STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B005001	A. BUILDING: _____ B. WING _____	01/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLINWOOD COUNTRY LIVING	302 N MAIN STREET ELLINWOOD, KS 67526

(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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named home plus facility conducted on 01/13/21, 01/14/21, and 01/19/21.	S 000		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility reported a census of 5 residents. Based on record review, observation and interview for all residents living in the facility and receiving meal services, the operator failed to ensure the facility staff served food at the proper temperature. Findings included:	S5192		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B005001	A. BUILDING: _____ B. WING _____	01/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLINWOOD COUNTRY LIVING	302 N MAIN STREET ELLINWOOD, KS 67526

(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) COMPLETE DATE
S5192	Continued From page 1 On 01/13/2020 at 2:12 PM, requested facility food temperature monitoring logs. Operator confirmed all residents eat at facility and confirmed they do not have food temperature logs. Observation on 01/14/21 at 12:11 PM revealed certified staff #C served lunchtime meal to all residents living in the facility. Certified staff #D failed to check food temperatures prior to serving residents. Interview on 01/14/21 at 12:09 PM with certified staff #C stated she does not check food temperatures before serving food to residents. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. Facility dietary services policy obtained on 01/14/21 at 12:47 PM from operator. Facility policy recorded, "Cold foods are generally served at temperature of 41 degrees or below and hot foods must be maintained at temperatures over 140 degrees F (Fahrenheit) and above as per "Focus on Food Safety" from the Kansas Department of Health and Environment." For all residents of the facility, the operator failed to ensure facility staff served food at the proper temperature.	S5192		
S5230 SS=E	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin	S5230		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B005001	A. BUILDING: _____ B. WING _____	01/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLINWOOD COUNTRY LIVING	302 N MAIN STREET ELLINWOOD, KS 67526

(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) COMPLETE DATE
S5230	Continued From page 2	S5230		

lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious;

(6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting;

(c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

This REQUIREMENT is not met as evidenced by:
K.A.R 26-42-207 (c)

The facility reported a census of 5 residents. The sample included 3 residents. Based on record review, and interview for 2 (#113, #319) of 3 sampled residents, the operator failed to ensure compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

Findings included:

- Review of resident #113's medical record revealed admission date to the facility on 10/05/17, record lacked documentation of annual TB skin test or symptom screen.

- Review of resident #319's medical record revealed admission date to the facility on 01/14/19, record lacked documentation of TB skin test or symptom screen upon admission and annually.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B005001	A. BUILDING: _____ B. WING _____	01/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLINWOOD COUNTRY LIVING	302 N MAIN STREET ELLINWOOD, KS 67526

(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) COMPLETE DATE
S5230	Continued From page 3 Interview on 01/14/21 at 10:39 AM with licensed nurse #B confirmed she did not have a TB skin test or symptom screen for resident #113 for year 2019 or 2020. Interview on 01/14/21 at 2:18 PM with licensed nurse #B confirmed she did not have admission or annual (2020) TB skin test or symptom screen for resident #319. Facility TB Testing Policy obtained on 01/14/21 at 12:47 PM from operator recorded, "TB skin testing (2-Step) will be done on each new resident and employee, as soon as residency or employment begins, unless documentation of a previous signification reaction can be provided. The facility will ensure that the license nurse performs the tuberculin skin test can do so accurately. A.) Testing should be performed within seven days of admission or employment. If the first skin test is read as insignificant (in duration of less than 10 millimeters) repeat the skin test anytime in 7 to 30 days. If the first test is read as significant (indurations 10 millimeters or greater) DO NOT REPEAT THE TEST. Refer individual to their physician or the local heath department for further evaluation. C.) Documentation of testing dates, dates tests were read, and size of induration in millimeters shall be maintained in employee files and resident clinical records." Policy further recorded, "The facility does TB testing annually on all employees and all residents, unless x-rays are required." The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B005001	A. BUILDING: _____ B. WING _____	01/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLINWOOD COUNTRY LIVING	302 N MAIN STREET ELLINWOOD, KS 67526

(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) COMPLETE DATE
S5335	Continued From page 4	S5335		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The facility reported a census of 5 residents. Based on observation and interview, the operator failed to protect the health and safety of residents by a failure to keep cleaning chemicals in a locked secured area. Findings included: - On 01/13/21 at 2:21 PM, operator provided a resident roster of 5 residents and 4/5 were marked with impaired cognitive abilities. During the initial tour on 01/13/21 at 2:17 PM, observation revealed 2 unlocked cabinets in the kitchen. The cabinets contained the following chemicals: 1 bottle Clorox 117 ounce (oz), 1 Non-ammoniated Glass Cleaner 17 oz, 1 Calgon Water Softener 32 oz, 1 Microwave Oven Cleaner 15 oz, 2 Raid wasp and hornet spray 14 oz, 1	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B005001	A. BUILDING: _____ B. WING _____	01/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLINWOOD COUNTRY LIVING	302 N MAIN STREET ELLINWOOD, KS 67526

(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) COMPLETE DATE
S5335	Continued From page 5 Raid ant and roach spray 17.5 oz, 1 Wood Cleaner and Polish 12.5 oz, 2 Disinfectant Spray 19 oz, 1 Glass Cooktop Cleaner and Polish 15 oz, 1 Raid flea spray 16 oz, 1 container of 80 Lysol wipes and 1 Window Cleaner 17 oz, 2 Lysol Disinfectant Spray 19 oz, and 3 Febreeze Spray 8.8 oz. All the listed containers included a warning label on them. Observation on 01/13/21 at 2:47 PM revealed an unlocked cabinet under the first public bathroom. The cabinet contained the following chemicals: 1 Non-ammoniated Glass Cleaner 17 oz and 1 Industrial Germicidal Cleaner 18 oz. All the listed containers included a warning label on them. Observation on 01/13/21 at 2:51 PM revealed an unlocked cabinet under the first public bathroom. The cabinet contained the following chemicals: 1 Non-ammoniated Glass Cleaner 17 oz and 1 Industrial Germicidal Cleaner 18 oz. All the listed containers included a warning label on them. Interview on 01/13/21 at 2:26 PM with operator confirmed chemicals should not be in unlocked cabinets. Facility chemical policy obtained on 01/14/21 at 12:47 PM dated 01/14/21 recorded, "All chemicals are to be kept in locked cabinet or storage room when not in use." Operator failed to protect the health and safety of all residents by a failure to keep cleaning chemicals in a locked secured area.	S5335		