STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087046S	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK WEST PLAZA	505 N MAIZE ROAD WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following citations represent the findings of a Health Licensure Resurvey.	S 000		
S 310 SS=D	28-39-151(b)(2) RESIDENT ASSESSMENT (2) not later than 14 days after a significant change in the resident's physical, mental, or psychosocial condition; and This REQUIREMENT is not met as evidenced by: The facility reported a census of 21 residents with four residents included in the sample. Based on record review and interview, the facility failed to complete a resident assessment after a significant change in Resident (R)331's condition. Findings included: - R331's medical chart documented diagnoses of Parkinson's Disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness) and dementia (progressive mental disorder characterized by failing memory, confusion). The 10/10/21 "Admission Minimum Data Set" (MDS) revealed R331 was independent with transfers, walking, eating and required supervision with bathing, dressing, and toileting. The 03/03/22 "Quarterly MDS" revealed R331 required extensive assistance with transfers, dressing, toileting and eating, did not walk, and required total assistance with bathing. On 03/29/22 at 02:42 PM, Administrative Nurse B	S 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/06/22

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S 310	Continued From page 1 stated a significant change MDS should have been completed within two weeks of a change in R331's activity of daily living abilities. The 09/01/14 "Personal Care Assessment Skilled Nursing" policy documented, "The Healthcare Coordinator or designee will conduct the Personal Care Assessment ...The results of the assessment will be used to develop the MDS. The assessment will be updated within the first 30 days after admission, upon significant change of condition, and every 120 days thereafter and the MDS updated as indicated." The facility failed to ensure the completion of a significant change MDS after R331 experienced a significant change in his condition.	S 310		
S 320 SS=D	28-39-151(c)(d) RESIDENT ASSESSMENT (c) The nursing facility staff shall examine each resident at least once every three months, and as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment. (d) Changes in a resident's condition which are self-limiting and which will not affect the functional capacity of the resident over the long term do not in themselves require a reassessment of the resident This REQUIREMENT is not met as evidenced by: The facility reported a census of 21 residents with four residents included in the sample. Based on record review and interview the facility failed to	S 320		

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S 320	Continued From page 2 complete an assessment at least once every three months for Resident (R)329. Findings included: - R329's medical chart documented diagnoses of Parkinson's Disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness). The 11/12/21 "Admission Minimum Data Set" (MDS) was completed for R329. No other assessments were completed after the admission assessment. On 03/29/22 at 11:15 AM Administrative Nurse B, stated a quarterly MDS should have been completed for R329. The 09/01/14 "Personal Care Assessment Skilled Nursing" policy documented, "The Healthcare Coordinator or designee will conduct the Personal Care Assessment ...The results of the assessment will be used to develop the MDS. The assessment will be ...updated as indicated." The facility failed to ensure the completion of a quarterly MDS at least once every three months for R329.	S 320		
S 640 SS=F	28-39-158(g) SANITARY CONDITIONS (2) The facility shall store, prepare, display, distribute, and serve foods to residents, visitors and staff under sanitary conditions. (A) The facility shall keep potentially hazardous	S 640		

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S 640	Continued From page 3 foods at a temperature of 45oF or 7oC or lower, or at a temperature of 140oF or 60oC or higher. (B) The facility shall provide each mechanically refrigerated storage area with a numerically scaled thermometer, accurate to +plus or -minus 3oF or 1.5oC, which is located to measure the warmest part of the storage area and is easily readable. (C) The facility shall keep frozen food frozen and shall store the food at a temperature of not more than OoF. This REQUIREMENT is not met as evidenced by: The facility reported a census of 21 residents. The facility had a main kitchen where food was stored and prepared and a satellite kitchen where food was stored and served. Based on interview and record review, the facility failed to consistently document refrigerator/freezer temperatures to ensure safe storage of food, and also failed to consistently document food service temperatures to ensure potentially hazardous foods were served at safe temperatures. Findings included: - Observation on 03/29/22 at 11:55 AM revealed dietary staff C obtained food temperature of lunch items on the steam stable. All items were within an acceptable range except for the mechanical soft ham which was 130.0 degrees F. The satellite kitchen double door refrigerator and white refrigerator and freezer temperature logs were filled out for seven out of 28 days for March	S 640		

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S 640	Continued From page 4 (03/04/22, 03/07/22, 03/08/22, 03/14/22, 03/21/22, 03/22/22, and 03/23/22) and all other dates (from 03/01/22 through 03/28/22) were blank. The food temperature log was filled out for ten out of 83 meals available from breakfast on 03/01/22 through lunch on 03/28/22. Temperatures were completed for breakfast, lunch, and supper on 03/07/22 and 03/29/22 and for breakfast and lunch on 03/08/22 and 03/28/22; however, the breakfast, lunch, and supper for all other dates from 03/01/22 through 03/28/22 were blank. On 03/28/22 at 03:09 PM Administrative Staff A stated the food was prepared in the Assisted Living kitchen and put inside a heat box and transported to the long-term care building. It was then put out on a steam table, temped, and served. The 03/18/14 facility's "Storage of Foods" policy documented "All food must be stored at proper temperatures. . . Perishable foods must be stored below 40 degrees F." The facility failed to properly store and serve food under sanitary conditions.	S 640		
S 650 SS=F	28-39-158(g) SANITARY CONDITIONS (F) The facility shall cover, label, and date each food item not stored in the original product container or package. (G) The facility shall tightly cover and date each opened food item stored in the original product container or package.	S 650		

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S 650	Continued From page 5 (H) The facility shall not store prepared foods, dry or staple foods, single service ware, sanitized equipment or utensils and containers of food under exposed or unprotected sewer lines or water lines, except for automatic fire protection sprinkler heads. The facility shall not store food and service equipment or utensils in toilet rooms. (I) The facility shall store food not subject to further washing or cooking before serving in a way that protects the food against cross-contamination. (J) The facility shall not store packaged food subject to entry of water in contact with water or undrained ice. This REQUIREMENT is not met as evidenced by: The facility reported a census of 21 residents. The facility had a main kitchen, a satellite kitchen, and a nourishment area where food was stored. Based on observation, interview, and record review, the facility failed to properly date opened food items to ensure safe storage of food under sanitary conditions. Findings included: - Observation on 03/28/22 at 03:05 PM during the initial tour revealed the following: The main kitchen walk-in cooler contained the following opened and undated items: something that appeared to be cooked ground beef/taco meat in a rectangular metal pan, a container of coleslaw, a tray of prepared lunchmeat	S 650		

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S 650	Continued From page 6	S 650		

sandwiches, and 14 individually wrapped serving size bowls of fruit cocktail.

The main kitchen walk-in freezer contained the following opened and undated items: an opened, half-empty package of French bread slices, a package of mozzarella sticks wrapped in plastic wrap, a bag of egg rolls, and a bag of chicken breast fillet fritters.

The main kitchen salad cart/dairy cooler contained an undated, one-quart, opened container of pasteurized scrambled eggs.

The dry food storage area contained the following opened and undated items: a bag of white powder near the white cake mix wrapped in plastic wrap, a bag of powdered sugar wrapped in plastic wrap, a 25-pound bag of parboiled brown rice, and a blue bag of parboiled brown rice in a cardboard box.

Observation on 03/28/22 at 04:23 PM revealed the south hall nourishment area refrigerator contained three chocolate Mighty Shakes that were thawed and not dated with directions on the package to use within 14 days from thaw date.

Observation on 03/28/22 at 04:42 PM revealed the double door refrigerator in the satellite kitchen had a plastic container of leftover dessert and a large rectangular metal container of salad with meat that were not dated.

On 03/28/22 at 03:15 PM Dietary Staff D stated she had prepared the sandwiches and fruit cocktail earlier in the day to be served for the supper meal.

Interview on 03/28/22 at 04:23 Administrative

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S 650	Continued From page 7 Staff A stated he expected the Mighty Shakes to be labeled with the thaw date. The 03/18/14 facility's "Storage of Foods" policy documented to "wrap, cover or seal all refrigerated foods and label with the preparation date." The facility failed to properly store food under sanitary conditions.	S 650		
S 710 SS=F	28-39-158 DIETARY SERVICES (l) Cleaning procedures. The facility shall: (1) Establish and follow cleaning procedures to ensure that all equipment and work areas, including walls, floors, and ceilings are clean; (2) perform cleaning and sanitizing of tableware and equipment by immersion, spray-type, or low-temperature dishwashing machines used according to the manufacturer's directions. Rinse temperature in hot water machines shall be a minimum of 160oF at the dish level; This REQUIREMENT is not met as evidenced by: The facility reported a census of 21 residents. Based on observation, interview, and record review the facility lacked documented evidence the dietary staff monitored the high temperature rinse of the dishwasher to ensure dishes and cookware were washed under sanitary conditions in reaching at least 160 degrees Fahrenheit (F). Findings included:	S 710		

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S 710	Continued From page 8 - Observation on 03/28/22 at 04:45 PM revealed Administrative Staff A ran the dishwasher to test the water temperature which was within acceptable limits. On 03/28/22 at 04:45 PM Administrative Staff A stated the dishwasher used high heat to sanitize dishes. The dishwasher temperature log in the satellite kitchen from 03/01/22-03/28/22 lacked evidence of documented temperatures for 21 of the 28 available days. (March 1-3, 5-6, 9-13, 15-20, 24-28). The 03/18/14 facility policy regarding "Washing and Sanitizing Dishes and Utensils" documented "dishes and utensils will be washed and sanitized according to accepted procedures for washing machines and hand washing." The facility lacked documented evidence the dietary staff monitored the high temperature rinse of the dishwasher to ensure dishes and cookware were washed under sanitary conditions in reaching at least 160 degrees Fahrenheit (F).	S 710		
S 815 SS=E	28-39-161 INFECTION CONTROL (b) Preventing the spread of infection. (1) When a physician or licensed nurse determines that a resident requires isolation to prevent the spread of infection, the facility shall isolate the resident according to the policies and procedures developed. (2) The facility shall prohibit employees with a communicable disease or infected skin lesions	S 815		

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S 815	Continued From page 9	S 815		

from coming in direct contact with residents, any resident's food, or resident care equipment until the condition is resolved.

(3) Tuberculosis skin testing shall be administered to each new resident and employee as soon as residency or employment begins, unless the resident or employee has documentation of a previous significant reaction. Each facility shall follow the centers for disease control recommendations for "prevention and control of tuberculosis in facilities providing long-term care to the elderly," as published in morbidity and mortality weekly report, July 13, 1990.

This REQUIREMENT is not met as evidenced by:
The facility reported a census of 21 residents. Based on interview and record review the facility failed to maintain an infection control program related to the required tuberculosis (TB, a bacterial disease affecting the lungs that is spread through the air when a person with TB coughs, sneezes, or talks) skin testing for three out of five sampled newly hired staff. This failure put all residents in the facility at risk of direct contact with a communicable disease.

Findings included:

- Review of personnel records of five newly hired staff members documented Administrative Nurse B (hired by the facility on 02/14/22) and Licensed Nurse E (hired on 10/25/21) did not have TB testing administered. Certified Medication Aide (CMA) F (hired on 03/21/22) had not completed the second step of the two-step TB test

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S 815	Continued From page 10 administered on 10/07/21. On 03/30/22 at 02:04 PM Administrative Staff A stated he expected two-step TB testing to be completed upon hire of new employees of the facility. The 04/01/14 facility's "Processing of New Associates" policy documented prior to beginning work the hired applicant would provide evidence of a recent Mantoux TB/PPD test (unless testing is to be done by licensed staff of Legend Senior Services). The facility failed to maintain an infection control program related to the required tuberculosis skin testing for three of five sampled, newly-hired employees.	S 815		