STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175487	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Homestead Health Center	2133 S Elizabeth Street Wichita, KS 67213

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on observation, interview, and record review the facility failed to employ a full-time certified dietary manager for the residents who resided in the facility and received meals from the facility kitchen. Findings included:- Upon request the facility was unable to provide evidence of a Certified Dietary manager (CDM). On 05/12/26 at 07:40 AM, Dietary Manager BB revealed the facility does not have a CDM and said License Nurse (LN) G does act as the CDM when needed. On 05.13/26 at 11:30 AM, Administrative Staff A revealed the Registered Dietitian monitors the kitchen and dining and Dietary Manager BB oversees the ordering for the kitchen and attends the food meetings. Administrative Staff A stated three CDM have left and the facility was currently advertising for a CDM. The facility did not provide a policy as requested on 05/14/26.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to prepare and serve food under sanitary conditions to prevent potential food borne bacteria. Findings included:- On 05/12/26 at 07:40 AM, an initial tour of the main kitchen revealed refrigerator temperatures were missing for the following date: 05/04/26, 05/05/26, 05/06/26, 05/07/26, 05/09/26 and 05/10/26. During the tour three male dietary staff wearing beard guards without covering mustaches, including Dietary Manager BB. Additionally, the hand-washing station lacked a foot activated trash can, and the dishwasher chemical sanitization needed repaired. the staff did not use the three-sink sanitation until asked about their procedure, The three-sink sanitation was started. On 5/12/26 at 07:40 AM Dietary Staff BB revealed the dishwasher was not working properly and a repairman would be coming out that day to fix the issue. On 05/12/26 at 11:30 AM interview with Administrative Staff A revealed she expected the staff to keep refrigerator temperatures documented daily; staff to wear the beard net properly to cover any facial hair, Administrative Staff A verified staff were to use the three-step sanitation on the dishes until the dishwasher was fixed correctly. The facility's policy Preventing Foodborne Illness-Employee Hygiene and Sanitary Practice, dated 11/2022, documented staff would wear hairnets or caps and/or beard restraints when cooking, preparing or assembling food to keep hair from contacting exposed food, clean equipment, utensils, and linen. The facility's policy Sanitization, dated 11/2022, documented the facility would maintain the service area in a clean and sanitary manner, dishwashing machines would be operated according to manufacturer's instruction. General recommendations for heat and sanitization. Manual washing and sanitizing is a three-step procedure for washing, rinsing and sanitizing, scrape food particles and wash using hot water and detergent. Sanitize with hot water at least 75 degrees Fahrenheit for 30 seconds or chemical sanitizing solution.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure adequate infection control practices related to Enhanced Barrier Precautions, EBP (a infection control measure using gowns and gloves during high-contact care) and cleaning of the Hoyer lift (mechanical device used to transfer individuals between surfaces) and proper handwashing between clean and soiled during resident care. Findings included:- On 05/12/26 at 09:17 AM, an observation revealed Certified Nurse Aide (CNA) O and Certified Nurse Aide CNA R transferred Resident (R) 33 from the recliner to the wheelchair using the Hoyer lift. After finishing the transfer, the lift was placed in the slot in the hallway without wiping it down. On 05/12/26 at 09:25 AM, an observation revealed CNA P obtained the Hoyer lift from the slot in the hallway, took the lift in to use on R11 without cleaning the lift prior to use. On 05/13/26 at 10:30 AM, an observation revealed Licensed Nurse (LN) H was already in the room with gloves on, assisting R42 to get up for the day. CNA Q entered the room and washed hands before putting on his gloves. As the bed was being moved, CNA Q picked up an item off the floor and moved the trash can before going on the opposite side of the bed to assist R42. CNA Q did not change his gloves. LN H continued to wear the same gloves while removing the soiled brief then using body wipes to provide peri-care. Both LN H and the CNA Q changed R42's clothes and placed her shoes on. LN H went into the bathroom to wash her hands and apply new gloves. CNA Q did not remove his gloves but grabbed the trash can and put a new trash bag in it. On 05/13/26 at 10:50 AM, interviews with both LN H and CNA Q revealed they should change gloves in between the dirty and the clean care. On 05/13/26 at 01:42 PM, an observation of Certified Restorative Aide M and Certified Restorative Aide N applied a gown and gloves before entering R8 room. They transferred R8 from his wheelchair to the bed with a Hoyer lift. After placing R8 into bed, the two staff removed the peri-wipes from the container and placed them on the bedside table without a barrier along with the barrier cream. The staff then removed R8's pants and brief using the wipes on the bedside table, CNA N grabbed more peri-wipes placed them on the bedside table using the cream on the wipes. Both CNAs did not remove their gloves during the process of peri-care from dirty to clean. On 05/13/26 at 2:09 PM CNA N stated they did wipe the table down this morning, but it has been seen to be done, and now know to change your gloves during the process between clan and dirty. On 5/14/26 at 1:54 PM Administrative Staff D stated she expected the staff to clean hands before and after having contact with the resident and expected the staff to clean the Hoyer lift between residents. The facility policy Cleaning and Disinfection of Resident-Care Items and Equipment, dated 09/25, documents resident care equipment, including reusable items and durable medical equipment, will be cleaned and disinfected according to current CDC recommendation for disinfection. Only designated, reusable equipment shall be used by more than one resident. The facility policy Enhanced Barrier Precautions, dated 09/25, documented multidrug-resistant organism (MSRO) transmission is common in skilled nursing facilities contributing to substantial resident morbidity and mortality and increased health care cost. EBP will be taken when caring for individual known or suspected of having infection with multidrug resistant organism. The facility policy Handwashing/Hand Hygiene, reviewed 03/02/26, documented all personnel shall be trained and regularly in serviced on the importance of hand hygiene in preventing the transmission of health care associated infections. All personnel shall follow the handwashing/hand hygiene procedure to help prevent the spread of infection to other personnel, residents, and visitors.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation, interview, and record review, the facility failed to have a scale to obtain resident weights that was operational.Findings:- On 05/13/26 at 04:41 PM, Certified Medication Aide (CMA) R stated the Certified Nurse Aide (CNA) got the residents' weights monthly and when needed. CMA R stated she would weigh Resident (R) 5 but would have to make sure the scale was working, as it had been down. CMA R returned and stated it was still broken so she was unable to weigh R5. Review of R5's Electronic Medical Record (EMR) showed a lack of documentation of weights for 04/29/26, 05/06/26, and 05/20/26. On 05/14/26 at 03:09 PM, Administrative Nurse D stated that all residents use the scale to weigh. The scale was down since 04/28/26 and was sent to be fixed on 05/04/26. They have been unable to weigh any residents since then. On 05/14/26 at 03:09 PM, Administrate Staff A stated she called several places to rent a scale and was unable to get one. The facility policy Maintenance Service, dated 03/2025, documented the maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide care and services to ensure acceptable parameters of nutritional status for Resident (R) 5 when the facility failed to identify weight loss, implement interventions and recommendations to prevent further loss, notify the registered dietician or the physician of the weight loss, and failed to ensure working scales in the facility. Findings included:- R5's Electronic Medical Record (EMR) revealed the following diagnoses: dementia (a progressive mental disorder characterized by failing memory and confusion), Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, and weakness), need for assistance with personal care, and hallucinations (sensing things while awake that appear to be real, but the mind created). R5's 04/06/26 Significant Change Minimum Data Set (MDS) documented a Brief Interview for Mental Status (BIMS) score of six, indicating severely impaired cognition. The MDS recorded R5's weight was 156 pounds (lbs.), he had no known weight loss, and he consumed a regular texture diet with no eating or swallowing concerns. The 04/06/26 Nutritional Status Care Area Assessment (CAA) documented R5 had a potential for nutrition and weight alteration secondary to progression of Parkinson's Disease and dementia. He was currently able to feed himself after staff provided set-up and R5 was escorted to meals. R5 was able to select food choices and his weight was stable since admission in December. R5's Care Plan, dated 03/03/26, documented R5 had potential for nutrition and weight alteration. The plan directed staff to obtain a dietary consult and follow the recommendations, initially and as needed. R5's EMR from admission on [DATE] through 05/13/26 lacked documentation of any dietary consult/assessment or notes by the Registered Dietician. R5's Physician's Orders documented a regular diet, ordered on 12/15/25. R5's Physician's Orders documented an order for weekly weights on Wednesday, ordered on 02/03/26. R5's Progress Note from admission, 12/15/25 through 05/13/26 lacked any documentation of weight loss. R5's Vitals tab documented a weight on 04/15/26 of 151 lbs. with an alert of a five percent (%) decrease in 30 days. On 04/22/26 the Vitals tab had a weight of 149.7 lbs. and again had an alert of a 5% weight loss in 30 days. R5's Vitals tab and Electronic Medication Record (EMAR) showed no weight obtained on 04/29/26, 05/06/26, or 05/13/26. The record indicated staff had not weighed R5 in three weeks. On 05/13/26 at 11:56 AM, R5 sat at the dining room table beside his wife. R5 had finished one small cup of fluids and was waiting for his food to arrive. R5's wife stated she came to the facility to eat with him every lunch and dinner and he ate well. When his food arrived, R5 ate the beef stew without difficulty. During an interview on 05/13/26 at 04:43 PM, R5's wife stated she noticed he had been losing weight. She was unsure why because he ate well and loved to snack on cookies and ice cream. She said whenever he got them, R5 would always eat them. On 05/13/26 at 04:41 PM, Certified Medication Aide (CMA) R stated the CNAs got the resident's weights monthly and when needed. CMA R stated she would weigh R5 but would have to make sure the scale was working, as it had been down. CMA R returned and stated the scale was still broken so she was unable to weigh R5. On 05/14/26 at 08:32 AM, Licensed Nurse (LN) I stated the CNA or CMAs got the weight, and the nurse charted it. LN I said the dietary manager looked at the weights and if it was off, he asked for a reweight, and they sometimes did a three day reweight if needed. On 05/14/26 at 11:17 AM, Dietary Staff DD stated the CNAs got the weights, he organized them and identified the residents that had a weight loss for the Risk Meeting. He stated if a resident had a 5% wight loss in a month, they should get them on a supplement so if they miss a meal, they would have something. He discussed the weight losses with LN G and she documented it in the EMR. Dietary Staff DD was unaware that R5 had a weight loss and stated that he ate good when his wife was with him. On 05/14/26 at 11:43 AM, LN G stated the Restorative Aides got the weekly and monthly weights, and the nurse entered the weights in the EMR. LN G stated they got monthly weights on everyone, and weekly weights if the (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	residents had a weight loss or gain, or if they were on a medication or supplement and needed extra monitoring. LN G said if a resident had significant weight loss, the staff would reweigh the resident first, then investigate the factors for the weight loss. LN G said the weight loss report went to the RD when she came in once a month. LN G stated when a new resident came in, the RD should have done an assessment at that time. LN G was not aware that R5 had weight loss but was aware that R5 was to be on weekly weights because he had gained some weight. If a resident lost weight LN G stated she would not wait for the RD to come into the facility to address. LN G would notify the provider and get an order for health shakes and whatever else was needed. On 05/14/26 at 02:30 PM, Consultant GG stated she was at the facility on 04/29/26. Consultant GG did not have access to run the report for weight loss, so the facility provided her with a list of residents with wight loss and a list of residents that needed an assessment when she came into the facility. Consultant GG was not made aware when R5 was a new resident and was not made aware of the weight loss. On 05/14/26 at 12:09 PM, Administrative Nurse D stated the RD saw all new residents on her monthly visit. Administrative Nurse D said the residents are to be weighed monthly, and some are weighed more frequently as ordered to monitor. LN G identified the residents that had a weight loss and notified the risk team at the weekly Risk Meeting. If they discussed it in the Risk Meeting, it should have been documented in the EMR. If they recognized a weight loss, they would get with the nurse and notify the RD and the provider. Administrative Nurse D said maybe they did not worry about the weight loss because he had swelling and they might have attributed the weight loss with the loss of water, but that should have been documented. Administrative Nurse D said the scale had not been working since 04/28/26 and was sent to be fixed on 05/04/26. Administrative Nurse D stated they have not been able to weigh any residents since then. The facility policy Weight Loss or Gain, dated 07/2025, documented if a resident had a significant weight change, the director of nursing would be notified, the resident would be reweighed, the resident would be referred to the RD for a nutritional assessment, and the physician and family would be notified of the weight change.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review the facility failed to follow methods that conserve nutritive value, flavor, and appearance of pureed foods for Resident (R) 33. Findings included: On 05/13/26 at 11:15 AM, observation revealed Dietary Staff CC placed stew into the blender to puree the food for R33. The recipe book present showed how to cook meat and gravy, it did not show a recipe for pureed food. Dietary Staff CC reported they only put about one fourth of water into the stew and stated they did not have a recipe book to follow Dietary staff CC did not use a measuring device for an accurate amount of fluid used. On 05/13/26 at 11:20 AM, Dietary Manager BB attempted to show the recipes which indicated how to cook beef and gravy. Dietary Manager BB then revealed the kitchen did not have recipes for pureed foods. On 5.13.26 at 11:30 AM Administrative Staff A revealed she expected the kitchen staff to puree the food correctly and confirmed the facility had recipes and the staff just needs to use them. The facility did not provide a policy regarding proper food preparation for a pureed diet.