STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087203	A. BUILDING: _____ B. WING _____	C 10/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATINUM CARE HOMES	5701 E 17TH NORTH WICHITA, KS 67208

(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 citations represent the findings of a Health Licensure Resurvey and Complaint survey regarding allegations in the following complaint: 199215, conducted on 10/14/26 and 10/15/26. The home reported a census of 4 residents. The sample included 4 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: K.A.R. 26-42-202 (h) Negotiated Service Agreement Based on record review and interview the home failed to ensure each individual involved in the development of the negotiated service agreement sign the agreement for two of the four residents sampled, Residents (R)'s 1 and 2. R1 admitted to the home on 03/06/17 with diagnoses of hypertension, chronic kidney disease, diabetes, and dementia. The 08/09/26 Functional Capacity Screen (FCS) revealed R1 was unable to perform bathing, dressing, toileting, transferring, walking, and eating. R1 lacked the ability to manage her own medications and medical treatments and was incontinent. R1 was cognitively intact. R1	S5126		

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

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S5126	Continued From page 1	S5126		

sometimes could make herself understood and she could sometimes understand others. R1 was identified to be at risk for falls and impaired decision making. R1 used a wheelchair mobility device.

The 08/09/26 Negotiated Service Agreement (NSA) revealed facility staff would provide R1 with physical assistance with bathing, dressing, toileting, transferring, walking, and eating. R1 received services from a local hospice agency. The NSA identified R1's Durable Power of Attorney (DPOA) managed R1's legal, financial, and health matters. The NSA was signed by the Operator and the homes licensed nurse.

The NSA lacked a signature of R1's DPOA.

R2 admitted to the home on 02/16/21 with diagnoses of chronic pain, depressive disorder, bilateral osteoarthritis of knees, hypertensive disorder, type two diabetes, and dementia.

The 03/30/26 FCS revealed R2 required physical assistance with bathing, dressing, toileting, transferring, and walking. R2 lacked the ability to manage her own medications and medical treatments. R2 was occasionally incontinent and had impaired short-term memory, long term memory, memory recall, and decision making. R2 was able to make herself understood and she understood others. R2 was identified at risk for falls and impaired vision. R2 used a wheelchair mobility device.

The 03/30/26 NSA revealed facility staff would provide R2 with physical assistance with bathing, dressing, toileting, transferring, and mobility. The NSA identified R2's DPOA managed R2's legal, financial, and health matters. The NSA was

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PLATINUM CARE HOMES	5701 E 17TH NORTH WICHITA, KS 67208

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S5126	Continued From page 2 signed by the Operator and the homes licensed nurse. The NSA lacked a signature of R2's DPOA. On 10/15/26 at approximately 01:30 PM Operator A confirmed the NSA for R1 and R2 lacked the signatures of each individual involved in the development of the NSA's.	S5126		