STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175561	A. BUILDING _____ B. WING _____	07/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT ST MARY	3700 E LINCOLN ST WICHITA, KS 67218

(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 #KS00141944. The 2567 was electronically sent on 7/25/19.	F 000		
F 577 SS=E	Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11) §483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. §483.10(g)(11) The facility must-- (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and (iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public. (iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by: The facility census totaled 18 with 9 residents in the sample. Based on interview, observation, and	F 577		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/23/2019

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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record review, the facility failed to inform the residents who attended resident council of the location of the survey book and failed to inform the residents of the right to read the survey results. (Resident (R) 3, R11 and R12)

Findings included:

- Observation of the facility during entrance on 07/17/19 revealed no obvious location of the State Survey Notebook.

Interview with R3, R11 and R12 in a resident council meeting on 07/22/19 revealed the residents were not aware of the location of the State Survey Notebook and were not aware they were able to access the survey results.

During an interview on 07/22/19 at 04:11 PM social service staff A stated the State Survey Notebook along with its location was discussed at least once in the past. Staff A stated this was something that was not gone over on a monthly basis during resident council meetings.

An observation on 07/22/19 at 04:44 PM revealed a bulletin board on the right-hand side wall upon entering the unit had an 8.5 x 11 inch black and white paper announcing where the State Survey Notebook was located which was posted approximately six feet off the ground. When questioned, R12 who sat in a wheelchair, stated they could not read the paper and didn't know what it said.

Review of the Right to View Survey Results and Advocacy Agencies policy dated March 2018 stated, "A copy of the statement of deficiencies...including the facility's plan of

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F 577	Continued From page 2 correction will be available and easily accessible to elders, family members, and the public without asking a facility representative." The facility failed to inform residents of the location of the State Survey Notebook and inform the residents of the right to read the survey results.	F 577		
F 812 SS=E	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 18 residents. The facility had one main kitchen where food was stored and prepared for one dining room. Based on observation, staff interview, and record review the facility failed to store and prepare food under sanitary conditions for all the residents of the	F 812		

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F 812	Continued From page 3	F 812		

facility.

Findings included:

-During the initial environmental tour of the dietary department on 07/17/19 at approximately 08:00 AM, an opened package of crumbled feta cheese was found with no open date and a container of chocolate milk was found with a best used by date of 7/15/19.

During the follow-up tour/observation of the dietary department on 07/23/19 at approximately 09:00 AM, the following concerns were identified:

1. A small, undated storage container of raisins was found in the bottom left compartment of a refrigerator located on the north wall of the main kitchen.

2. A large manually operated Edlund can opener had a brown, greasy build up on the puncture blade. The can opener base attached to the preparation table had white and brown buildup of grime in the slot which holds the can opener mechanism.

3. A white-handled, serrated slicing knife had a handle which was deteriorated, leaving an uneven surface with many indentations which could leave the handle in an unsanitary condition.

4. A plastic bag which contained eight hamburger buns and a bag of 2.5 hamburger buns with no date on the bags and mold observed on some of the buns.

5. Five bags of Sara Lee brand 100% whole wheat bread had best if used by date of July 13.

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F 812	Continued From page 4 6. One bag of Sara Lee brand Delightful bread had a best if used by date of July 13. 7. On unopened 1/2-gallon carton of Lactaid milk with an expiration date of July 22. During an interview/observation on 07/23/19 at approximately 09:00 AM, dietary staff B was shown a small, undated container of raisins found in one of the kitchen refrigerators. Staff B acknowledged there was no date label on the container and removed the container of raisins to be discarded in the trash. Staff B was shown the white-handled, serrated slicing knife with a degraded handle, staff B acknowledged the poor condition of the knife handle and stated kitchen staff had not brought this to his/her attention. When shown the plastic bag containing four hamburger buns, and the bag containing 2.5 hamburger buns, some with green mold growing on the them, the five bags of Sara Lee brand 100% whole wheat bread with a best if used date of July 13, and the one bag of Sara Lee brand Delightful bread with a best if used date of July 13, staff B stated the bread delivery person came once a week and should have removed the expired bread. When shown the half gallon of Lactaid milk with an expiration date of July 22 found in the walk-in refrigerator, staff B removed the container and poured the contents down the sink. The facility failed to properly store food items, clean kitchen equipment, ensure utensils were in sanitary condition and serve food items under sanitary conditions.	F 812		
F 883	Influenza and Pneumococcal Immunizations	F 883		

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F 883 SS=D	Continued From page 5 CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal	F 883		

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immunization, unless the immunization is medically contraindicated or the resident has already been immunized;
(iii) The resident or the resident's representative has the opportunity to refuse immunization; and
(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:
(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and
(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.
This REQUIREMENT is not met as evidenced by:
The facility census totaled 18 with 9 residents in the sample. Based on record review and interview, the facility failed to ensure 1 of 5 residents reviewed for immunizations either received or refused a pneumococcal vaccination. (Resident (R) 8).

Findings included:

- Review of R8's medical chart revealed no documentation R8 received or refused a pneumococcal vaccination.

During an interview on 07/22/19 at 10:47 AM, administrative nursing staff D stated each resident should have influenza and pneumococcal vaccinations documented in the medical record. Staff verified there was no documentation in the medical chart for the R8.

During an interview on 07/23/19 at 08:50 AM,

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administrative nursing staff C stated it was his/her expectation that pneumococcal immunization information, either resident refusal to receive or the administration of the vaccine should be included in the resident medical chart.

Review of the Pneumococcal Vaccine (Series) policy dated 3/1/2018 revealed, "The resident's medical record must include documentation that indicates at a minimum, the following: The resident received the pneumococcal immunization or did not receive due to medical contraindication or refusal."

The facility failed to ensure documentation was included in R8's medical chart for the administration or refusal of a pneumococcal vaccination.