

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>175123</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                     |                                                                                                                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/21/2021</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MERRIAM GARDENS HEALTHCARE &amp; REHABILITATION</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9700 W 62ND STREET<br/>MERRIAM, KS 66203</b> |                                                                                                                          |                                                        |                            |
| (X4) ID<br>PREFIX<br>TAG                                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |  | ID<br>PREFIX<br>TAG                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                        | (X5)<br>COMPLETION<br>DATE |
| F 000                                                                                      | INITIAL COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |  | F 000                                                                                    |                                                                                                                          |                                                        |                            |
| F 689<br>SS=E                                                                              | <p>The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent to the facility on 06/23/21.</p> <p>Free of Accident Hazards/Supervision/Devices<br/>CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents.<br/>The facility must ensure that -<br/>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.<br/>This REQUIREMENT is not met as evidenced by:<br/>The facility had a census of 63 residents. Based on observation, record review, and interview, the facility failed to provide a safe environment for the 15 cognitively impaired, independently mobile residents in the facility.</p> <p>Findings included:</p> <p>- On 06/15/21 at 08:50 AM, observation revealed two janitorial closet doors unlocked on the east side of the building. The closet contained the following items:<br/>One bottle of 3M deodorizer Material Safety Data Sheet (MSDS) documented "Flammable liquid and vapor. Harmful if swallowed. Causes Severe skin burns and eye damage. Suspected of damaging fertility or the unborn child."</p> <p>One container of I-Shine High Solid Floor Finish. MSDS documented "May be harmful if swallowed. May cause eye irritation. May cause</p> |                                                                            |  | F 689                                                                                    |                                                                                                                          |                                                        |                            |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

06/23/2021

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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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MERRIAM GARDENS HEALTHCARE &amp; REHABILITATION</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9700 W 62ND STREET<br/>MERRIAM, KS 66203</b>                                 |                            |                                                        |
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| F 689                                                                                      | <p>Continued From page 1</p> <p>skin irritation. Inhalation of vapors or mist may cause respiratory irritation. Keep out of reach of children."</p> <p>One container of Butcher's Baseboard Build-up Stripper. MSDS documented "Eye contact: Corrosive. Causes permanent eye damage, including blindness. Skin contact: Corrosive. Causes permanent damage. Inhalation: May cause irritation and corrosive effects to nose, throat and respiratory tract. Ingestion: Corrosive. Causes burns to mouth, throat and stomach."</p> <p>One can of WD-40. MSDS sheet documented: May be fatal if swallowed and enters airways. May cause drowsiness."</p> <p>One container of Reno Floor Stripper. MSDS documented: "Hazard Statements: H314: Causes severe burns and eye damage."</p> <p>On 06/15/21 at 08:50 AM, Administrative Staff E verified the two janitorial closet doors were unlocked. Administrative Staff E stated she was unsure if the doors should be locked.</p> <p>On 06/15/21 at 09:00 AM, Housekeeping Staff (HS) U stated all the janitorial doors should be kept locked.</p> <p>On 06/21/21 at 01:00 PM, Administrative Nurse D stated she expected all janitorial doors to be locked due to the caustic (able to burn organic tissue by chemical action) substances kept in them.</p> <p>The facility's "Environmental Services Safety Procedures" policy, dated 10/01/19, documented staff will ensure equipment (e.g., cords, ladders,</p> | F 689                                                                      |                                                                                                                          |                            |                                                        |

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| F 689                                                                                      | Continued From page 2<br>or chemicals) is properly stored and not left<br>unattended in areas that are accessible to<br>residents. When not in use, equipment will be<br>stored in a locking closet, cabinet or storage area<br>for safety.<br><br>The facility failed to provide a safe environment<br>for the 15 cognitively impaired, independently<br>mobile residents, placing the resident's at risk for<br>injury.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | F 689                                                                      |                                                                                                                          |                            |                                                        |
| F 758<br>SS=D                                                                              | Free from Unnec Psychotropic Meds/PRN Use<br>CFR(s): 483.45(c)(3)(e)(1)-(5)<br><br>§483.45(e) Psychotropic Drugs.<br>§483.45(c)(3) A psychotropic drug is any drug that<br>affects brain activities associated with mental<br>processes and behavior. These drugs include,<br>but are not limited to, drugs in the following<br>categories:<br>(i) Anti-psychotic;<br>(ii) Anti-depressant;<br>(iii) Anti-anxiety; and<br>(iv) Hypnotic<br><br>Based on a comprehensive assessment of a<br>resident, the facility must ensure that---<br><br>§483.45(e)(1) Residents who have not used<br>psychotropic drugs are not given these drugs<br>unless the medication is necessary to treat a<br>specific condition as diagnosed and documented<br>in the clinical record;<br><br>§483.45(e)(2) Residents who use psychotropic<br>drugs receive gradual dose reductions, and<br>behavioral interventions, unless clinically<br>contraindicated, in an effort to discontinue these<br>drugs; | F 758                                                                      |                                                                                                                          |                            |                                                        |

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| F 758                                                                                      | <p>Continued From page 3</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:<br/>The facility had a census of 63 residents. The sample included 16 residents with six reviewed for unnecessary medications. Based on interview, observation, and record review, the facility failed to ensure an appropriate diagnosis for Resident (R) 20 and R34's Seroquel (antipsychotic medication).</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R20's "Physician Order Sheet," dated 05/30/19, documented diagnoses of diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), dementia with behavioral disturbance (progressive mental disorder</li> </ul> | F 758                                                                      |                                                                                                                          |                            |                                                        |

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| F 758                                                                                      | <p>Continued From page 4</p> <p>characterized by failing memory, confusion), and hypertension (high blood pressure).</p> <p>The "Quarterly Minimum Data Set (MDS)," , dated 04/13/21, documented the resident had a Brief Interview for Mental Status (BIMS) score of 13, intact cognition, and independent with all activities of daily living (ADLs). The MDS documented the resident received routine antipsychotic medications (class of medication used to treat any major mental disorder characterized by a gross impairment testing) seven of seven days during the look back period.</p> <p>The "Care Plan," dated 03/23/21, recorded the resident displayed behaviors related to a diagnosis of dementia with behavioral disturbances. The behaviors included verbal aggression, calling staff names, agitation, refusing medications, and refusing blood sugars. The care plan recorded the resident received antipsychotic medications as ordered by the physician, and staff monitored for side effects and effectiveness. The care plan recorded the consulting pharmacist would consider dose reduction.</p> <p>The "Physician Order," dated 04/22/21, directed staff to administer R20 Seroquel, 125 milligrams (mg), three times a day for dementia with behavioral disturbance.</p> <p>The "Monthly Drug Regimen Review," dated 04/27/21, recorded the facility's Consultant Pharmacist identified and reported the inappropriate diagnosis for the resident's Seroquel to the physician, and to taper and discontinue or document the reason for the use of the medication. The physician documented to</p> | F 758                                                                      |                                                                                                                          |                            |                                                        |

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| F 758                                                                                      | <p>Continued From page 5</p> <p>continue the medication for R20's pacing and wandering, agitation, and inappropriate response to verbal communication. The suggestion was noted but the diagnosis was not changed.</p> <p>On 06/16/21 at 10:20 AM, observation revealed the resident walked independently with his walker in the hall. Continued observation revealed the resident well groomed, neatly dressed, and no signs of anxiety or behaviors.</p> <p>On 06/16/21 at 10:30 AM, Licensed Nurse (LN) G stated the resident had occasional agitation and anxiety, would raise his voice at staff and call staff names, and was easily redirected. LN G stated the resident received scheduled Seroquel for dementia with behaviors.</p> <p>On 06/21/21 at 10:20 AM, Administrative Nurse D stated the resident received scheduled Seroquel medication for dementia with behaviors and this was not an appropriate diagnosis for the use of an antipsychotic medication.</p> <p>The facility's "Antipsychotic Medication" policy, dated 01/01/20, documented residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication. The indications for use of any psychotropic drug will be documented in the medical record documentation and will include the specific condition as diagnosed by the physician.</p> <p>The facility failed to ensure an appropriate</p> | F 758                                                                      |                                                                                                                          |                            |                                                        |

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| F 758                                                                                      | <p>Continued From page 6</p> <p>diagnosis for the use of R20's Seroquel, placing the resident at risk for adverse side effects.</p> <p>- R34's "Physician's Order Sheet," dated 05/30/19, documented diagnoses of dementia and hypertension.</p> <p>The "Admission MDS," dated 04/27/21, documented the resident had a BIMS score of six, severely impaired cognition, and required supervision with all ADLs. The MDS documented the resident received routine antipsychotic medications seven of seven days during the look back period</p> <p>The "Care Plan," dated 04/16/21, recorded the resident had an alteration in cognition related to diagnoses of dementia and anxiety as evidenced by memory impairments and intermittent confusion. The care plan recorded the resident received antipsychotic medication as ordered by the physician and directed staff to monitor side effects and effectiveness. The care plan recorded the consulting pharmacist would consider dose reduction</p> <p>The "Physician Order," dated 04/16/21, directed staff to administer Seroquel, 25 mg, two times a day for dementia. The order was discontinued.</p> <p>The "Physician Order," dated 05/30/21, directed staff to administer Seroquel, 25 mg, two times a day for dementia.</p> <p>The "Monthly Drug Regimen Review," dated 04/27/21, recorded the facility's Consultant Pharmacist identified and reported the inappropriate diagnosis for the resident's Seroquel to the physician, and to taper and</p> | F 758                                                                      |                                                                                                                          |                            |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>175123</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/21/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MERRIAM GARDENS HEALTHCARE &amp; REHABILITATION</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9700 W 62ND STREET<br/>MERRIAM, KS 66203</b>                                 |                            |                                                        |
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| F 758                                                                                      | <p>Continued From page 7</p> <p>discontinue or document the reason for the use of the medication. The physician documented to continue the medication for R34's pacing and wandering, agitation, and inappropriate response to verbal communication. The suggestion was noted but the diagnosis was not changed.</p> <p>On 06/15/21 at 08:45 AM, observation revealed the resident sat on the side of the bed and LN G applied a Lidocaine patch (pain patch) to the resident's right knee. Continued observation revealed the resident well groomed, neatly dressed, and no signs of anxiety or behaviors.</p> <p>On 06/17/21 at 01:45 PM, LN G stated the resident had recently been admitted to the facility for decline in health and ability to care for self. LN G verified the resident received scheduled Seroquel medication for dementia.</p> <p>On 06/21/21 at 10:20 AM, Administrative Nurse D stated the resident received scheduled Seroquel medication for dementia with behaviors and this was not an appropriate diagnosis for the use of an antipsychotic medication.</p> <p>The facility's "Antipsychotic Medication" policy, dated 01/01/20, documented residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication. The indications for use of any psychotropic drug will be documented in the medical record and documentation will include the specific condition as diagnosed by the physician.</p> | F 758                                                                      |                                                                                                                          |                            |                                                        |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

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| F 758                                                                                      | Continued From page 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |  | F 758                                                                                    |                                                                                                                          |                                                        |                            |
| F 800<br>SS=F                                                                              | <p>The facility failed to ensure an appropriate diagnosis for R34's Seroquel, placing the resident at risk for adverse side effects.</p> <p>Provided Diet Meets Needs of Each Resident<br/>CFR(s): 483.60</p> <p>\$483.60 Food and nutrition services.<br/>The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.<br/>This REQUIREMENT is not met as evidenced by:<br/>The facility had a census of 63 residents. Based on observations, record review, and interview, the facility failed to routinely monitor the food temperatures on the steam table for the 61 residents who received meals from the facility kitchen.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 06/15/21 at 09:05 AM, during the initial tour of the kitchen, Dietary Staff (DS) BB failed to provide daily food temperature logs of foods that were on the steam table and served to residents of the facility for the month of June.</li> </ul> <p>On 06/15/21 at 09:30 AM, DS BB stated the food temperature logs disappeared.</p> <p>On 06/21/21 at 01:00 PM, Administrative Nurse D stated she expected the food temperature logs to be completed daily and to be kept on file for one year.</p> |                                                                            |  | F 800                                                                                    |                                                                                                                          |                                                        |                            |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 800                                                                                      | Continued From page 9<br>The facility's "Food Temperatures" policy, dated 2017, documented the temperatures of all food items will be taken and properly recorded prior to service of each meal.<br><br>The facility failed to routinely monitor and log food temperatures for the 61 residents who received meals from the facility kitchen placing the residents at risk for food borne illnesses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | F 800                                                                      |                                                                                                                          |                            |                                                        |
| F 801<br>SS=F                                                                              | Qualified Dietary Staff<br>CFR(s): 483.60(a)(1)(2)<br><br>§483.60(a) Staffing<br>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)<br><br>This includes:<br>§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-<br>(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.<br>(ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition | F 801                                                                      |                                                                                                                          |                            |                                                        |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 801                                                                                      | <p>Continued From page 10</p> <p>professional.</p> <p>(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.</p> <p>(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.</p> <p>§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-</p> <p>(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:</p> <p>(A) A certified dietary manager; or</p> <p>(B) A certified food service manager; or</p> <p>(C) Has similar national certification for food service management and safety from a national certifying body; or</p> <p>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</p> <p>(ii) In States that have established standards for food service managers or dietary managers,</p> | F 801                                                                      |                                                                                                                          |                            |                                                        |

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| F 801                                                                                      | <p>Continued From page 11</p> <p>meets State requirements for food service managers or dietary managers, and</p> <p>(iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility had a census of 63 residents. Based on observations, record review, and interview, the facility failed to provide a certified dietary manager to carry out the functions of food and nutritional services for the 61 residents who resided in the facility and received meals from the facility kitchen.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 06/16/21 at 11:00 AM, observations revealed Dietary Staff (DS) BB participated and provided oversight of the lunch meal preparation and service.</li> </ul> <p>On 06/16/21 at 11:00 AM, observations revealed DS BB participated and provided oversight of the lunch meal preparation and service.</p> <p>On 06/15/21 at 09:05 AM, DS BB stated he was not certified but was currently taking classes to become certified.</p> <p>On 06/21/21 at 01:00 PM, Administrative Nurse D stated DS BB was not certified and was taking classes to become certified.</p> <p>The facility's "Food, Nutrition, and Dietary Services Policy and Procedure," policy, dated 2020, documented the facility must have a qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or</p> | F 801                                                                      |                                                                                                                          |                            |                                                        |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 801                                                                                      | Continued From page 12<br>on a consultant basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | F 801                                                                      |                                                                                                                          |                            |                                                        |
| F 812<br>SS=F                                                                              | <p>The facility failed to provide a certified dietary manager to carry out the function of food and nutritional services, placing the 61 residents who received meals from the facility kitchen at risk for nutritional problems and weight loss.</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements.<br/>The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br/>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br/>(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.<br/>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br/>This REQUIREMENT is not met as evidenced by:<br/>The facility had a census of 63 residents. Based on observations, record review, and interview, the facility failed to prepare, store, and serve meals under sanitary conditions for the 61 residents who received meals from the facility kitchen.</p> <p>Findings included:</p> | F 812                                                                      |                                                                                                                          |                            |                                                        |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 812                                                                                      | <p>Continued From page 13</p> <p>-On 06/15/21 at 09:05 AM, observations during the initial tour of the kitchen revealed the following:</p> <p>Food debris and smashed dried cherry tomatoes on the floor in dry storage area.</p> <p>Food debris and grease smears from shoes all over the kitchen flooring around the food preparation area.</p> <p>Review of the "May Dishwasher Temperature Log" revealed 24 of 31 missing temperature notations.</p> <p>Upon request, Dietary Staff (DS) BB was unable to provide a cleaning schedule for the kitchen and June temperature logs for the high temperature dishwasher.</p> <p>On 06/17/21 at 01:15 PM, observation revealed DS CC filled cereal bowls for the next days breakfast by taking the bowl with bare hands and scooping the cereal from the dry storage container.</p> <p>On 06/15/21 at 09:30 AM, DS BB stated the cooks and dietary aides just follow the cleaning schedule and he did not have them sign off that they completed the cleaning duties. DS BB stated the food temperature logs disappeared and the dishwasher temperature logs had not been completed.</p> <p>On 06/21/21 at 01:00 PM, Administrative Nurse D stated she expected the food temperature logs to be completed daily and to be kept on file. She also expected for the dishwasher temperature to</p> | F 812                                                                      |                                                                                                                          |                            |                                                        |

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>175123</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/21/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MERRIAM GARDENS HEALTHCARE &amp; REHABILITATION</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9700 W 62ND STREET<br/>MERRIAM, KS 66203</b>                                 |                            |                                                        |
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| F 812                                                                                      | <p>Continued From page 14</p> <p>be completed daily and kept on file. She expected all staff to use gloves and utensils when handling food and expected the cleaning log to be signed off by the staff completing the cleaning duties and kept on file.</p> <p>The facility's "General Food Preparation and Handling" policy, dated 2017, documented food will be prepared and served with clean tongs, scoops, forks, spoons, spatulas, or other suitable implements to avoid manual contact of prepared foods. Any utensil or serving dish must be thoroughly cleaned and sanitized prior to use.</p> <p>The facility's "Food Temperatures" policy, dated 2017, documented the temperatures of all food items will be taken and properly recorded prior to the service of each meal.</p> <p>The facility's "Cleaning and Sanitation of Dining and Food Service Areas" policy, dated 2017, documented a cleaning schedule will be posted for all cleaning tasks, and staff will initial the tasks as completed. Staff will be held accountable for cleaning assignments.</p> <p>The facility's "Dish Machine Temperature Log" policy, dated 2017, documented dishwashing staff will monitor and record dish machine temperatures to assure proper sanitizing of dishes. The director of food and nutrition services will post a log near the dish machine for the staff to document temperatures. Staff will monitor dish machine temperatures throughout the dishwashing process. Staff will record dish machine temperature for the wash and rinse cycles at each meal. The director of food and nutrition services will spot check this log to assure temperatures are appropriate and staff is</p> | F 812                                                                      |                                                                                                                          |                            |                                                        |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2021  
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| F 812                                                                                      | Continued From page 15<br>correctly monitoring dish machine temperatures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | F 812                                                                      |                                                                                                                          |                            |                                                        |
| F 880<br>SS=D                                                                              | <p>The facility failed to prepare, store, distribute, and serve food under sanitary conditions for the 61 residents who received meals from the facility kitchen, placing the residents at risk for food borne illnesses.</p> <p><b>Infection Prevention &amp; Control</b><br/>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p><b>§483.80 Infection Control</b><br/>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p><b>§483.80(a) Infection prevention and control program.</b><br/>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p><b>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</b></p> <p><b>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</b><br/>(i) A system of surveillance designed to identify possible communicable diseases or</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 880                                                                                      | <p>Continued From page 16</p> <p>infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.<br/>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.<br/>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:<br/>The facility had a census of 63 residents. The sample included 16 residents. Based on</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |

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| F 880                                                                                      | <p>Continued From page 17</p> <p>observation, record review, and interview the facility failed to prevent the development of communicable diseases and infections for two of 19 residents who received blood glucose testing (a blood sample test which measures the amount of sugar in the blood), Resident (R) 20, and R35.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 06/15/21 at 09:00 AM, observation revealed License Nurse (LN) G obtained a blood glucose test for R35. After completing the blood glucose test LN G cleaned the blood glucose testing device with an alcohol wipe. LN G went and obtained R20's blood glucose test. After completing the blood glucose test LN G cleaned the blood glucose testing device with an alcohol wipe.</li> </ul> <p>On 06/15/21 at 09:15 AM, LN G verified she used alcohol wipes to clean the blood glucose testing device and had not used a disinfectant wipe</p> <p>On 06/21/21 at 09:30 AM, Administrative Nurse D verified LN G should clean the blood glucose testing device with a disinfectant cleaner after each use.</p> <p>The facility's "Glucometer Disinfection" policy, dated 11/01/19, stated the blood glucose meter is to be cleaned and disinfected after each use. The policy documented the purpose of the procedure is to provide guidelines for the disinfecting of the sample device to prevent transmission of blood borne diseases to residents and employees. Disinfecting is a process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects. The facility ensures blood glucometers will be cleaned and disinfected</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 880                                                                                      | <p>Continued From page 18</p> <p>after each use and accordance with the manufacturer's instructions for multi resident use.</p> <p>The Assure Platinum blood glucose monitor manufacturers "Operational Manual" documented the meter should be cleaned and disinfected between each patient. The approved cleaning products are, Microdot Bleach Wipe, Clorox Dispatch hospital Cleaner Disinfectant Towels with Bleach, Clorox Healthline Bleach Germicidal Wipes, Micro Kill, Cavi wipes Super Sani cloth Germicidal Disposable Wipes, and Accel TB Hydrogen Peroxide Cleaner/Disinfectant. The disinfecting process reduces the risk of transmitting infectious diseases if it is properly performed.</p> <p>The facility failed to properly disinfectant the blood glucose meter between resident uses, placing the residents at risk for infections.</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |