STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B077001	A. BUILDING: _____ B. WING _____	11/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHEAT HAVEN HOME LLC	304 MARION AVE MC DONALD, KS 67745

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S 000	INITIAL COMMENTS The following citations represent the findings of the initial survey for the above named home plus facility conducted on 11/18/21, 11/22/21, 11/23/21, 11/24/21 and 11/29/21.	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 5 residents. Based on record review, observation, and interview for all residents living in the facility and receiving meal services, Operator A failed to ensure the facility staff served food at the proper temperature. Findings included:	S5192		

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

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S5192	Continued From page 1 - During the initial tour on 11/17/21 facility food temperature monitoring logs were requested. Certified Staff E stated, "no" when asked if she obtains food temperatures before serving meals to residents. Operator A confirmed the facility did not obtain or record food temperatures. Observation on 11/17/21 revealed Certified Staff E served the lunchtime meal to 2 of 5 residents living in the facility. Certified Staff E did not obtain food temperatures prior to serving food to residents. In an electronic interview on 11/23/21 at 12:23 PM Operator A confirmed all residents eat at facility. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. The facility failed to provide a dietary service policy related to food temperatures. For all residents of the facility Operator A failed to ensure facility staff served food at the proper temperature.	S5192		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:	S5215		

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S5215	Continued From page 2 (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (d) (3) The facility reported a census of 5 residents. The sample included 3 residents and review of 5 employee records. Based on record review and interview, Operator A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents and staff. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, and missing residents. On 11/17/21 the facility lacked evidence of any quarterly reviews of the facility emergency	S5215		

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S5215	Continued From page 3 management plan completed with residents. Review of the facility quarterly emergency management plan reviews on 11/17/21 revealed the following reviews completed with staff: On 01/05/21 the facility reviewed fire, severe weather, and loss of electrical or water service. The facility failed to review flood, tornado, explosion, natural gas leak and missing resident. On 06/22/21 the facility reviewed fires, flooding and explosions. The facility failed to review severe weather, tornados, natural gas leaks, loss of electrical or water service, and missing residents. The facility failed to provide documentation regarding emergency management plan reviews with staff for the first and second quarters of 2020 and the third quarter of 2021. Interview on 11/17/21 with Operator A confirmed no quarterly reviews of the entire emergency management plan documented with residents and further confirmed only two reviews were completed with staff. For all residents, Operator A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with residents and staff.	S5215		
S5230 SS=E	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer	S5230		

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S5230	Continued From page 4	S5230		

infectious;
(6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting;
(c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

This REQUIREMENT is not met as evidenced by:
K.A.R 26-42-207 (c)

The facility reported a census of 5 residents. The sample included 3 residents and review of 5 employee records. Based on interview and record review of 3 (#118, #331, #615) of 3 residents and 5 (A, B, C, D, E) of 5 employee records, Operator A failed to ensure the facility remained in compliance with tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

Findings included:

- Review of resident #118's record revealed she admitted to the facility on 07/20/21. The facility provided a one-step TB skin test dated 10/02/21. Resident #118's record lacked evidence of TB testing and a TB questionnaire within 7 days of admission.

Review of resident #331's record revealed she admitted to the facility on 10/07/21 and the record lacked evidence of completion of a 2nd step TB test and TB questionnaire upon admission.

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S5230	Continued From page 5 Review of resident #615's record revealed she admitted to the facility on 06/15/21 and the record lacked evidence of completion of TB skin testing and a TB questionnaire within 7 days of admission. Review of 5 newly hired employee file revealed the following: Operator A was hired by the facility on 08/19/20. The facility provided a one-step TB skin test dated 06/22/21. Operator A's record lacked evidence of TB testing within 7 days of hire. The record further lacked evidence of completion of an annual TB questionnaire for 2021. Licensed Nurse B was hired by the facility on 08/19/20. The facility provided a one-step TB skin test dated 06/22/21. Licensed Nurse B's record lacked evidence of TB testing within 7 days of hire. The record further lacked completion of a TB questionnaire upon hire and annually. Licensed Nurse C was hired by the facility on 08/27/20. The facility provided a one-step TB skin test dated 08/25/20 and 06/22/21. Licensed nurse C's record lacked evidence of TB testing within 7 days of hire. The record further lacked evidence of completion of an annual TB questionnaire for 2021. Certified Staff D was hired by the facility on 08/24/20. The facility provided a one-step TB skin test dated 08/17/20 and 06/22/21. Licensed Nurse D's record lacked evidence of TB testing within 7 days of hire. The record further lacked evidence of completion of an annual TB questionnaire for 2021.	S5230		

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S5230	Continued From page 6 Certified Staff E was hired by the facility on 01/11/21. The facility provided a one-step TB skin test dated 12/11/20. Licensed Nurse E's record lacked evidence of TB testing within 7 days of hire. Interview on 11/17/21 with Operator A confirmed TB testing and questionnaires not completed correctly on residents and staff upon admission/ hire and annually thereafter. During an electronic interview on 04/29/21 at 12:56 PM, Operator A confirmed Certified Staff D and F had a one-step TB skin test, but not a second step (both one-steps were past 7 days of hire). Facility policy obtained on 11/17/21 titled, "Infection Control Policy" recorded, "All employees and residents of this home are required to provide one of the following on move in/ upon hire and annually thereafter. A report of a negative Mantoux Tuberculin (TB) skin test must be completed within 6 months of the date of employment or residence in the home or a written physician's statement dated within 6 months of employment or residence in the home indicating freedom from pulmonary tuberculosis, if the individual has a positive skin test for tuberculosis." Operator A failed to ensure the facility remained in compliance with tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		