STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175404	A. BUILDING _____ B. WING _____	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUHLER SUNSHINE HOME	400 S BUHLER ROAD BUHLER, KS 67522

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation KS00157794.	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: The facility census totaled 45 residents, with 12 included in the sample. Based on observation,	F 657		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/01/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175404	A. BUILDING _____ B. WING _____	10/21/2021

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F 657	Continued From page 1	F 657		

interview, and record review the facility failed to revise the care plan for Resident (R)24 related to the use of oxygen (O2).

Findings included:

- R24's "Electronic Health Record" (EHR) revealed the following diagnoses: dyspnea (difficulty breathing), pulmonary fibrosis (a lung disease that occurs when lung tissue becomes damaged and scarred), and bronchiectasis (a condition in which the lungs' airways become damaged, making it hard to clear mucus.)

The "Admission Minimum Data Set" (MDS) dated 01/20/21 revealed a Brief Interview for Mental Status (BIMS) score 15, which indicated intact cognition. R24 was not on O2 therapy.

The "Quarterly MDS" dated 09/14/21 revealed a BIMS 15, which indicated intact cognition and R24 received O2 therapy.

The "Pressure Ulcer/Injury Care Area Assessment" (CAA) dated 01/20/21 revealed R24 denied being short of air at rest or with exertion. R24 had crackles in the bilateral lower lobes of her lungs. R24 stated she did not wear O2 at home prior to moving to the facility.

Review of R24's "Care Plan" lacked any interventions concerning the use of O2.

A "Physician Order" dated 01/19/21 revealed R24 was to have O2 at 1-2 Liters (L) per minute per nasal cannula (a device used to deliver supplemental oxygen or increased airflow to a patient or person in need of respiratory help) as needed for dyspnea or O2 saturation less than

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175404	A. BUILDING _____ B. WING _____	10/21/2021

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F 657	Continued From page 2	F 657		

88%.

A "Physician Order" dated 01/19/21 revealed staff were to replace O2 concentrator masks/cannula/tubing every two weeks, or as needed on Tuesdays when O2 was in use.

An observation on 10/18/21 at 11:17 AM revealed O2 tubing connected to an O2 concentrator with the no date on the tubing

During an interview on 10/21/21 at 01:29 PM, Certified Nurse Aide (CNA) T stated R24 used oxygen continuously. CNA T stated she thought the O2 tubing was changed out once a week and either the nurse or medication aides changed it, but she did not know on which shift. CNA T stated the O2 tubing should be dated.

Interview on 10/20/21 at 02:38 PM, Licensed Nurse (LN) U stated, R24 used oxygen on a PRN bases in order to keep her O2 saturation level above 88%. LN U stated nurses, medication aides or CNAs could change out the oxygen tubing at least every two weeks and this was documented in the EMAR. LN U stated the O2 tubing should be dated.

Interview on 10/21/21 at 10:57 AM, Administrative Nurse V stated the use of oxygen should be included in the care plan and stated the nurses filled out a "green sheet", put it in the resident care plan notebook, and she updated the care plan off of the sheets when a care plan meeting took place. Administrative Nurse V verified there was no "green sheet" filled out for the use of oxygen for R24 and the care plan was not updated to include use of O2.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175404	A. BUILDING _____ B. WING _____	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUHLER SUNSHINE HOME	400 S BUHLER ROAD BUHLER, KS 67522

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F 657	Continued From page 3 Interview on 10/21/21 at 01:41 PM, Administrative Nurse A stated the use of oxygen should be included on the care plan. The "Comprehensive Care Plan" policy revised 07/21/17 revealed "The care plan is ...reviewed and revised quarterly ..." The facility failed to revise the care plan for R24 to include information concerning the use of O2.	F 657		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: The facility census totaled 45 residents, with 12 included in the sample, and one resident reviewed for oxygen (O2) use. Based on observation, interview, and record review the facility failed to provide necessary respiratory care and/or services consistent with professional standards of practice when they failed to change, and date disposable O2 equipment for Resident (R)24. Findings included: - R24's "Electronic Health Record" (EHR) revealed the following diagnoses: dyspnea	F 695		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 695	Continued From page 4	F 695		

(difficulty breathing), pulmonary fibrosis (a lung disease that occurs when lung tissue becomes damaged and scarred), and bronchiectasis (a condition in which the lungs' airways become damaged, making it hard to clear mucus.)

The "Admission Minimum Data Set" (MDS) dated 01/20/21 revealed a Brief Interview for Mental Status (BIMS) score 15, which indicated intact cognition. R24 was not on O2 therapy.

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The August 2021 - October 2021 "Electronic

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	175404	A. BUILDING _____ B. WING _____	10/21/2021

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F 695	Continued From page 5	F 695		

Medication Administration Record" (EMAR) revealed a place to: "Replace O2 ...cannula and tubing every two weeks, PRN on Tuesday when O2 was in use (label and date/initial). There were no entries on the EMAR to show that this was completed.

An observation on 10/18/21 at 11:17 AM revealed O2 tubing connected to an O2 concentrator with the no date on the tubing

During an interview on 10/21/21 at 01:29 PM, Certified Nurse Aide (CNA) T stated R24 used oxygen continuously. CNA T stated she thought the O2 tubing was changed out once a week and either the nurse or medication aides changed it, but she did not know on which shift. CNA T stated the O2 tubing should be dated.

Interview on 10/20/21 at 02:38 PM, Licensed Nurse (LN) U stated, R24 used oxygen on a PRN bases in order to keep her O2 saturation level above 88%. LN U stated nurses, medication aides or CNAs could change out the oxygen tubing at least every two weeks and this was documented in the EMAR. LN U stated the O2 tubing should be dated.

Interview on 10/21/21 at 01:41, Administrative Nurse A stated R24 used O2 and her expectation was the O2 tubing should be dated when changed every two weeks.

The undated "Oxygen, Administration of" policy revealed, "Masks, cannulas, tubing will be replaced at every two weeks."

The facility failed to ensure R24's O2 tubing was changed out and dated as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175404	A. BUILDING _____ B. WING _____	10/21/2021

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F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: The facility reported a census of 45 residents. The facility had one main kitchen where food was stored and prepared serving two dining rooms. Based on observation, interview, and record review the facility failed to properly store food in a snack fridge due to lack of temperature monitoring and failed to ensure the dishes and cookware were washed under sanitary conditions, due to the lack of chemical or temperature monitoring. Findings included: - Observation on 10/18/21 at 11:39 AM revealed no temperature or chemical log available for the dishwasher in the "Memory Care Unit" (MCU).	F 812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175404	A. BUILDING _____ B. WING _____	10/21/2021

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F 812	Continued From page 7	F 812		

Interview on 10/18/21 at 11:39 AM CMA J stated the staff in the MCU washed their own dishes with a dishwasher which used chemicals and were metered in by the machine. The dishwasher light indicated when it was hot and ready to wash. She did not know of temperature monitoring or testing required for chemical strength. CMA J stated the maintenance staff came in periodically and checked the dishwashing machine.

Interview on 10/19/21 at 08:07 AM Maintenance Staff (MS) E stated the dishwasher in the MCU was not tested by the maintenance department periodically for heat or chemical sanitization. MS E stated the dietary department managed the testing for sanitization on the dishwasher in the MCU.

Observation on 10/19/21 at 10:52 AM revealed the snack room refrigerator temperature log was not present on one of the halls.

Interview on 10/19/21 at 11:15 AM Dietary Staff (DS) B stated there were no temperature monitoring procedures in place for the MCU dishwasher. DS B stated the machine was only a few months old and had no problems heating up to the acceptable temperature range.

Observation on 10/19/21 at 12:47 PM revealed the main kitchen dishwasher temperature log book was closed on the shelf. The binder instructed staff to log temperatures on the log sheets once each shift at 10:00 AM and 04:30 PM. Staff provided three log sheets from the log book upon request for copies. The log sheets were not labeled with a month or year date. The first log sheet had 16 blank spaces during the

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F 812	Continued From page 8	F 812		

morning shift and 27 blank spaces during the afternoon shift. The second log sheet had three blank spaces on the 22nd, 23rd, and 25th during the morning shift. There were 23 blank spaces during the afternoon shift. The third log sheet had three blank spaces from the 29th to the 31st during the morning shift and 21 blank spaces during the afternoon shift.

Interview on 10/19/21 at 12:47 DS K stated she wrote down the main kitchen dishwasher temperatures in the log book. She wrote the temperature on "whichever page was open at the time." DS K stated if the temperatures were out of the acceptable range she "would just write it down."

Interview on 10/19/21 at 02:14 PM DS B stated the main kitchen dishwasher was a high heat dishwasher that rinsed at 180 degrees Fahrenheit (F) for 15 seconds. He expected the dishwasher temperature log sheets to be labeled with the month and year and expected the staff to record the temperatures twice daily morning and evening.

Interview on 10/20/21 at 01:34 PM, Housekeeping Staff (HS) C stated the housekeeping department used to check the temperatures for the refrigerator and freezer in one of the halls for a snack room but had not done so in about a year. HS C stated dietary had overseen the temperature checks for the snack room fridge since the change last year.

Interview on 10/20/21 at 02:15 PM, DS S stated he never checked and logged the temperature for the refrigerator and freezer in the one hallway's snack room. He stated he thought there was a

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	175404	A. BUILDING _____ B. WING _____	10/21/2021

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F 812	Continued From page 9	F 812		

temperature log in the room but could not locate one. He thought the nurses logged the temperatures in the MCU.

The facility's "Dish Machine Temperature Log Policy" dated 05/03/05 revealed "Dishwashing staff will monitor and record dish machine temperatures to assure proper sanitizing of dishes."

The "Facility Refrigerator Policy" updated September 2019 stated, "Refrigerator temperatures will be checked daily and reported to Worxhub (maintenance management tool) when over 41 degrees F. A log will be posted on the refrigerator for daily checks. Housekeeping is responsible for weekday checks, and nursing for weekends and holidays."

The facility failed to properly store food items and wash dishes and cookware under sanitary conditions.