		

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S5313	Continued From page 4 (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: K.A.R. 26-42-205 (g) (3) Based on observation and interview, the facility failed to ensure the licensed pharmacist or the licensed nurse placed the full name of the resident on the container of over-the-counter medication containers. Observation on 09/29/26 at approximately 09:25 AM Certified Medication Aide G unlocked the homes medication cart located on the east side of the common living area and revealed the following over the counter medications that lacked the full name of the resident: 1 bottle of Extra Strength Acetaminophen 500 milligrams 1 bottle of liquid Chest Congestion Relief 1 bottle of Antacid tablets 1000 milligrams 1 box of anti-diarrheal tablets 1 bottle of Equate Pain reliever 325 milligrams 1 bag of Equate cough drops	S5313		

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S5313	Continued From page 5 On 09/29/26 at 09:30 AM Certified Medication Aide G confirmed the over-the-counter medications stored in the home's medication cart lacked the full name of the resident.	S5313		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-437 (a) Construction; General Requirements Based on observation and interview, the facility failed to ensure the home was maintained to protect the health and safety of residents, personnel, and the public. Observation on 09/29/26 at approximately 08:30 AM revealed in the common living room in the southeast corner of the room a light fixture that appeared to be approximately 5 inches in diameter was hanging by the electrical cords away from the ceiling. In the common area located on the west side of the home the carpet was stained and next to the east wall the carpet was held together with a wide silver tape. On the floor in the bathroom located on the northeast	S5335		

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S5335	Continued From page 6 side of the home, an area approximately 6 inches of diameter had brown discoloration and an area approximately 1 centimeter revealed the flooring was missing. The floor in the "Employee" bathroom on the east side of the room had a hole in the floor approximately 8 inches in diameter and in the hole was an oblong mop bucket. Across from the Employee bathroom was a storage closet with sliding glass doors that did not open and close properly. On 09/30/26 at approximately 11:30 AM Operator A confirmed the home had not been maintained to protect the health and safety of residents, personnel, and the public.	S5335		