

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>17E242</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY HOSPITAL ONAGA LTCU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>206 GRAND AVE ST MARYS, KS 66536</b>		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 323 SS=E	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 37 residents. Based on observation, interview and record review the facility failed to ensure an environment free of accident hazards, regarding a hot steam table, for the 6 cognitively impaired, independently mobile residents, as identified by the facility, on 3 of 4 onsite days.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 3/22/16 at 10:30 AM, observation revealed the kitchen's steam table (equipment used to keep food hot until served) in the hall leading to the adjoining hospital. The steam table was plugged in and the surface temperature of the accessible lids registered 168 degrees (F) Fahrenheit. Continued observation revealed no staff in the area, and no residents unaccompanied by staff went past the steam table. Observation continued for 40 minutes without any residents approaching the hot steam</li> </ul>	F 323			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 323	<p>Continued From page 1</p> <p>table. At 11:10 AM, dietary staff started placing food in the steam table.</p> <p>On 3/22/16 at 3:30 PM, the steam table was in the hall, unplugged, and the surface was slightly warm to touch, not hot.</p> <p>On 3/28/16 at 11:35 AM, observation revealed the steam table plugged in and hot to touch on the 2nd lid, with steam escaping around the edges.</p> <p>On 3/28/16 at 11:40 AM, Dietary Staff A stated staff turn the steam table heat on about 5:30 AM, turn temperature down after breakfast and staff turn the heat up again about 10:00 AM. He/she stated staff unplug the steam table after lunch until close to suppertime.</p> <p>On 3/28/16 at 4:15 PM, observation revealed the steam table surface, third lid, was hot to touch. Environmental Staff B verified the lids were hot to touch and checked surface with a thermometer. The facility's thermometer revealed the surface temperature of 154 F. He/she verified that it was a concern that staff do not keep it in sight at all times when it was hot.</p> <p>On 3/29/16 at 10:00 AM, observation of the steam table revealed the 3rd lid from the right had a surface temperature of 156 F, with visible steam flowing out from under the lid. Further observation revealed no staff or residents in the area.</p> <p>On 3/28/16 at 5:05 PM, Administrative Nurse C reported the facility had 6 residents who were cognitively impaired, and independently mobile. He/she verified the potential hazard due to the steam table being accessible to residents and</p>	F 323			

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F 323	<p>Continued From page 2 without direct supervision.</p> <p>The facility's 5/7/2012 policy for food temperatures directed staff to turn on the steam table at least 45 minutes before meal serving time and keep steam table lids on pans in the steam table wells to avoid heat loss.</p> <p>The facility failed to ensure the hot surface of the steam table was not accessible to the 6 cognitively impaired, independently mobile residents of the facility.</p>	F 323		