STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175310	A. BUILDING _____ B. WING _____	09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAY CENTER PRESBYTERIAN MANOR	924 8TH STREET CLAY CENTER, KS 67432

(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 09/08/21.	F 000		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. 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, during medication administration, staff failed to prepare a medication according to the physician order for Resident (R) 10. Findings included: - On 09/01/21 at 09:02 AM, observation revealed, during medication administration, Certified Medication Aide (CMA) M crushed R10's Theophylline (medication used to treat lung diseases to prevent wheezing and shortness of breath) 400 milligram (mg) extended release (ER) and placed in a medication cup with other crushed medications. CMA M picked up the medication cup and started to leave the cart, the surveyor stopped CMA M and asked her if she should have crushed Theophylline. CMA M looked at the medication administration record (MAR) and stated it does document not to crush. CMA M took the medications and placed them in the sharps container in the medication room. CMA M stated the resident usually took her medications whole but today she had observed	F 760		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/08/2021

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.

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F 760	Continued From page 1 during breakfast meal the resident was not swallowing well. The "September 2021 MAR" instructed staff "do not crush" the Theophylline in the box in the left hand corner. The "Physician Order Sheet," dated 08/04/21, instructed staff to administer 1/2 caplet, Theophylline ER, 400 mg every day and do not crush. On 09/01/21 at 09:41 AM, Pharmacist GG stated per telephone interview, Theophylline ER should not be crushed because instead of releasing the medication throughout the day, the medication was delivered all at once. On 09/02/21 at 11:20 AM, Administrative Nurse D stated special instructions for medications are listed in the bottom left hand corner in a box on the MAR and she would expect staff to follow the instructions. Administrative Nurse D stated she had educated CMA M on where to find the special instructions. Upon request the facility failed to provide a medication administration policy. The facility staff failed to administer Theophylline ER in the correct form to R10, placing the resident at risk for receiving inappropriate dosage of the medication which could cause shortness of breath.	F 760		
F 801 SS=F	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing	F 801		

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F 801	Continued From page 2 The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e) This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements	F 801		

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F 801	Continued From page 3 no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who- (i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is: (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. 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 employ a full time certified dietary manager for the 21 residents who resided in the facility and received meals from the facility kitchen.	F 801		

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F 801	Continued From page 4 Findings included: - On 09/01/21 at 10:10 AM, observation revealed Dietary Staff (DS) CC overseeing the preparation of the noon meal. On 08/30/21 at 08:45 AM, DS CC verified she was uncertified and was enrolled in the Nutrition and Food Service Professional training program. On 09/02/21 at 11:20 AM, Administrative Nurse D verified DS CC had no dietary manager certification and she was enrolled in the program. Upon request the facility failed to provide a policy regarding certified dietary manager. The facility failed to employ a full time Certified Dietary Manager for the 21 residents who resided in the facility and received meals from the facility kitchen, placing the residents at risk for receiving inadequate nutrition.	F 801		
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	F 812		

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F 812	Continued From page 5	F 812		

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. The sample included 12 residents. Based on observation, record review, and interview the facility staff failed to distribute and serve food in accordance with professional standards for food service safety for the 21 residents who received meals from the facility kitchenette and kitchen.

Findings included:

- On 08/30/21 at 08:45 AM, observation of the kitchen revealed two uncovered desert cups with soft serve vanilla ice cream, without a label or date.

On 09/01/21 at 10:50 AM, observations revealed the following in the kitchen:
the oven next to dietary manager's office, had black crusted material.
the floor and base board along the wall, underneath the three sinks, had accumulated gray sticky substance approximately 4 inch (in) wide by 5 foot (ft) long.

On 09/01/21 at 12:20 PM, observation revealed Dietary Staff (DS) BB with gloves on, touched the refrigerator door, the kitchenette counter, the steam table, then with the same contaminated gloves, took half a chicken salad sandwich from a zip lock bag and placed it on a resident's plate.

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F 812	Continued From page 6 On 09/01/21 at 12:38 PM, observation revealed under the prep area sink, two approximately 1/4 and 1/3 gallon plastic containers of chloride ACS freedom floor cleaner. On 08/30/21 at 08:45 AM, DS BB verified the two uncovered desert cups with soft serve ice cream without a label or date. DS BB removed and discarded the items and stated staff should cover, label and date food items placed in the refrigerator. On 09/01/21 at 10:50 AM, DS BB verified the oven by the dietary manager office and the base board and floor underneath the three sink needed cleaned and stated staff had not had time to clean them due to shortage of staff. On 09/01/21 at 01:03 PM, DS BB verified she used a contaminated glove to take the 1/2 chicken salad sandwich out of a zip lock bag and placed on a resident's plate. DS BB stated she should have used tongs. On 09/01/21 at 12:38 PM, DS CC verified the chemicals underneath the prep area sink and stated they should be stored away from serving and prep area. DS CC removed and placed them in a room with other chemicals. On 09/02/21 at 12:22 PM, DS CC stated she expected staff to cover, label, and date food items before placing them in the refrigerator. Upon request, the facility failed to provide a policy regarding hand hygiene while serving residents meals.	F 812		

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F 812	Continued From page 7 The facility's undated "Food Storage (Dry, Refrigerated and Frozen)" policy instructed staff to never leave any food item uncovered and unlabeled in dry storage, refrigerator or freezer. The facility staff failed to distribute and serve food, in accordance with professional standards for food service safety, to the 21 residents who received their meals from the facility kitchenette and kitchen.	F 812		