STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175565	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNPORCH OF SMITH COUNTY	920 E KANSAS AVE SMITH CENTER, KS 66967

(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 The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent to the facility on 11/09/2021.	F 000		
F 727 SS=F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: The facility had a census of 21 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to use the services of a registered nurse for at least eight consecutive hours a day, seven days a week for the 21 residents who resided in the facility. Findings included: - Review of the "Registered Nursing Staffing Schedule" for September and October 2021, recorded registered nursing coverage was lacking a registered nurse for at least eight consecutive hours a day for 11 of 61 days.	F 727		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/09/2021

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
	175565	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNPORCH OF SMITH COUNTY	920 E KANSAS AVE SMITH CENTER, KS 66967

(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 727	Continued From page 1 On 11/03/21 at 01:45 PM, Administrative Staff A verified the facility was not in compliance for the daily eight consecutive hour registered nurse coverage for the months of September and October. On 11/04/21 at 10:45 AM, Administrative Nurse D verified there were eleven days without registered nurse coverage in the months of September and October and stated there had not been a plan in place for when the Director of Nursing went on maternity leave to provide the eight hours of registered nurse coverage on all the weekends. The facility's undated "Staffing" policy documented licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services. The facility will use the services of a Registered Nurse for at least eight consecutive hours a day, seven days a week. The facility failed to provide a registered charge nurse for the 21 residents who resided in the facility, placing the facility and the residents at risk for inadequate nurse guidance and leadership.	F 727		
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	F 812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175565	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNPORCH OF SMITH COUNTY	920 E KANSAS AVE SMITH CENTER, KS 66967

(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 812	Continued From page 2	F 812		

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 had a census of 21 residents. Based on observation, record review, and interview, the facility failed to prepare, store, and serve meals under sanitary conditions for the 21 residents who received meals from the facility kitchens.

Findings included:

- On 11/01/21 at 10:00 AM, observation during the initial tour of the facility kitchens revealed the following:

The microwaves in Srader House and Hubbard House with dried brown food particles all over the inside of the microwaves.

An uncovered, unlabeled dish of ice cream in the freezer with ice crystals covering the ice cream.

On 11/01/21 at 11:45 AM, observation revealed Certified Nurse Aide (CNA) M used gloved hands to dip a cup into a bag of ice and fill the cups up with ice for lunch. CNA M went to the dry storage room and punched in the code to the dry storage room with her gloved hand, went into the dry storage room and then came back out and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175565	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNPORCH OF SMITH COUNTY	920 E KANSAS AVE SMITH CENTER, KS 66967

(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 812	Continued From page 3	F 812		

continued to dip the cup into the bag of ice to fill the cups with ice for the residents with the soiled gloved hand.

On 11/03/21 at 02:45 PM, observation revealed CNA N took a bag of ice out of the freezer and banged it multiple times on the floor to break up the ice and then proceeded to dip a cup into the ice bag to fill the ice pitchers for the residents.

On 11/04/21 at 10:45 AM, Administrative Nurse D verified that the ice cream should not have been stored in the freezer without being covered with wrap and labeled. She stated an ice scoop should have been used to dip ice out of the ice bag instead of staff using cups to place ice into the residents' cups. She also verified the ice in the bag should not have been broken up on the floor and then used due to being unclean. Administrative Nurse D verified the microwaves should be cleaned after every meal.

The facility's undated "Safe Food Storage Guidelines" policy documented for staff to use foil, plastic wrap, or airtight containers designed for refrigerating or freezing food.

The facility's undated "Sanitation" policy documented all utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks, and chipped areas that may affect their use or proper cleaning. All equipment, food contact surfaces, and utensils shall be washed to remove or completely loosen soils by using the manual or mechanical means necessary and sanitized using hot water and/or chemical sanitizing solution.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175565	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNPORCH OF SMITH COUNTY	920 E KANSAS AVE SMITH CENTER, KS 66967

(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 812	Continued From page 4 The facility's undated "Safe Distribution of Ice and Water in Healthcare Facilities" policy documented for staff to protect bulk ice supply from contamination. Once ice is dispensed it is considered used and should not be returned to the bulk supply. Use an ice scoop to access ice from bulk ice supply. Do not use a glass or hands to scoop ice. The facility failed to prepare, store, distribute, and serve food under sanitary conditions for the 21 residents who received meals from the facility kitchens, placing the residents at risk for food borne illness.	F 812		