STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175383	A. BUILDING _____ B. WING _____	03/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESLEY TOWERS INC	700 MONTEREY PL HUTCHINSON, KS 67502

(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.	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 32 residents all receiving meals from one kitchen. Based on observation, staff interview, and record review the facility failed to store food under sanitary conditions by the failure to dispose of undated food items. Findings included: - On 03/09/21 at 01:30PM, during the initial tour of the main kitchen, the following items were undated/expired: six bags of corn chips, one bag of rice cereal, five containers of horseradish, and one bag of shredded carrots. Also, on the initial	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.

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F 812	Continued From page 1 tour of the staging kitchen, the following items were undated/expired: one bag of frosted flakes cereal and one bag of corn flakes cereal. During an interview on 03/09/21 at 01:45 PM, dietary staff A threw away all expired items and stated she expected all staff to monitor food items more closely for expiration dates. All open perishable foods were to be used within seven days of opening or by the expiration date, which ever came first. Opened dry goods were to be used within 90 days of opening or by the expiration date, whichever came first. Dietary staff A stated she expected all staff to remove all expired items from the shelf to prevent them from being used. Review of the Food Service Policies and Procedures dated 06/06 documented, "All non-perishable food items will be maintained no longer than 3 months. This will be identified by a date that states when product was opened. Food will not be used and will be disposed of 90 days from opened date." The facility failed to store food in accordance with professional standards for food service safety to prevent the outbreak of foodborne illness when observations revealed expired food in the kitchen.	F 812		