STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E658	A. BUILDING _____ B. WING _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHILLIPS COUNTY RETIREMENT CENTER	EAST HWY 36, PO BOX 628 PHILLIPSBURG, KS 67661

(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 #154869. The 2567 was electronically sent to the facility on 10/19/2020.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of	F 623		

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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this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and

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email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

§483.15(c)(6) Changes to the notice.
If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.

§483.15(c)(8) Notice in advance of facility closure
In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).
This REQUIREMENT is not met as evidenced by:
The facility had a census of 34 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to notify the Ombudsman for one sampled resident discharged to the hospital, Resident (R) (4).

Findings included:

- R4's "Physician Order Sheet" (POS), dated 09/30/20, documented diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion), cerebral vascular accident (CVA-stroke-sudden death of brain cells

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due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), psychosis (any major mental disorder characterized by a gross impairment in reality testing), major depressions (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear).

The "Quarterly Minimum Data Set" (MDS), dated 07/16/20, documented the resident had a Brief Interview for Mental Status (BIMS) score of five, indicating severe cognitive impairment. The MDS documented the resident required extensive assistance of one staff with most activities of daily living (ADLs).

The "Medication Care Plan," dated 07/09/20, directed staff to inform the physician of any problems, and monitor for possible signs and symptoms of adverse drug reactions (falls, weight loss, fatigue, incontinence, and gastric upset).

The "Nurses Note," dated 07/18/20 at 11:50 PM, documented at 03:00 PM staff called the nurse into the dining room to assess R4's temperature of 101.7 degrees Fahrenheit (F) (normal 97-99 degrees F), oxygen saturation at 86% (normal 97-99%), difficulty breathing and diminished lung sounds. Staff notified the resident's family member of the resident's condition and she requested the resident be evaluated at the Emergency Room (ER). The note documented the nurse notified the physician, and at 06:30 PM Emergency Medical Services (EMS) arrived and transported the resident to the hospital.

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The "Nurses Note," dated 07/21/20 documented the resident returned to the facility with a diagnosis of pneumonia (lung inflammation caused by bacterial or viral infection) and sepsis (life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs).

The "Nurses Note," dated 07/22/20 at 04:39 AM, documented the resident had temperatures that ranged from 98-99 degrees F, oxygen saturation from 70% to 90%, shallow respirations, pale color, and unable to answer questions or respond verbally. Staff notified the resident's family member of the resident's condition and she requested the resident be evaluated at the ER. The note documented the nurse notified the physician, and at 07:39 PM EMS arrived and transported the resident to the hospital.

The "Nurses Note," dated 07/22/20 at 10:59 AM, documented the resident returned from the hospital late yesterday, went to the ER this morning, and was re-admitted to the hospital for observation.

The "Nurses Note," dated 07/25/20 at 01:02 PM, documented the nurse notified the physician the resident's oxygen saturation levels dropped while oxygen was increased from 2 to 4 liters and the nurse sent the resident to the ER due to declining health. The note documented at 01:38 PM, EMS arrived at the facility and transported the resident to the hospital.

The "Nurses Note," dated 08/03/20, at 01:24 PM, transportation provided for the resident as she returned from the hospital.

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The "Nurses Note," dated 08/07/20 at 10:42 PM, documented at 09:00 PM the resident ran a low-grade fever with temperature of 100.4 degrees F. At 09:50 PM the resident had a blood pressure reading 76/48 mg Hg (normal 120/80 mg Hg), pulse 85 beats per minute (bpm-normal resting 60 bpm), respirations 24 breaths per minute (normal 12-16 breaths per minute) and oxygen saturation level of 92%. The note documented the facility transported the resident to the hospital.

The "Nurses Note," dated 08/08/20, documented the resident returned to the facility with a diagnosis of fever, low blood sugar, and hypoxia (inadequate supply of oxygen.)

R4's "Medical Record" lacked documentation staff notified the ombudsman of the resident's hospitalizations.

On 10/12/20 at 10:30 AM, observation revealed R4 sat in a recliner in common area. Observation revealed the nurse attempted to get the resident to wear a face mask, but was not successful.

On 10/14/20 at 12:04 PM, Administrative Nurse D stated she did not send the ombudsman notice for the resident's discharges in July and August 2020, but was aware the facility should send the notices.

Upon request, the facility was unable to provide a discharge policy.

The facility failed to notify the Ombudsman's office of R4's discharges to the hospital, placing the resident at risk to not have Ombudsman advocate for him.

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F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: The facility had a census of 34 residents. The sample included 12 residents with one reviewed for urinary catheter. Based on observation, record review, and interview, the facility failed to revise Resident (R) 19's care plan with interventions to include urinary catheter (insertion of a tube into the bladder to drain the urine into a collection bag) care and services.	F 657		

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Findings included:

- R19's "Physician Order Sheet" (POS), dated 08/19/20, documented diagnoses of urinary tract infection (UTI-infection in any part of your urinary system) and neurogenital implants (material placed in the urethra (small tubular structure that drains urine from the bladder) to help control urine leakage).

The "Quarterly Minimum Data Set" (MDS), dated 08/22/20, documented the resident required total staff assistance for all activities of daily living (ADLs) except eating. The MDS documented the resident frequently incontinent of urine, no catheter, and received diuretic (medication to promote the formation and excretion of urine) and antibiotic (substance active against bacteria) medication seven days of the look back period.

The "Urinary Care Area Assessment" (CAA), dated 11/20/19, documented the resident dependent on staff for toileting, changing of incontinence products, and providing perineal care.

The "Urinary Care Plan," dated 09/02/20, directed staff to use disposable incontinence briefs, change with each incontinence episode, and monitor for signs and symptoms of UTIs. The update, dated 09/08/20, directed staff to change the resident's urinary catheter monthly, position catheter bag and tubing below the level of the bladder, and ensure drainage bag covered. The care plan directed staff to monitor and document the resident's urinary output per facility policy, monitor for pain or discomfort due to catheter, and report to the physician signs or symptoms of

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UTI. The care plan further directed staff to administer antibiotic therapy as prescribed, encourage fluids if not contraindicated, monitor for cognitive changes, laboratory results, and evaluate urine characteristics.

The "Physician Visit Note," dated 08/19/20, documented the resident had recurrent UTIs and seizure activity that went along with the UTIs. The note documented it was difficult to diagnose a UTI until at times seizure activity occurred, versus fevers and change in vital signs. Once the resident was treated and the infection cleared, seizure activity ceased. The note documented the resident recently had a suspected UTI, culture was negative, a repeat urinalysis (examination of urine) came back worse, and while awaiting the culture results the resident had seizure activity and was sent to the Emergency Room (ER).

The "Communication to Physician," dated 08/31/20 at 09:40 AM, documented the resident returned from the hospital 08/26/20 with a urinary catheter without orders for catheter care, how often to change catheter, or a diagnosis for the catheter.

The "Physician's Order," dated 08/31/20, directed staff to document the resident's catheter output every shift.

R19's "August Treatment Administration Record" (TAR) lacked documentation of urinary catheter output, or care provided, 08/26/20 through 08/31/20.

The "Progress Note," dated 08/31/20 at 03:12 PM, documented the resident pulled out her catheter this morning.

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The "Physician's Order," dated 08/31/20, directed staff to wait one week, then replace the resident's urinary catheter.

On 10/14/20 at 11:38 AM, observation revealed Certified Nurse Aide (CNA) N provided catheter cares appropriately and emptied the catheter drainage bag. CNA N cleaned the catheter port with an alcohol wipe before and after emptying the bag. CNA N held the measuring container and drainage bag off the floor the whole time and practiced proper infection control.

On 10/12/20 at 02:30 PM, Licensed Nurse (LN) G verified she had not updated R19's care plan to include the urinary catheter when the resident returned from the hospital on 08/26/20.

On 10/12/20 at 04:05 PM, CMA R stated staff checked care plans for information about the resident's care.

On 10/14/20 at 12:07 PM, Administrative Nurse D verified the facility readmitted R19 on 08/26/20 with a urinary catheter and staff did not obtain catheter care orders for five days or document routine catheter care or output during those five days.

Upon request, the facility did not provide a care plan revision policy.

The facility failed to revise R19's care plan to include interventions for a urinary catheter for five days after R19 returned from the hospital with a new urinary catheter, placing the resident at risk for urinary catheter complications.

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F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by:	F 690		

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The facility had a census of 34 residents. The sample included 12 residents with one reviewed for urinary catheter. Based on observation, record review, and interview, the facility failed to provide care and services for Resident (R) 19's urinary catheter.

Findings included:

- R19's "Physician Order Sheet" (POS), dated 08/19/20, documented diagnoses of urinary tract infection (UTI) (infection in any part of your urinary system) and neurogenital implants (material placed in the urethra (small tubular structure that drains urine from the bladder) to help control urine leakage).

The "Quarterly Minimum Data Set" (MDS), dated 08/22/20, documented the resident required total staff assistance for all activities of daily living (ADLs) except eating. The MDS documented the resident frequently incontinent of urine, no catheter, and received diuretic (medication to promote the formation and excretion of urine) and antibiotic (substance active against bacteria) medication seven days of the look back period.

The "Urinary Care Area Assessment" (CAA), dated 11/20/19, documented the resident dependent on staff for toileting, changing of incontinence products, and providing perineal care.

The "Urinary Care Plan," dated 09/02/20, directed staff to use disposable incontinence briefs, change with each incontinent episode, and monitor for signs and symptoms of UTIs. The update, dated 09/08/20, directed staff to change urinary catheter monthly, position catheter bag

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and tubing below the level of the bladder and ensure drainage bag covered. The care plan directed staff to monitor and document the resident's output per facility policy, monitor for pain or discomfort due to catheter, and report to the physician signs or symptoms of UTI. The care plan further directed staff to administer antibiotic therapy as prescribed, encourage fluids, if not contraindicated, and monitor for cognitive changes, laboratory results, and evaluate urine characteristics,

The "Physician Visit Note," dated 08/19/20, documented the resident had recurrent UTIs and seizure activity that went along with the UTIs. The note documented it was difficult to diagnose a UTI until at times seizure activity occurred, versus fevers and change in vital signs. Once the resident was treated and the infection cleared, seizure activity ceased. The note documented the resident recently had a suspected UTI, culture was negative, a repeat urinalysis (examination of urine) came back worse, and while awaiting the culture results the resident had seizure activity and was sent to the Emergency Room (ER).

The "Communication to Physician," dated 08/31/20 at 09:40 AM, documented the resident returned from the hospital 08/26/20 with a urinary catheter without orders for catheter care, how often to change catheter, or a diagnosis for the catheter.

The "Physician's Order," dated 08/31/20, directed staff to document catheter output every shift.

R19's "August Treatment Administration Record" (TAR) lacked documentation of urinary catheter output, or care provided, 08/26/20 through

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(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 690	Continued From page 13	F 690		

08/31/20.

The "Progress Note," dated 08/31/20 at 03:12 PM, documented the resident pulled out her catheter this morning.

The "Physician's Order," dated 08/31/20, directed staff to wait one week, then replace the resident's urinary catheter.

The "Progress Note," dated 09/08/20 at 09:57 AM, documented staff inserted a urinary catheter into R19 this morning.

On 10/12/20 at 11:20 AM, observation revealed R19 in a recliner in the living room, legs elevated, and eyes closed. Further observation revealed urinary catheter drainage bag in a privacy bag to dependent drainage in the side pocket of the recliner.

On 10/14/20 at 11:38 AM, observation revealed Certified Nurse Aide (CNA) N provided catheter cares appropriately and emptied the catheter drainage bag. CNA N cleaned the catheter port with an alcohol wipe before and after emptying the bag. CNA N held the measuring container and drainage bag off the floor the whole time and practiced proper infection control.

On 10/14/20 at 12:07 PM, Administrative Nurse D verified the facility readmitted R19 on 08/26/20 with a urinary catheter and staff did not obtain catheter care orders for five days or document routine catheter care or output during those five days.

The facility's undated "Catheter Care" policy lacked direction for staff on how often to provide

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	17E658	A. BUILDING _____ B. WING _____	10/14/2020

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F 690	Continued From page 14 catheter care and document urinary output. The facility failed to obtain urinary catheter orders for care and services upon R19's return to the facility with a urinary catheter, placing the resident at risk for infection and urinary catheter complications.	F 690		
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: The facility had a census of 34 residents. Based on observation, record review, and interview, the facility failed to provide food prepared by methods that conserve nutritive value, flavor and appearance for six of six pureed meals. Findings included: - On 10/12/20 at 10:50 AM, observation during pureed food preparation revealed Dietary Staff (DS) BB used a pasta spoon and placed six scoops of spaghetti, measured six-4 ounce (oz) scoops of meat sauce, two cups of heated tomato juice from stove top, and three slices of bread into the blender and blended to pudding consistency. DS BB then poured the mixture into the warmer on the steam table.	F 804		

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F 804	Continued From page 15 On 10/12/20 10:50 AM, DS BB presented a pureed recipe book containing a recipe for pureed vegetables, pureed meat, and pureed fruit. The notebook did not contain a pureed recipe for spaghetti. DS BB stated she did not have a recipe for pureed spaghetti. On 10/12/20 at 11:10 AM, DS BB placed a 4 oz scoop of the pureed spaghetti on six residents plates. On 10/12/20 at 11:15 AM, DS BB verified she did not have a pureed recipe for spaghetti. The facility's revised "Preparation of Altered Consistency Diets" policy, dated 03/19/2015, documented pureed recipes are to be consulted and followed. The facility failed to provide pureed foods prepared by methods that conserve nutritive value, flavor and appearance for six of six residents on pureed consistency diets, placing the residents at risk for impaired nutrition.	F 804		
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	F 812		

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F 812	Continued From page 16	F 812		

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 had a census of 34 residents. Based on observation, record review, and interview, the facility failed to prepare food in accordance with professional standards for food service safety in the facility kitchen.

Findings included:

- On 10/12/20 at 11:35 AM, observation during noon meal preparation revealed Dietary Staff (DS) BB performed hand hygiene at a sink in the kitchen, applied gloves, and began placing food on residents' plates. DS BB obtained food portions to place on resident plates, touched the measured utensils, then used the same gloved hand to obtain bread and placed the bread on the resident's plate.

On 10/12/20 at 01:50 PM, DS CC produced the Dishwasher PPM test strips (accurately measures the concentration of the sanitizing solution in dishwasher) and noted an expiration date of March 2020 on the test strips.

On 10/12/20 at 11:35 AM, DS BB stated she was not aware that using the same gloves to obtain the bread would contaminate the bread and obtained tongs to place the bread on the

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F 812	Continued From page 17 resident's plates. On 10/12/20 at 01:50 PM, DS CC stated the Dishwasher PPM test strips that were attached to the outside of the dishwasher had an expiration date of March 2020 and were the ones staff used to test the dishwasher sanitizing solution. The facility's "Food Safety-Food Service Manager's Responsibility" policy, dated 2013 documented the food service manager assures good sanitary food handling practices and sanitary conditions are maintained in the storage, preparation and serving areas. The facility failed to prepare food in accordance with professional standards for food service safety, placing the 34 residents who received food from the facility kitchen at risk for food borne illness.	F 812		