STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087147	A. BUILDING: _____ B. WING _____	06/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLARK ADULT CARE HOME 4	1425 LEECREST STREET WICHITA, KS 67209

(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 represent the findings of a Resurvey for the above named Home Plus facility conducted on 06/22,23/2022.	S 000		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility reported a census of seven residents. Based on interview and record review the operator failed to ensure staff prepared food using safe methods and ensured staff served foods at the proper temperature for all residents in the facility. Findings included: - Review of the facilities food temperature log on	S5192		

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

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S5192	Continued From page 1 the refrigerator for the week of 06/19/22 thru 06/25/22 lacked any temperature readings for supper on Sunday the 19th. On 06/22/22 at 02:05 PM dietary staff C reported at the end of the week she gathered the completed logs and turns them in to Administrative staff B. Staff C looked for additional food temperature logs and provided 5 additional weeks of food temperature monitoring. Review of the additional food temperature logs lacked food temperatures for 36 meals. On 06/22/22 at 2:11 PM dietary staff acknowledged that the staff did not always document taking temperatures of the food to make sure it was heated to the proper temperatures to serve. The operator failed to ensure facility staff prepared food using safe methods and failed to ensure foods were maintained and served and the proper temperatures.	S5192		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and	S5258		

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S5258	Continued From page 2	S5258		

amendments thereto;
(3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and
(4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-102(d)(1)(2)

The facility reported a census of seven residents. Based on record review and interview, the operator failed to ensure the required employee criminal background checks were completed upon hire.

Findings included:

- Review of the list of newly hired employees since 01/01/21 revealed the following:
1. Dietary staff C hired on 04/18/22 had a criminal background check completed on 04/20/22.
2. Certified Medication Aide D hired on 03/04/22 and did not have her criminal background check submitted until 03/21/22.
3. Certified Nursing Aide E hired on 12/20/21 did not have her criminal back ground check submitted until 03/21/22.

On 06/23/22 at 9:50 AM Administrative staff B acknowledged the above employed did not have their criminal background checks submitted upon

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S5258	Continued From page 3 hire. The operator failed to ensure newly hired employee records contained evidence the required criminal background checks were completed upon hire.	S5258		