STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052009	A. BUILDING: _____ B. WING _____	10/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF BASEHOR	15707 PINEHURST DRIVE BASEHOR, KS 66007

(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
S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure with attached complaint conducted on 10/11/18 and 10/15/18 at the above named assisted living facility in Basehor, KS.	S 000		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c)(1)(2) The census equaled 119 residents; the sample included 3 residents. Based on interviews and review of records, for one resident (#113), the operator failed to ensure designated facility staff conducted a screening to determine each resident's functional capacity on or before admission to the facility. Findings included:	S3080		

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

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S3080	Continued From page 1 - Record review for resident #113 recorded an admission date of 9/25/18 with diagnoses of: heart failure, coronary artery disease, Crohne's disease, hypertension, hyperlipidemia, ureter malignancy, atrial fibrillation, chronic obstructive pulmonary disease, vitamin d and B12 deficiencies, anemia and gastro-esophogeal reflux disease. Resident record lacked a functional Capacity screen (FCS). Interview on 10/11/18 at 2:15pm with licensed nurse #B confirmed a FCS had not been completed as he/she "has not had time to sit down and do it." He/she confirmed resident required assistance with mobility, bathing, and medications and treatments. For resident #113, the operator failed to ensure designated facility staff conducted a screening to determine each resident's functional capacity on or before admission to the facility.	S3080		
S3081 SS=E	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.	S3081		

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S3081	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(2) The facility reported a census of 19 residents. The sample included 3 residents. Based on record review and interview for 2 of 3 residents sampled (#111, 113) the operator failed to ensure designated facility staff conduct a screening at least once every 365 days and following any significant change in condition as defined in K.A. R. 26-39-100. Findings included: - Record review for resident #111 recorded admission date of 7/2/15 with diagnoses of: dementia, sick sinus syndrome, Meniere's disease, Hypertension, hyperlipidemia and PPM (permanent pacemaker) Functional Capacity Screen (FCS)dated 5/30/18 recorded resident required assistance with bathing and is unable to perform management of medications and treatments. Resident is independent with eating. Previous FCS dated 5/18/16 recorded resident required assistance with bathing, is unable to perform management of medications and treatments. Record lacked an annual FCS for 2017. Record review for resident #113 recorded an admission date of 9/25/18 with diagnoses of: heart failure, coronary artery disease, Crohne's disease, hypertension, hyperlipidemia, ureter malignancy, atrial fibrillation, chronic obstructive pulmonary disease, vitamin d and B12 deficiencies, anemia and gastro-esophageal	S3081		

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S3081	Continued From page 3 reflux disease. Resident record lacked a FCS. Resident progress notes (nurses notes) dated 10/4/18 at 9:45am, recorded resident was transported to the hospital for complaints of pain. Nurses notes dated 10/9/18 at 3:30pm recorded resident returned to the facility. Hospital had completed a Lasix drip for weight gain of 28 pounds. Resident complaint of weakness. Interview on 10/11/18 at 2:15pm with licensed nurse #B confirmed resident record lacked a FCS for a significant change. Resident was in the hospital "last Thursday through Tuesday and they took 28 pounds of fluid off of him/her." Resident is now on 30- minute checks, has had evaluations for physical and occupational therapy completed, gets physical assist with bathing and walking to and from bathroom and meals. Resident receives medication assistance and treatments and as of yesterday has had a diet change to 2- gram sodium with a fluid restriction. Interview on 10/11/18 at 2:15pmwith licensed nurse #B confirmed a FCS for a significant change had not been completed as he/she "has not had time to sit down and do it." For residents #111, 113 the operator failed to ensure designated facility staff conduct a screening at least once every 365 days and following any significant change in condition as defined in K.A. R. 26-39-100.	S3081		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement	S3090		

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S3090	Continued From page 4 (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (c) The facility reported a census of 19 residents. The sample included 3 residents. Based on record review and interview for one (#113) resident, the operator failed to ensure the development of an initial negotiated service agreement at admission. Findings included: - Record review for resident #113 recorded an admission date of 9/25/18 with diagnoses of: heart failure, coronary artery disease, Crohne's disease, hypertension, hyperlipidemia, ureter malignancy, atrial fibrillation, chronic obstructive pulmonary disease, vitamin d and B12 deficiencies, anemia and gastro-esophageal reflux disease. Resident record lacked a Functional Capacity Screen. Resident record lacked an admission Negotiated Service Agreement (NSA). Interview on 10/11/18 at 2:15pm with licensed nurse #B confirmed resident record lacked an admission NSA stating it had not been completed	S3090		

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S3090	Continued From page 5 as he/she "has not had time to sit down and do it." For resident #113 the operator failed to ensure the development of an initial negotiated service agreement at admission.	S3090		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d) (1) (2) The facility reported a census of 19 residents. The sample included 3 residents. Based on record review, and interview for 2 sampled residents (#111,113) the operator failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days and following any significant change in conditions, as defined in K.A.R. 26-39-100.	S3092		

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S3092	Continued From page 6	S3092		

Findings included:

- Record review for resident #111 recorded admission date of 7/2/15 with diagnoses of: dementia, sick sinus syndrome, Meniere's disease, Hypertension, hyperlipidemia and PPM (permanent pacemaker)

Functional Capacity Screen (FCS)dated 5/30/18 recorded resident required assistance with bathing and is unable to perform management of medications and treatments. Resident is independent with eating.

Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 5/25/18 recorded staff to provide physical assistance with bathing and management of medications and treatments.

NSA/HCSP amendment dated 8/12/18 recorded change of resident diet from regular to mechanical soft with thin liquids via cup no straw.

Previous NSA/HCSP on record was dated 5/18/16. Record lacked a NSA/HCSP for 2017.

Interview on 10/11/18 at 1:00pm with licensed nurse #B confirmed a 2017 NSA/HCSP could not be found.

Record review for resident #113 recorded an admission date of 9/25/18 with diagnoses of: heart failure, coronary artery disease, Crohne's disease, hypertension, hyperlipidemia, ureter malignancy, atrial fibrillation, chronic obstructive pulmonary disease, vitamin d and B12 deficiencies, anemia and gastro-esophageal

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S3092	Continued From page 7	S3092		

reflux disease.

Resident record lacked a Negotiated Service Agreement (NSA).

Resident progress notes (nurses notes) dated 10/4/18 at 9:45am, recorded resident was transported to the hospital for complaints of pain.

Nurses notes dated 10/9/18 at 3:30pm recorded resident returned to the facility. Hospital had completed a Lasix drip for weight gain of 28 pounds. Resident complaint of weakness. Signed by licensed nurse #B.

Interview on 10/11/18 at 2:15pm with licensed nurse #B confirmed resident record lacked a NSA for a significant change. Resident was in the hospital "last Thursday through Tuesday and they took 28 pounds of fluid off of him/her." Resident is now on 30- minute checks, has had evaluations for physical and occupational therapy completed, gets physical assist with bathing and walking to and from bathroom and meals. Resident receives medication assistance and treatments and has had a diet change to 2- gram sodium with a fluid restriction as of yesterday.

Interview on 10/11/18 at 2:15pm with licensed nurse #B confirmed a NSA for a significant change had not been completed as he/she "has not had time to sit down and do it."

For residents # 111 and 113 the operator failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days and following any significant change in conditions, as defined in K.A.R. 26-39-100.

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S3156	Continued From page 8	S3156		
S3156 SS=D	26-41-204 (b) Health Care Services (b) If the functional capacity screening indicates that a resident is in need of health care services, a licensed nurse, in collaboration with the resident, the resident ' s legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, shall develop a health care service plan to be included as part of the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(b) The facility reported a census of 19 residents. The sample included 3 residents. Based on record review, observation and interview for 1 (#113) sampled resident requiring health care services, the operator failed to ensure that a licensed nursed developed a health care service plan to be included as part of the negotiated service agreement. Findings included: - Record review for resident #113 recorded an admission date of 9/25/18 with diagnoses of: heart failure, coronary artery disease, Crohne's disease, hypertension, hyperlipidemia, ureter malignancy, atrial fibrillation, chronic obstructive pulmonary disease, vitamin d and B12 deficiencies, anemia and gastro-esophageal	S3156		

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S3156	Continued From page 9 reflux disease. Resident record lacked a Functional Capacity Screen. Resident record lacked an admission Negotiated Service Agreement (NSA). Resident record lacked a health care service plan. Interview on 10/11/18 at 1:25pm with resident #113 stated staff helped him/her with medications and bathing. Interview on 10/11/18 at 2:15pm with licensed nurse #B confirmed resident record lacked a health care service plan and he/she confirmed resident received health care services including bathing, physical and occupational therapy, a special restricted diet, and medications and treatments.	S3156		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.	S3211		

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S3211	Continued From page 10 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g) (3) The facility reported a census of 19 residents. The sample included 3 residents. Based on observations and interview for all residents who received medication administration assistance, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications. Findings included: - Observation on 10/11/18 at 8:55am during facility tour, in unlocked cabinets, in the locked medication room of the facility, revealed plastic baskets labeled with each room number (Suite #). Each basket contained carded and bottled medications. 9 baskets contained 29 bottles of OTC (over the counter) medications. The bottles lacked the residents' full names. The OTC's included: Nature Made D3 (vitamin D supplement) 50 meq (milliequivalent) 100 tablets. Good Neighbors pharmacy stool softener (constipation) 100mg (milligrams) 100 soft gels. Restore brand pain relief, Acetaminophen (pain/fever) rapid release 500 mg. 24 tablets.	S3211		

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S3211	Continued From page 11 AZO brand cranberry (supplement)50 capsules. Resident roster identified 18 of the 19 residents received medication assistance. For 18 residents the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	S3211		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be	S3215		

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S3215	Continued From page 12 stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-205(h)(1) K The facility reported a census of 19 residents. The sample included 3 residents. Based on observation and interview or all residents, the operator failed to ensure that licensed nurses or medication aides stored controlled medications and biologicals managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart and to ensure that only licensed nurses or medication aides have access to the stored medications and biologicals. Findings included: - Observation on 10/11/18 at 8:55am during facility tour with facility operator #A, revealed operator #A use his/her key to open the locked medication room. The room contained unlocked cabinets with baskets containing resident medications. Interview on 10/11/18 at 10:20am with facility operator #A confirmed he/she is a Certified Nurse Aide and is not currently licensed/certified for medication administration.	S3215		

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S3215	Continued From page 13 For all residents of the facility the operator failed to ensure that only licensed nurses or medication aides have access to the stored medications and biologicals	S3215		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by:	S3248		

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S3248	Continued From page 14 KAR 26-41-102 (d) The census equaled 19 the sample included 3 residents. Based on interviews and reviews of facility records, for 3 of 3 certified staff (#E, F, G) and one non-certified staff (#H) the operator failed to ensure the employee records contained supporting documentation from the nurse aide registry and criminal background checks (KBI) upon hire. Findings included: - Review of personnel records for certified staff #E (hire date 8/27/18), record lacked documentation of criminal background check through health occupations and credentialing upon hire. Registry check completed 8/31/18, 4 days after hire date. Review of personnel records for certified staff #F (hire date 5/24/18), record lacked documentation of criminal background check through health occupations and credentialing upon hire. Review of personnel records for certified staff #G (hire date 10/6/17), record contained documentation of criminal background check through health occupations and credentialing upon hire produced on 10/17/17 (11 days after hire). Registry check lacked date check was completed. Review of personnel records for non- certified staff #H (hire date 6/1/18), record lacked documentation of criminal background check through health occupations and credentialing upon hire.	S3248		

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	N052009	A. BUILDING: _____ B. WING _____	10/15/2018

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S3248	Continued From page 15 For all residents, the operator failed to ensure the employee records contained supporting documentation from the nurse aide registry and criminal background checks, through health occupations and credentialing upon hire.	S3248		
S3290 SS=E	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced	S3290		

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S3290	Continued From page 16 by: KAR 26-42-206(a)(c) The facility reported a census of 19 residents. The sample included 3 residents. Based on observation, record review and interview for 1 sampled (#111) and one non-sampled (#114) resident receiving a mechanically altered diet and/or thickened liquids, the operator failed to ensure a medical care provider's order shall be on file in the resident's clinical record and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. Findings included: - Record review for resident #111 recorded admission date of 7/2/15 with diagnoses of: dementia, sick sinus syndrome, Meniere's disease, Hypertension, hyperlipidemia and PPM (permanent pacemaker) Functional Capacity Screen (FCS)dated 5/30/18 recorded resident required assistance with bathing and is unable to perform management of medications and treatments. Resident is independent with eating. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 5/25/18 recorded staff to provide physical assistance with bathing and management of medications and treatments.	S3290		

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S3290	Continued From page 17 NSA/HCSP amendment dated 8/12/18 recorded change of resident diet from regular to mechanical soft with thin liquids via cup no straw. Interview on 10/11/18 at 9:30am with dietary staff #C stated 2 residents received mechanically altered diets. Residents #111 and 114. He/she stated he/she does not have or follow any directions for preparation of the (mechanical soft) diets but uses a food processor to grind the food then adds sauce or gravy over the top of meats. Interview on 10/11/18 at 9:30am with licensed dietician #D confirmed facility lacked instructions for the mechanically altered diets. For residents #111 and 114, residents receiving a mechanically altered diet and/or thickened liquids, the operator failed to ensure the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.	S3290		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility census equaled 19. Based on observation and interview the operator failed to	S3299		

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S3299	Continued From page 18 ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation of contents of facility kitchen freezer on 10/11/18 at 9:30am revealed the following food items in plastic zip baggies, with no contents label or open date recorded on them: Cake, white shredded cheese, chicken breasts, fish fillets and frozen vegetables. The kitchen refrigerator contained a large plastic container with white fluffy contents. No contents label or open date on container. Dietary staff #C stated it was whipped cream from 10/10/18. He/she confirmed items in refrigerator and freezer lacked dated content labels. The kitchen pantry contained 2 plastic containers (approximately 1 gallon each) of flour and sugar. Both had plastic scoops lying in the contents. Interview on 10/11/18 at 9:50am with operator #A, confirmed all residents eat meals at the facility. Based on observation and interview for all residents, the operator failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		
S3310 SS=F	26-41-207 (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	S3310		

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S3310	Continued From page 19 infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' 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: KAR 26-41-207(c) The facility reported a census of 19 residents. The sample included 3 residents. Based on record review, and interview, for all residents of the facility, 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 10/11/18 at 12:45 pm, during personnel review with facility operator #A, facility records lacked documentation for tuberculosis (TB) symptom screen questionnaire and 1st and 2nd step TB skin for certified staff #E, hire date 8/27/18; On 10/11/18 at 1:48pm licensed nurse #B confirmed staff TB testing was not completed because facility ran out of testing solution.	S3310		

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S3310	Continued From page 20 TB records for certified staff #F, hire date 5/24/18 recorded a negative TB test from a prior workplace on 9/7/17. Facility conducted a symptom screen on 5/28/18 and single TB test on 5/29/18. Prior workplace TB test was 7 ½ months prior to facility hire date. A 2 step TB test was not completed per guidelines. Resident #113 admission date of 9/25/18 lacked evidence of a 2 step TB test with symptom screen upon admission. Interview on 10/11/18 at 2:15pm with licensed nurse #B confirmed resident's TB testing was not completed. For all residents of the facility, 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.	S3310		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care 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. (c) New construction, modifications and equipment shall conform to the following codes and standards:	S3320		

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S3320	Continued From page 21 (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 19 residents. The sample included 3 residents. Based on observation, interview and record review for all residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when facility kitchen dishwasher temperatures and sanitizer measurements, did not meet safety guidelines. Findings included: - During tour of facility's kitchen on 10/11/18 at 9:30am observed a single tank, mechanical dishwasher under the counter. Records for September/ October 2018 dishwasher temperature and sanitizer checks (dishwasher chemical log) were hanging on the bulletin board. Review of the dishwasher chemical log revealed the following: "Test strip should indicate 75-100 ppm (parts per million). Water temp at 110 degrees." September 1 -30, and October 1-11, 2018	S3320		

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S3320	Continued From page 22 recorded temperature at 100 degrees each day. Column for recording PPM (sanitizer level) were all blank. On 10/11/18 at 2:00pm requested facility's dishwasher policy. At 2:30pm facility operator #A stated the facility does not have a specific policy on dishwashers. He/she presented Page 18 of the Kansas Department of health and environment's guidelines for Cleaning and sanitizing: Mechanical dish machines: High temperature, single tank: 150 degrees Fahrenheit. Low Temperature, chemical sanitation required, water temperatures according to manufacturer, chemicals must be auto dispensed into final rinse water, check daily. Interview on 10/11/18 at 9:50am with operator #A, confirmed all residents eat meals at the facility. Interview on 10/11/18 at 3:05pm with operator #A, confirmed facility does not have a policy for the dishwasher, sanitizer testing has not been recorded and water temperature does not meet standards.	S3320		