STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175404	A. BUILDING _____ B. WING _____	12/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUHLER SUNSHINE HOME	400 S BUHLER ROAD BUHLER, KS 67522

(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 Health Resurvey THDB11 and complaints #KS00138321 and #KS00148544.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility census totaled 48 residents. Based on observation, interview, and record review the facility failed to ensure a safe environment when the facility had an unlocked security exit door on the 300 hall. This had the potential to affect two residents who were cognitively impaired and independently mobile. Findings included: - Observation of the exit door at the end of the 300 hall on 12/16/19 at 11:56 AM revealed the door easily opened, with no alarm activated. Further observation of Licensed Nurse (LN) G revealed she obtained a key from on top of the 300 hall exit door mechanism and re-activated the alarm to the door, which worked correctly after re-activation. Review of "Sunshine Meadows 300-Hall Exit Door Check " dated 12/10/19 at 10:05 AM	F 689		

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 689	Continued From page 1 revealed the alarm engaged and worked correctly at that time. Interview with Maintenance Staff (MS) U on 12/16/19 at 12:13 PM revealed MS V opened the exit door on 12/12/19 at 04:19 PM. MS U stated maintenance checked door alarms every Monday and believed the facility would have identified the issue during the next routine door check. An interview with Administrative Nurse D on 12/17/19 at 03:35 PM revealed the 300-hall exit door should always be an alarmed door. Interview with Administrative Staff A on 12/16/19 at 12:16 PM revealed staff did not normally use the 300-hall exit door and he expected the door to always be locked and alarmed appropriately. Review of "Elopement Sunshine Meadows Retirement Community" policy dated 04/2016 revealed maintenance would test door alarms weekly, or as needed. The facility failed to ensure one exit door remained locked and alarmed.	F 689		
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.	F 812		

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F 812	Continued From page 2	F 812		

(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 identified a census of 48 with one main kitchen where the facility kept the Quat sanitizing solution (a surfactant cleaning chemical that is typically used in hospitals and food processing plants) for use of sanitizing kitchen and dining surfaces. Based on record review, observation, and interview, the facility failed to maintain the Quat sanitizer solution concentration levels when they did not test and record results or maintain logs of the sanitizer concentration results.

Findings included:

- Review of the records located in the main kitchen lacked evidence of test result logs for the Quat sanitizing solution.

During an observation on 12/17/19 at 10:13 AM, Dietary Staff (DS) CC tested the Quat sanitizer solution in a bucket used to sanitize kitchen food prep surfaces and dining tables, which resulted 150 parts per million (ppm).

During an interview on 12/17/19 at 10:44 AM DS CC reported results of 150 ppm were too low, and effective Quat sanitizer solution concentration

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F 812	Continued From page 3	F 812		

levels resulted at or above 200 ppm. DS CC stated she replaced the Quat sanitizer solution and the washcloth in the bucket(s) every two hours, but she ". . . never tested it," or maintained a log for the Quat sanitizing solution.

An interview on 12/17/19 at 10:48 AM with DS BB stated the company for the Quat sanitizer solution came to the facility about once per month to maintain the sanitizer and he fully depended on that visit to maintain effective concentration levels. DS BB reported the concentration levels were checked only when there was a concern and he never kept a log for the Quat sanitizer solution.

The facility did not provide a policy regarding the use and/or maintenance of Quat sanitizing solutions.

The facility failed to maintain the Quat sanitizer solution concentration levels when they did not test and record results or maintain logs of the sanitizer concentration results.