STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175275	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICALODGES KINSLEY	**620 WINCHESTER AVENUE KINSLEY, KS 67547**

(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 and Complaint Investigation #157445.	F 000		
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 21 residents. The facility had one main kitchen where food was stored and prepared for one dining room. Based on observation, interview, and record review the facility failed to ensure dietary staff who worked in the kitchen wore a hairnet. The facility also failed to properly store food items in a refrigerator and freezers by the failure to ensure all food items were dated after being opened. These failures had the ability to affect all residents in the facility.	F 812		

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

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
	175275	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICALODGES KINSLEY	**620 WINCHESTER AVENUE KINSLEY, KS 67547**

(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 1 Findings included: - During the initial environmental tour of the dietary department on 05/06/21 at 08:21 AM the following concerns identified: 1. Twenty-four chocolate shakes with instructions printed on the carton to keep no longer than 14 days unfrozen, were found in the 2-door refrigerator in the kitchen area, thawed and not dated. 2. Two opened bags of what appeared to be chicken nuggets with no open date marked on the bags were found in the two-door stainless steel freezer located in the dry storage room. 3. An open bag of tater tots with no open date marked on the bag was found in the two-door "Victory" freezer located in the dry goods storage room. During the follow-up kitchen tour on 05/11/21 at 10:03 AM revealed the following concerns identified: 1. An open package of four boiled eggs found with no open date, in the two-door refrigerator in the kitchen area. 2. An opened bag of what appeared to be chicken nuggets, and an opened bag with two portions of "Oven Ready Whole Grain Breaded Fish Sandwich Portion" found with no open date marked on the packaging. 3. An opened bag of what appeared to be biscuits, found with no open date marked on the	F 812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175275	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICALODGES KINSLEY	620 WINCHESTER AVENUE KINSLEY, KS 67547

(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 packaging. 4. An observation on 05/11/21 at 10:42 AM revealed Dietary Staff (DS) H was in the dishwashing, storage, and food preparation areas of the kitchen without a hairnet in place. At 11:48 AM, DS H put on a hairnet but still had strands of hair not fully covered by the hairnet. During an interview on 05/12/21 at 08:57 AM, Dietary Manager (DM) I stated it was her expectation that all food opened food items located in the refrigerator or freezer should be dated. DM I also stated she expected supplemental shakes that needed to be used within 14 days of being thawed should be dated as to when they were thawed. DM I stated she expected any staff who passed through the door and entered the kitchen to wear a hairnet and make sure all strands of hair be covered to the best of their ability. Review of the "Hair Restraints" policy revealed, "Staff shall wear hair restraints in all food production, dishwashing and serving areas". Review of the "Food Storage (Dry, Refrigerated, and Frozen" policy revealed, "All food items will be labeled. The label must include the name of the food and the date by which it should be ...consumed, or discarded." The facility failed to properly store food items and ensure staff wore hairnets.	F 812		
F 943 SS=D	Abuse, Neglect, and Exploitation Training CFR(s): 483.95(c)(1)-(3) §483.95(c) Abuse, neglect, and exploitation.	F 943		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175275	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICALODGES KINSLEY	620 WINCHESTER AVENUE KINSLEY, KS 67547

(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 943	Continued From page 3 In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on- §483.95(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12. §483.95(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property §483.95(c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: The facility census totaled 21 residents. Based on interview and record review, the facility failed to ensure that all facility staff were trained in Abuse, Neglect, and Exploitation (ANE) annually. Findings included: - Review of staff training records for Certified Nurse Aide (CNA) D lacked ANE training evidence from 04/01/20 through 04/01/2021. Interview with Administrative Nurse A and Administrative Staff B on 05/12/21 at 01:03 PM revealed staff receive prompts on what trainings to complete each month through an online training service. Administrative Staff B monitored all trainings via audits, but it was the responsibility of the staff member to complete the trainings. CNA D was reminded about completing the ANE training as it was past-due. The ANE training was also discussed at a staff meeting, which CNA D did not attend.	F 943		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175275	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICALODGES KINSLEY	620 WINCHESTER AVENUE KINSLEY, KS 67547

(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 943	Continued From page 4 Review of the 09/2017 facility policy entitled "Abuse, Neglect and Exploitation Policy" revealed all new employees shall have training during orientation, and all employees shall receive training at least annually, and as the need arose. Verification of training will be maintained in the employee's personnel file and/or the in-service records. The facility failed to ensure all staff received training over ANE annually.	F 943		