STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089066	A. BUILDING: _____ B. WING _____	01/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PINES SOUTH	14005 214TH ROAD HOLTON, KS 66436

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure conducted on 1/17/19, 1//22/19 and 1/23/19 at the above named home-plus facility in Holton, KS.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (a) The census equaled 7, the sample included 3 residents. Based on observation, interview and review of facility records for 2 of 3 residents (#117, 119), the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will receive, identification of the provider of each service and identification of each party	S5105		

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

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S5105	Continued From page 1	S5105		

responsible for payment if outside resources provide a service.

Findings included:

- Record review for resident # 117 recorded admission date of 11/7/18 with diagnoses including: dementia, chronic obstructive pulmonary disease, lymphoid leukemia, non-traumatic intracranial hemorrhage, anxiety, hypertension, depression and diabetes mellitus type 2.

Functional Capacity Screen (FCS) dated 1/9/19 recorded resident as unable to perform: bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments.

Negotiated Service Agreement/ Health Care Service plan (NSA/HCSP) dated 1/9/19 to perform: bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments.

Observation on 1/17/19 at 10:15am, in resident's room revealed oxygen concentrator in the room.

Interview on 1/17/19 at 4:23pm with administrative nurse #B stated resident has an order for oxygen as needed, he/she did not know who the oxygen provider was. He/she confirmed NSA lacked identification of the outside service provider.

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Record review for resident #119 recorded

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S5105	Continued From page 2 admission date of 12/31/18 with diagnoses of chronic bronchitis, heart disease, hypertension, chest pain, atrial fibrillation and pacemaker. FCS dated 12/31/18 recorded resident required physical assistance with bathing and is unable to perform management of medications and treatments. NSA/HCSP dated 12/31/18 recorded staff to assist with bathing and management of medications, nursing needs: oxygen at 3L (liters). Observation on 1/17/19 at 2:40pm in resident's room revealed resident wearing oxygen by concentrator at 3LPM (liters per minute). Resident roster recorded resident received outside services. Interview on 1/17/19 at 4:23pm with administrative nurse #B confirmed resident has received outside services for physical therapy, occupational therapy and oxygen since admission. He/she confirmed NSA lacked identification of the outside service providers. For residents #117 and 119 the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service.	S5105		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall	S5126		

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S5126	Continued From page 3 ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) The facility reported a census of 7 residents. The sample included 3 residents. Based on record review for 2 (#117, 119) resident sampled, the operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement. Findings included: - Record review for resident # 117 recorded admission date of 11/7/18 with diagnoses including: dementia, chronic obstructive pulmonary disease, lymphoid leukemia, non-traumatic intracranial hemorrhage, anxiety, hypertension, depression and diabetes mellitus type 2. Functional Capacity Screen (FCS) dated 1/9/19 recorded resident as unable to perform: bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments. Negotiated Service Agreement/ Health Care Service plan (NSA/HCSP) dated 1/9/19 to perform: bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments.	S5126		

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S5126	Continued From page 4 NSA/HCSP lacked signatures. Interview on 1/17/19 at 4:23pm with administrative nurse #B confirmed resident NSA lacked signature page (signatures). Record review for resident #119 recorded admission date of 12/31/18 with diagnoses of chronic bronchitis, heart disease, hypertension, chest pain, atrial fibrillation and pacemaker. FCS dated 12/31/18 recorded resident required physical assistance with bathing and is unable to perform management of medications and treatments. NSA/HCSP dated 12/31/18 recorded staff to assist with bathing and management of medications, nursing needs: oxygen at 3L (liters). NSA lacked signatures of resident/resident's legal representative. Interview on 1/17/19 at 4:23pm with administrative nurse #B confirmed resident NSA lacked signatures of resident/resident legal representative. For residents #117 and 119, the operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement.	S5126		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each	S5155		

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S5155	Continued From page 5 resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 7 residents. The sample included 3 residents. Based on record review, observation and interview for 3 sampled residents (#117,118,119), who required health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident # 117 recorded admission date of 11/7/18 with diagnoses including: dementia, chronic obstructive pulmonary disease, lymphoid leukemia, non-traumatic intracranial hemorrhage, anxiety, hypertension, depression and diabetes mellitus type 2. Functional Capacity Screen (FCS) dated 1/9/19 recorded resident as unable to perform: bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments. Negotiated Service Agreement/ Health Care	S5155		

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S5155	Continued From page 6 Service plan (NSA/HCSP) dated 1/9/19 staff to perform: bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments. Resident has a history of falls/unsteadiness. Observation on 1/17/19 at 10:15am, in resident's room revealed resident in a low- profile twin bed with a body alarm in place, pressure reduction (PR) cushion in a wheelchair and mattress on the floor by the bed. Head of bed (HOB) was elevated approximately 45 degrees, a sign posted over the bed read "Keep Head of Bed up 30 degrees at all times." HCSP lacked entries for resident use of a low-profile bed, body alarm, PR cushion and mattress on the floor and need to keep resident HOB elevated above 30 degrees. Interview on 1/17/19 at 4:23pm with administrative nurse #B confirmed HCSP lacked entries for resident use of a low-profile bed, body alarm, PR cushion and mattress on the floor. He/she confirmed HOB must remain elevated as resident received tube feedings and is at risk for aspiration. Record review for resident #118 recorded admission date of 8/2/18 with diagnoses of cerebrovascular accident, dementia, depression and diabetes mellitus type 2. FCS dated 8/2/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer and walk/mobility. He/she is unable to perform management of medications and treatments and had a history of falls/unsteadiness.	S5155		

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S5155	Continued From page 7 NSA/HCSP dated 8/2/18 recorded staff to assist resident with bathing, dressing, transfers, resident does not ambulate and medications and treatments to be managed by administrative nurse #B and CMA (certified medication aide. Observation on 1/17/19 at 10:15am in resident's room revealed a grab bar on the right side of resident's bed. Interview on 1/17/19 at 4:23pm with administrative nurse #B confirmed resident has a grab bar on his/her bed, staff are to cue/check resident to the toilet every 2 hours, he/she has fallen and has personal and bed alarms in place. He/she confirmed HCSP lacked entries for these interventions. HCSP lacked entries for resident toileting assistance, use of a grab bar, fall interventions including use of bed and personal alarms. Record review for resident #119 recorded admission date of 12/31/18 with diagnoses of chronic bronchitis, heart disease, hypertension, chest pain, atrial fibrillation and pacemaker. FCS dated 12/31/18 recorded resident required physical assistance with bathing and is unable to perform management of medications and treatments and has a history of falls/unsteadiness. NSA/HCSP dated 12/31/18 recorded staff to assist with bathing and management of medications. Interview on 1/17/19 at 4:23pm with administrative nurse #B confirmed HCSP lacked interventions for history of falls/unsteadiness.	S5155		

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S5155	Continued From page 8 For residents #117, 118, 119 who required health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		
S5165 SS=E	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(e) The facility reported a census of 7 residents. The sample included 3 residents. Based on record review and interview for 2 (#117, 118) sampled residents requiring blood sugar monitoring with a glucometer, insulin administered with an insulin pen and PEG (percutaneous endoscopic gastrostomy) medication and tube feedings , nursing procedures not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included:	S5165		

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S5165	Continued From page 9 - Record review for resident # 117 recorded admission date of 11/7/18 with diagnoses including: dementia, chronic obstructive pulmonary disease, lymphoid leukemia, non-traumatic intracranial hemorrhage, anxiety, hypertension, depression and diabetes mellitus type 2. Functional Capacity Screen (FCS) dated 1/9/19 recorded resident as unable to perform management of medications and treatments. Negotiated Service Agreement/ Health Care Service plan (NSA/HCSP) dated 1/9/19 recorded medications to be managed by administrative nurse #B, staff to assist with: medications (to be crushed via PEG tube) and PEG tube feedings. January 2019 Medication record recorded certified staff administered 13 medications via PEG tube and performed tube feedings 4 times a day from 1/9/19 to 1/17/19. Record review for resident #118 recorded admission date of 8/2/18 with diagnoses of Cerebrovascular accident, dementia, depression and diabetes mellitus type 2. FCS dated 8/2/18 recorded resident unable to perform management of medications and treatments. NSA/HCSP dated 8/2/18 recorded medications and treatments to be managed by administrative nurse #B and CMA (certified medication aide) staff to check blood sugars 4 times a day, resident can self-administer if determined able to do so. January 2019 medication record recorded	S5165		

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S5165	Continued From page 10 certified staff administered 2 insulins (Humalog and Levemir) daily and performed blood sugar checks via accu-check 4 times daily from 1/1/19 to 1/17/19. Review of personnel hired on 1/17/19 at 12:30pm revealed the following: Certified staff #C, hire date 7/1/17 lacked a delegation of skills competency checklist for insulin pens, blood sugar checks via accu-check and medication administration and nutritional feedings via PEG tube. Certified staff #D, hire date 7/1/17 lacked a delegation of skills competency checklist for insulin pens. Interview on 1/17/19 at 2:00pm with facility operator confirmed staff records lacked delegation of skills competency exams for the 2 CMA's. Confirmed both work at the facility and would perform the tasks listed. For residents #117 and 118, requiring blood sugar monitoring with a glucometer, insulin administered with an insulin pen and PEG (percutaneous endoscopic gastrostomy) medication and tube feedings, nursing procedures not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S5165		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education	S5215		

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S5215	Continued From page 11 (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The census equaled 7 the sample included 3 residents. For all residents, the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents as evidenced by interviews and review of records. Findings included: - On 1/17/19 at 11:30pm during interview with facility operator #A, presented facility's disaster/emergency preparedness plan. Facility conducted reviews of the emergency management plan with employees on 1/11/19 and	S5215		

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S5215	Continued From page 12 6/25/18 and with residents on 4/18/18, 6/25/18 and 1/11/19. Records lacked employee quarterly reviews for all of 2017, and 1st , 3rd and 4th quarters of 2018. Records lacked resident quarterly reviews for all of 2017, 1st and 4th quarters of 2018. Resident roster recorded 3 residents who required assistance of 2 staff for all transfers. Records lacked evidence of evacuations of residents for a secure location for 2017 and 2018. Interview on 1/17/19 at 11:30am with facility operator #A, confirmed records lacked quarterly reviews of the emergency management plan quarterly with residents and staff and lacked record of full resident evacuations in 2017 and 2018. For all residents the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents as evidenced by interviews and review of records.	S5215		
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 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	S5230		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5230	Continued From page 13 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 7 residents. The sample included 3 residents. Based on record review, and interview, for all residents 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. Findings included: - On 1/24/17 at 5:30 pm, during personnel review with facility operator #A, facility records lacked documentation for tuberculosis (TB) symptom screen questionnaires, 1st and 2nd step TB skin test for the following recent staff hired: Findings included: - On 1/1719 at 12:30 pm, during personnel review with facility operator #A, facility records	S5230		

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S5230	Continued From page 14 lacked documentation for tuberculosis (TB) symptom screen questionnaire, 1st and 2nd step TB skin test for the following recent staff hired: Certified staff #C hire date 9/13/18: questionnaire lacked date of completion, record lacked evidence of 1st and 2nd TB skin tests upon hire. Interview on 1/17/19 at 12:50pm with facility operator confirmed record lacked evidence of a 2 step TB test on hire. For all residents 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		
S5301 SS=D	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered.	S5301		

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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) COMPLETE DATE
S5301	Continued From page 15 This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d)(3)(D) The facility reported a census of 7 residents. The sample included 3 residents. Based on record review and interview, for 1 (#119) resident, the operator failed to ensure documentation of the administration of each resident's medication/treatment in the resident's medication/ treatment administration record (MAR/TAR) immediately before or following the completion of the task. Findings included: - Record review for resident #119 recorded admission date of 12/31/18 with diagnoses of chronic bronchitis, heart disease, hypertension, chest pain, atrial fibrillation and pacemaker. Functional Capacity Screen dated 12/31/18 recorded resident required physical assistance with bathing and is unable to perform management of medications and treatments. Negotiated Service Agreement/ Health Care Service Plan dated 12/31/18 recorded staff to assist with bathing and management of medications, nursing needs: oxygen at 3L (liters). January 2019 MAR/TAR recorded oxygen 3L continuous. Record lacked documentation of staff signatures of administration of continuous oxygen. Interview on 1/17/19 at 4:23pm with administrative nurse #B confirmed resident	S5301		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089066	A. BUILDING: _____ B. WING _____	01/23/2019

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S5301	Continued From page 16 received oxygen administration continuous and record lacked documentation of administration. For resident #119, the operator failed to ensure documentation of the administration of each resident's medication/treatment in the resident's medication/ treatment administration record (MAR/TAR) immediately before or following the completion of the task.	S5301		
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 7 residents. The sample included 3 residents. Based on observation and interview for all residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the unlocked facility kitchen. Findings included:	S5335		

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S5335	Continued From page 17 - On 1/17/19 at 10:25am during facility tour, in an unlocked cabinet under the sink in the open concept kitchen were the following chemicals: Finish Max in one dishwasher tablets, 117 tablet containers, 1 open, 1 sealed. Lysol disinfectant spray, 19 ounces (oz.) Great value disinfectant wipes, 75 wipe container. SOS pads, 18 pads. Spray Bottle labeled "Pine sol water" approximately 20 oz. Febreze air freshener, 8.8 oz. Members Mark liquid dish detergent, 1 gallon each, 3 sealed, 2 open. Resident roster for 1/17/19 recorded 6 of 7 residents have impaired cognitive status. Interview on 1/17/19 at 12:00pm with administrative nurse #B stated, "We do not have a policy on chemical storage." For all residents of the facility, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the unlocked facility kitchen.	S5335		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets	S5380		

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S5380	Continued From page 18 at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2) The facility reported a census of 7 residents. The sample included 3 residents. Based on observation, record review and interview for all residents, the operator failed to ensure the facility water distribution system maintained a safe hot water temperature between 98 and 120 degrees Fahrenheit (F) at the sinks in resident use areas. Findings included: - During facility tour on 1/17/19 revealed elevated hot water temperatures at the following locations: 10:25am at the sink in the open concept kitchen, 126.1F (degrees Fahrenheit). 10:50am at the sink in the resident shower room, 125.7F 2:40pm at the sink in resident #119 room, 127.7F Check of facility hot water on 1/17/19 at 2:50pm with facility nurse #B revealed the following temperatures while the kitchen dishwasher was running: Kitchen sink: 133.7F department thermometer	S5380		

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S5380	Continued From page 19 106F facility thermometer Resident shower room sink: 132.6F department 110F facility Resident room #2 sink: 123F 97F facility Interview on 1/17/19 at 2:50pm with administrative nurse #B confirmed water in sink faucets felt very hot. He/she confirmed facility only has one hot water heater. On 1/17/19 at 3:05pm, calibration of facility thermometer revealed result to be 18 degrees (14 degrees too low), facility thermometer to be 33 degrees (1 degree too high). Hot water monitoring logs recorded last monitoring conducted on 1/2/19 with the following results: kitchen sink: 115F, shower room: 110F and Laundry room 110F. Resident rooms were not recorded as monitored. For all residents of the facility, the operator failed to ensure the facility water distribution system maintained a safe hot water temperature between 98 and 120 degrees Fahrenheit (F) at the sinks in resident use areas.	S5380		