STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B078029	A. BUILDING: _____ B. WING _____	03/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVEN HOUSE	410 NORTH RENO AVENUE HAVEN, KS 67543

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 3/21/19 and 3/25/19.	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 8 residents. Based on record review and interview the operator failed to ensure staff served food at the proper temperature. Findings included: - During the initial tour of the kitchen on 3/21/19 at 9:40 AM record review of the food temperature logs revealed the following gaps in recording of	S5192		

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

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S5192	Continued From page 1 food temperatures before serving: The week beginning 1/13/19 lacked temps for the mid-day meal on Friday and Saturday with none recorded for evening meal on Thursday, Friday and Saturday. The week of 1/20/19 lacked any food temps on Sunday, evening meal on Tuesday and Saturday. The week of 1/27/19 lacked food temps for the evening meal on Tuesday The week of 2/3/19 only had 3 days of food temps at the mid-day meal and lacked evening meal temps on Tuesday and Thursday. The week of 2/10/19 lacked morning food temps from Tuesday through Saturday, mid-day meal Thursday-Saturday and evening meal on Thursday. A sheet with no date but in the book between week 2/10/19 and 2/24/19 lacked all evening meal food temps except for Saturday. The week of 2/24/19 had no food temps for the mid-day and evening meal on Sunday, no evening meal on Monday and Tuesday with no food temps for any meal the rest of the week. There were no sheets for the weeks of 3/3/19 and 3/10/19 The week of 3/17/19 lacked mid-day food temps on Sunday, Tues and Wednesday, evening food temps on Tuesday and Wednesday. Interview with licensed nurse/operator A on 3/21/19 at 4:00 PM confirmed the food temperature logs reflected staff's inconsistency with taking and recording food temperatures before serving the residents. The operator failed to ensure staff served food at the proper temperature.	S5192		

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S5205	Continued From page 2	S5205		
S5205 SS=F	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (a) The facility reported a census of 8 residents. Based on record review and interview the operator failed to ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. Findings included: - On 3/21/19 during the entrance conference at 9:50 AM with licensed nurse/operator A revealed he/she staffed the overnight shift with only 1 staff member. The resident roster provided on 3/21/19 identified all 8 residents with cognitive impairment and 6 of the residents required 1-2 staff for transfers between bed/chair. Record review on 3/21/19 at 2:55 PM of the facility's documentation for the annual evacuation drill dated 5/29/18 revealed 3 staff were involved in the evacuation drill. The documentation did not identify a scenario, where the residents were evacuated to and who stayed with the cognitively impaired residents.	S5205		

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S5205	Continued From page 3 The 11/27/18 drill indicated all residents were evacuated with the use of 2 staff. Interview with certified staff B on 3/21/19 at 3:58 PM confirmed resident #437 did not propel his/her own wheelchair and therefore needed full staff performance to exit the facility in the event of an emergency. Interview on 3/21/19 at 4:05 PM with licensed nurse/operator A confirmed he/she had not conducted an evacuation drill with the least amount of staff on duty to ensure sufficient staff to evacuate the resident's in the event of an emergency. The operator failed to ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location.	S5205		
S5302 SS=E	26-42-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) (4) The facility reported a census of 8 residents. Based on interview and record review the	S5302		

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S5302	Continued From page 4 operator failed to ensure a licensed nurse oriented and instructed certified medication aides (CMA) C, D and E in the performance of blood sugar testing and further failed to document a demonstration of the staff's competency signed by the nurse and the CMA in each person's personnel record. Findings included: - On 3/21/19 at 9:50 AM licensed nurse/operator A reported certified medication aides (CMAs) were delegated to perform blood sugar testing and 1 resident residing in the facility required blood sugar testing 3 times a week. Review of the personnel file for CMA C on 3/21/19 revealed he/she began employment on 7/03/18. The record lacked documentation of additional training to allow this CMA to perform blood sugar testing. Review of the personnel file for CMA D revealed he/she began employment on 12/08/18. The record lacked documentation of additional training to allow this CMA to perform blood sugar testing. Review of the personnel file for CMA E revealed he/she began employment on 2/13/19. The record lacked documentation of additional training to allow this CMA to perform blood sugar testing. Interview on 3/21/19 at 3:35 PM with licensed nurse/operator A confirmed all the CMAs employed by the facility were expected to perform blood sugar testing on residents as ordered by the physician. He/she confirmed none of the CMAs had documentation of the further training/competency to allow them to perform blood sugar testing.	S5302		

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S5302	Continued From page 5 The facility failed to have evidence of additional training for certified medication aides to ensure the CMAs were competent and safe with duties delegated regarding blood sugar testing.	S5302		