STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175457	A. BUILDING _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY OPERATOR, LLC	407 N LOCUST STREET PEABODY, KS 66866

(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. This 2567 was electronically sent to the facility on 11/20/18.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: The facility identified a census of 41 residents, with 14 residents sampled, including 3 residents sampled for ADLs (Activity of Daily Living). Based on observation, record review and interview, the facility failed to provide necessary assistance to maintain hygiene needs for 1 (#36) of the 3 sampled residents, regarding facial shaving. Findings included: - The POS (Physicians Order Sheet), dated 10-29-18, documented the resident had diagnoses which included: Paranoid Schizophrenia (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought) and anxiety (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness). The annual MDS (Minimum Data Set), dated	F 677		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 677	Continued From page 1	F 677		

8-15-18, documented the resident had a BIMS (Brief Interview for Mental Status) score of 9, indicating moderate cognitive impairment. The resident had no rejection of care and required limited assistance of 1 for personal hygiene and physical help of 1 with bathing.

The CAA (Care Area Assessment) for ADLs (Activity of Daily Living), dated 8-15-18, documented the resident required assistance with completion of ADLs.

The quarterly MDS, dated 11-14-18, documented the resident had a BIMS score of 14, indicating the resident was cognitively intact. The resident had no rejection of care and required limited assistance of 1 for personal hygiene and physical help of 1 with bathing.

The care plan for ADLs, dated 12-02-18, instructed staff the resident required assistance of 1 for personal hygiene. He/she also required physical help with part of the bathing activity of 1 staff. Staff were to provide showers twice a week.

On 12-17-18 at 4:04 p.m., the resident had excessively long facial hair.

On 12-18-18 at 8:37 a.m., the resident continued to have excessively long facial hair.

On 12-18-18 at 9:25 a.m., direct care staff K stated the resident did not refuse cares.

On 12-18-18 at 3:21 p.m., direct care staff G stated staff would cue the resident with showering. Direct care staff P was responsible for shaving the resident. Staff G was unsure why

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F 677	Continued From page 2 the resident had not been shaven. On 12-18-18 at 3:27 p.m., direct care staff P stated he/she would shave residents when he/she noticed it, but not on resident shower days. Staff P stated he/she was unsure why the resident had not been shaven as the resident does not refuse cares. On 12-18-18 at 4:01 p.m., licensed staff C stated the staff who provide the showers to the residents are the ones responsible for shaving the residents. The resident does not refuse cares. Staff C noticed the resident had long facial hair and was unsure of why he/she had not been shaven. On 12-20-18 at 8:41 a.m., administrative staff B stated the staff who gives the resident's showers needed to shave the resident. The facility policy for Shaving Residents, revised October 2010, included: The purpose of the procedure was to promote cleanliness and skin care. The facility failed to provide facial shaving for this resident who requires assistance with ADLs.	F 677		
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.	F 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 690	Continued From page 3	F 690		

§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:
The facility reported a census of 41 residents. The sample of 14 residents, included 2 reviewed for urinary tract infections. Based on observation, interview, and record review, the facility failed to provide appropriate care and services to prevent urinary tract infections for one resident (#11), when the facility failed to keep the resident's catheter drainage bag below the level of the resident's bladder during personal cares.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 690	Continued From page 4	F 690		

Findings included:

- Resident #11's signed physician's orders, dated 12/1/18, documented the resident admitted on 12/21/17, with diagnoses of urine retention (inability of the bladder to release urine) and urinary tract infection.

The resident's admission MDS (minimum data set), dated 12/27/17, documented the resident with a BIMS (brief interview for mental status) of 15, indicating intact cognition. The resident required extensive assistance to total dependence of one to two staff for completion of his/her ADLs (activities of daily living). The resident required an indwelling catheter (a flexible tube, inserted into the bladder through the urethra, allowing bladder emptying). The resident experienced a UTI (urinary tract infection) in the last 30 days prior to admission.

The CAAS (care area assessment summary), dated 12/29/17, documented the resident as alert and oriented, and required an indwelling catheter for management of urinary retention. The resident experienced frequent UTIs, and was morbidly obese.

The resident's care plan, revised 12/7/18, documented the resident as unable to walk, and required the assistance of two to three staff for ADLs. The resident required the use of a mechanical lift and two staff to transfer out of bed, and required an indwelling catheter for urinary retention. Staff must ensure the catheter drainage bag was kept below the level of the residents bladder, and to check the catheter tubing for kinks each shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 690	Continued From page 5	F 690		

Review of the resident's signed physician's orders, dated 12/1/18, revealed that on 11/30/18, the physician ordered the resident's catheter be changed monthly and as needed, with a 26 Fr (French, a measurement for catheter tubing) Foley catheter, and for the catheter balloon to be filled with 30 cc (cubic centimeters) of normal saline.

Review of the resident's laboratory results, dated 11/27/18, revealed staff collected a urine sample for a UA (urinary analysis) with culture, which showed the resident had Escherichia coli (a bacteria commonly found in the intestines), with a bacterial count of 10,000 to 25,000, and consistent with ESBL (extended spectrum beta lactamase, an enzyme made by bacteria which breaks down antibiotics). The resident also had a coagulase-negative Staphylococcus species (another kind of bacteria, commonly found on the skin), undetermined, which was also resistant to multiple antibiotics, and the bacterial count numbered more than 100,000. The facility lacked any further UAs for the resident.

Observation, on 12/17/18 at 9:48 AM, revealed licensed nursing staff C providing personal cares to the resident, who rested in his/her bed on his/her left side. The resident's catheter drainage bag lay on the center of the bed, with yellow urine in the drainage tube. At the conclusion of the cares, staff lifted the drainage bag above the level of the resident's bladder as they repositioned the resident, causing the urine in the tube to drain back towards the resident's bladder.

Observation, on 12/18/18 at 4:00 PM, revealed administrative nursing staff B, direct care staff J, and direct care staff G assisted the resident with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175457	A. BUILDING _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 690	Continued From page 6	F 690		

transferring from his/her bed to his/her wheelchair, using a mechanical lift. As the staff transferred the resident from his/her bed to his/her wheelchair, using the lift, staff hung the catheter drainage bag on the lift sling in front of the resident, at eye-level, which was above the level of the resident's bladder. As the staff transferred the resident back from the wheelchair to the bed, staff again hung the drainage bag at eye-level on the lift sling, above the level of the resident's bladder.

On 12/19/18 at 1:17 PM, direct care staff H explained that catheter drainage bags must be kept below the level of the bladder, to reduce the risk of UTIs. Staff H recalled that the resident experienced frequent UTIs.

On 12/19/18 at 2:30 PM, direct care staff G recalled that staff failed to keep the resident's catheter drainage bag below the level of the resident's bladder during cares on 12/18/18, and that keeping the bag below the bladder was to reduce the risk of UTIs.

On 12/19/18 at 3:41 PM, administrative nursing staff B confirmed that catheter drainage bags needed to be kept below the level of the bladder.

The facility policy, revised 10/2010, for catheter insertion, documented that drainage bags be kept attached to the bed frame.

The facility failed to provide appropriate care and services to prevent UTIs, as required, for this dependent resident of the facility, when the facility failed to ensure the resident's catheter drainage bag was kept at or below the level of the bladder.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 812	Continued From page 7	F 812		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	F 812		

§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 41 residents. Based on observation and interview, the facility failed to store, prepare, and serve food under sanitary conditions to prevent the spread of food borne illnesses to the residents of the facility.

Findings included:

- An environmental tour on 12-19-18 at 2:02 p.m., noted the following areas of concern:

1) Seven dish washer racks contained a heavy build-up of a white substance.

2) Four pot holders, in poor repair.

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	175457	A. BUILDING _____ B. WING _____	12/20/2018

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PEABODY OPERATOR, LLC	407 N LOCUST STREET PEABODY, KS 66866

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F 812	Continued From page 8	F 812		

3) The inside of three drawers, holding pot holders, utensils and dish clothes, contained dirty build-up around the edges.

4) Two shelves holding clean pans, had several dried food substances splatters over them.

5) Three cake pans had hard, caked-on food substance around the inside, upper edges.

6) The prep sink had dried food substances splatters on the front.

7) The drain on the floor, in front of the cutting block, had dried food build-up.

8) The table legs of two tables contained rust.

9) The top of the microwave contained dirt, dust and rust areas.

10) The shelf holding the plastic cold cereal containers had a sticky substance layer.

11) The inside of the over doors, rim around the inside of the oven, had a build-up of a sticky, brown substance.

On 12-19-18 at 2:02 p.m., dietary staff Q stated, staff had worked on cleaning the kitchen.

The facility policy for Food Preparation and Service, revised March, 2012, included: Food service employees shall prepare and serve food in a manner that complies with safe food handling practices.

The facility failed to store and prepare foods

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	175457	A. BUILDING _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 812	Continued From page 9 under sanitary conditions for the residents of the facility.	F 812		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175457	A. BUILDING _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY OPERATOR, LLC	407 N LOCUST STREET PEABODY, KS 66866

(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 880	Continued From page 10	F 880		

(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 41 residents. Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program that included systems to identify, investigate, and track the infections of the residents of the facility, when the facility failed to track and investigate an infection

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	175457	A. BUILDING _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY OPERATOR, LLC	407 N LOCUST STREET PEABODY, KS 66866

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F 880	Continued From page 11	F 880		

caused by a rare organism on 9/26/18, and also another infection on 11/27/18.

Findings included:

- Review of resident #11's laboratory results for a UA (urinary analysis) with culture, dated 9/26/18, revealed the resident had Raoultella planticola (a bacteria found in soil and aquatic environments) in his/her bladder. The colony count numbered greater than 100,000, with normal being 0.

Review of data from the National Institutes of Health, dated 2/10/17, revealed that Raoultella planticola was rarely associated with human infections, and as of 2017, caused only 7 documented infections in the United States.

Review of resident #11's laboratory results for a UA with culture, dated 11/27/18, revealed that the resident had Escherichia coli and a second Staphylococcus species, unable to be identified, in his/her bladder. The E. coli was suggestive of ESBL (extended spectrum beta-lactamase, an enzyme which breaks down antibiotics), and the Staphylococcus species was resistant to multiple antibiotics, and susceptible to newer antibiotics with anti-MRSA (methicillin-resistant Staphylococcus aureus) properties.

Review of the facility's infection control logs for September, 2018, documented the facility identified the resident as having an infection caused by R. planticola, but lacked further investigation.

Review of the facility's infection control logs for November, 2018, revealed it lacked identification of the resident's E. coli and Staphylococcus

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F 880	Continued From page 12 infection. On 12/20/18 at 9:34 AM, administrative nursing staff B and administrative nursing staff R explained that the facility had not had any infections in the last 3 months that had been caused by a rare organism. Staff B and R confirmed that the facility failed to investigate resident #11's UTI on 9/26/18, caused by a rare organism which caused only 7 documented infections in the United States. Staff B and R confirmed that the facility failed to identify and track resident #11's UA on 11/27/18, which documented the resident with two antibiotic-resistant bacteria in his/her bladder, in the infection control log. On 12/20/18 at 2:30 PM, administrative nursing staff B and administrative nursing staff R stated that the facility only tracked infections which had antibiotics prescribed for treatment, and failed to track other infections. The facility tracked the antibiotics, but not other infections. The facility policy, revised 11/2016, documented that the facility infection prevention and control program would identify and investigate infections. The facility failed to maintain an effective infection prevention and control program, as required, when the facility failed to investigate an infection caused by a rare organism, and failed to identify and track an infection caused by two antibiotic-resistant bacteria.	F 880		
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions	F 921		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175457	A. BUILDING _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY OPERATOR, LLC	407 N LOCUST STREET PEABODY, KS 66866

(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 921	Continued From page 13	F 921		

The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 41 residents. Based on observation and interview, the facility failed to provide a safe, sanitary and comfortable environment related to very strong foul odors, for residents, staff and the public, in the front entry lobby area, resident 100 hall, service hall to the kitchen, staff break room and a room on the 200 hall. The facility also failed to maintain the kitchen floor in a sanitary manner.

Findings included:

- Observation, on 12-17-18 at 7:30 am, revealed a strong odor of sewage upon entering the front door of the facility, in the hallway of the 100 resident hall, and in a room on the 200 hall.

Interview, on 12-17-18 at 7:30 am, with maintenance staff O, revealed the facility had a problem with the sewer/drainage system.

Interview, on 12-18-18 at 11:00 am, with administrative staff A, revealed the facility had a problem with the common shower drain on the east wing and the facility obtained the needed repairs. Staff A stated the sewer/drainage system odor would come and go intermittently and confirmed the sewage odor at this time in the facility entry way, service hallway to the kitchen, in the employee break room and on the 100 resident hall. Staff A stated the facility obtained a bid for repairs of the sewer line on 9-28-18 and 10-8-18, and the facility was attempting to obtain a third bid.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175457	A. BUILDING _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY OPERATOR, LLC	407 N LOCUST STREET PEABODY, KS 66866

(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 921	Continued From page 14	F 921		

Observation on 12-17, 12-18, 12-19 and 12-20-18, revealed the strong sewage/drain odors in the front entry lobby area, resident 100 hall, service hall to the kitchen, staff break room and a room on 200 hall.

Observation, on 12-19-18 at 2:00 PM, with administrative staff A revealed an open area, from the old heating/cooling system, uncovered, emitted a noxious sewage odor. Staff A stated the craw space was damp and would need to be dried out before any work was done on repairing the lines. Staff A stated there was a main sewer line beneath the building as well as the facility which tied in to this line, and it was not determined yet which of these system lines was the source of the problem.

Interview, on 12-20-18 at 10:20 am, with administrative staff A, revealed the facility placed 2 boxes of baking soda in the service hall area.

The facility failed to resolve this odor issue in a timely manner to ensure residents, staff and visitors were not subjected to these strong foul odors.

- An environmental tour of the kitchen, on 12-19-18 at 2:02 p.m., noted the following areas of concern:

1) The floor beneath the grill had a build-up of food, dust and debris.

2) The floor underneath the hand-washing sink had a heavy build-up of debris.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175457	A. BUILDING _____ B. WING _____	12/20/2018

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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 921	Continued From page 15 The facility policy for Food Preparation and Service, revised March, 2012, included: Food service employees shall prepare and serve food in a manner that complies with safe food handling practices. The facility failed to maintain a sanitary floor in the facility kitchen.	F 921		