STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B044001	A. BUILDING: _____ B. WING _____	09/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE OF MERIDEN NORTH	6313 HIGHWAY K 4 MERIDEN, KS 66512

(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 9/24/18, 9/25/18, 9/26/18 and 9/27/18, at the above named home plus facility in Meriden, KS.	S 000		
S5105 SS=D	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 (d)(2) The census equaled 6 the sample included 3 residents and 1 focus review resident. Based on reviews of facility records for resident (# 930), 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	S5105		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5105	Continued From page 1 Findings included: - Record review for resident #930 recorded admission date of 8/28/18 with diagnoses including: Alzheimer's, depression, enterocolitis, pain, osteoporosis and hypertension. Functional Capacity Screen dated 8/28/18 recorded required physical assist for transfer and walk/mobility. Negotiated service agreement/Health care service plan (NSA/HCSP) dated 8/28/18 (admission) recorded resident to receive staff assist for transfers into and out of wheelchair from bed and toilet and assistance into the wheelchair for mobility and transportation to meals. Record lacked plan for evacuation of the resident in case of emergency. Note: The record contained the NSA/HCSP addendum dated 8/6/18 from the sister facility that documented "needs to have 2 people to assisted him/her with transfers." Notarized statement dated 9/26/18 from licensed nurse #B recorded resident #930 required 2:1 assist for transfers for evacuations. NSA/HCSP is inaccurate for transfers and lacked plan for resident evacuation when required 2:1 assist to transfer.	S5105		

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S5105	Continued From page 2 For resident # 930, 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.	S5105		
S5116 SS=E	26-42-202 (d) NSA 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, 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: K.A.R 26-42-202 (d)(2) The facility reported a census of 6 residents. The sample included 3 residents and one focus review resident. Based on record review and interview for 1 sampled residents (#928) and one (931) focus review resident, the operator failed to ensure the review and if necessary, revision of each negotiated service agreement following any significant change in condition, as defined in K.A.R. 26-39-100.	S5116		

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S5116	Continued From page 3 Findings included: - Record review for resident # 928 recorded admission date of 7/20/15 with diagnoses including dementia, hypertension, hypokalemia, hyperlipidemia, psychosis, diabetes mellitus type 2, and kidney failure. Functional Capacity Screen (FCS) dated 6/30/18 recorded resident required physical assist with transfers and walk/mobility. Negotiated Service Agreement/ Health Care Service Plan (NSA/ HCSP) dated 6/30/18 recorded resident to receive 1:1 assist (1-person assist) for transfers and walk/mobility. Observation on 9/25/18 at 1:25pm revealed certified staff #C and #F transfer resident #928 from the wheelchair to his/her bed with 2:1 assist (2-person assist) with a gait belt. Resident did not bear weight and pulled legs up. Notarized statement dated 9/26/18 from licensed nurse #B recorded "NSA/HCSP for resident #928 is incorrect. Resident currently requires 2:1 assist for transfers to a wheelchair and required 2:1 assist for transfers for evacuations." NSA/HCSP inaccurate for resident transfers.	S5116		

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S5116	Continued From page 4 Record review for resident #931 recorded admission date of 6/22/18 with diagnoses including: cellulitis of left lower extremity, constipation, vitamin deficiency, diabetes type 2 with neuropathy, edema, and hypertension. FCS dated 6/22/18 recorded resident required physical assistance with transfer and walking/mobility. NSA/HCSP dated 6/22/18 (admission) recorded two staff members are to be utilized with all transfers. Staff will propel resident to meals, activities and /or any other locations as needed or desired. Notarized statement dated 9/26/18 from licensed nurse #B recorded resident #931 was a 2:1 assist on 6/22/18 (admission). "He/she completed PT (physical therapy) and changed to a 1:1 assist with walker. He/she is 1:1 assist for evacuations at this time. The current NSA is not correct." NSA/HCSP is inaccurate for transfers. For residents #928 and 931, the operator failed to ensure the review and if necessary, revision of each negotiated service agreement following any significant change in condition, as defined in K.A.R. 26-39-100.	S5116		
S5155 SS=E	26-42-204 (a) Health Care Services	S5155		

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S5155	Continued From page 5 (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 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 6 residents. The sample included 3 residents and 1 focus review resident. Based on record review, observation and interview for 2 sampled residents (#928 and #930) 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 # 928 recorded admission date of 7/20/15 with diagnoses including dementia, hypertension, hypokalemia, hyperlipidemia, psychosis, diabetes mellitus type 2, and kidney failure. Functional Capacity Screen (FCS) dated 6/30/18	S5155		

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S5155	Continued From page 6 recorded resident required physical assist with toileting, transfer, walk/mobility and management of medications and treatments. . Negotiated Service Agreement/ Health Care Service Plan (NSA/ HCSP) dated 6/30/18 recorded staff to assist resident with, toileting, transfer, walk/mobility and management of medications and treatments. Resident has a personal walker, personal wheelchair, and personal fall mat. Staff will ensure that whenever (resident #928) is in his/her bed the bed is placed in the lowest position. (resident) has a pull alarm while in bed, recliner and wheelchair. Observation on 9/25/18 in resident's room revealed staff providing resident care. Resident is on a winged air mattress (used for pressure relief and to prevent rolling out of bed.) His/her wheelchair contained a gel pad (for pressure relief). Observation on 9/25/18 at 3:55pm: Resident in wheelchair by kitchen, resident does not have a personal (pull) alarm in place. Licensed nurse confirmed resident is to have a personal alarm in place, goes and gets it and places it on the resident. He/she confirmed HCSP lacked entries for use of a winged air mattress and gel pad. HCSP lacked interventions for use of a winged air mattress, gel pad. Personal alarm to prevent falls not provided as per HCSP. Record review for resident #930 recorded admission date of 8/28/18 with diagnoses including: Alzheimer's, depression, enterocolitis, pain, osteoporosis and hypertension.	S5155		

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S5155	Continued From page 7 FCS dated 8/28/18 recorded resident required physical assist for transfer and walk/mobility. NSA/HCSP dated 8/28/18 recorded resident to receive staff assist for transfers into and out of wheelchair from bed and toilet and assistance into the wheelchair for mobility and transportation to meals. Observation on 9/26/18 at 1:43pm revealed certified staff #F and #I transfer resident using 2:1 assist with a gait belt from the Broda chair (a special wheelchair that allows multiple positions) to a winged air mattress on a twin bed. Resident did not bear weight. NSA/HCSP lacked entries for resident use of a Broda chair and winged air mattress. Interview on 9/25/18 at 3:55pm with licensed nurse #B confirmed HCSP lacked entries for resident use of a Broda chair and winged air mattress. For residents #928 and #930 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		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services	S5161		

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S5161	Continued From page 8 to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of 6 residents. The sample included 3 residents and one focus review resident. Based on record review and interview for 2 sampled residents (#928, 929) and one focus review resident (931), the operator failed to ensure the negotiated service agreement contained the name of the current licensed nurse responsible for the implementation and supervision of the health care service plan. Findings included: - Record review for resident # 928 recorded admission date of 7/20/15 with diagnoses including dementia, hypertension, hypokalemia, hyperlipidemia, psychosis, diabetes mellitus type 2, and kidney failure. Functional Capacity Screen (FCS) dated 6/30/18 recorded resident required physical assist with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. . Negotiated Service Agreement/ Health Care Service Plan (NSA/ HCSP) dated 6/30/18	S5161		

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S5161	Continued From page 9 recorded staff to assist resident with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Designated nurse to supervise the NSA: (licensed nurse #L). Record review for resident #929 recorded admission date of 7/191/7 with diagnoses including: chronic allergic conjunctivitis, diabetes mellitus type 2, chronic pain, congestive heart failure hypertension, depression and dementia. FCS dated 7/2/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility and unable to perform management of medications and treatments. NSA/HCSP dated 7/2/18 recorded staff to assist resident with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Designated nurse to supervise the NSA: (licensed nurse #L) Record review for resident #931 recorded admission date of 6/22/18 with diagnoses including: cellulitis of left lower extremity, constipation, vitamin deficiency, diabetes type 2 with neuropathy, edema, and hypertension.	S5161		

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S5161	Continued From page 10 FCS dated 6/22/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility and unable to perform management of medications and treatments. NSA/HCSP dated 6/22/18 (admission) recorded staff to assist resident with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Designated nurse to supervise the NSA: (licensed nurse #L) Interview on 9/25/18 at 3:55pm with licensed nurse #B and facility operator #A, confirmed licensed nurse #L is no longer employed by this facility. Confirmed NSA/HCSP not updated to record the current nurse responsible for the implementation and supervision of the HCSP: Licensed nurse #B who began his/her duties on 8/21/18. For residents #928,929, 931, the operator failed to ensure the negotiated service agreement contained the name of the current licensed nurse responsible for the implementation and supervision of the health care service plan.	S5161		
S5205 SS=J	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home	S5205		

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S5205	Continued From page 11 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 6 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 2 (# 928, 930) of 3 sampled residents and 1 focus review resident (#931), the operator failed to ensure the provision of a sufficient number of staff on night shift to take these residents who required assistance of two staff for transfer to a secure location in an emergency. This failure placed residents in immediate jeopardy for harm, injury or death. Findings included: - Resident roster received 9/24/18 recorded 2 residents (#928, 930) required two-person assist for transfers. Record review for resident # 928 recorded admission date of 7/20/15 with diagnoses including dementia, hypertension, hypokalemia, hyperlipidemia, psychosis, diabetes mellitus type 2, and kidney failure.	S5205		

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S5205	Continued From page 12 Functional Capacity Screen (FCS) dated 6/30/18 recorded resident required physical assist with transfers and walk/mobility. Negotiated Service Agreement/ Health Care Service Plan (NSA/ HCSP) dated 6/30/18 recorded resident to receive 1:1 assist (1-person assist) for transfers and walk/mobility. Observation upon entering the facility on 9/24/18 at 3:05pm, revealed only one staff member in the facility (certified staff #C). He/she confirmed he/she was the only staff in the facility and would be on duty until 10:00 pm. At 3:09pm a second staff member (certified staff #D) arrived. He/she assisted certified staff #C with resident #928 and left the building at 3:15pm. Certified staff #C stated, "I just had to change him/her, certified staff #D comes up from the south building to help me." At 5:30pm observed certified staff #E in the facility kitchen, he/she stated he/she worked from 4pm until 8pm. Observation on 9/25/18 at 1:25pm revealed certified staff #C and #F transfer resident #928 from the wheelchair to his/her bed with 2:1 assist (2-person assist) with a gait belt. Resident did not bear weight and pulled legs up. Notarized statement dated 9/26/18 from licensed nurse #B recorded "NSA/HCSP for resident #928	S5205		

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S5205	Continued From page 13 is incorrect. Resident currently requires 2:1 assist for transfers to a wheelchair and required 2:1 assist for transfers for evacuations." Notarized statement dated 9/26/18 from full-time certified staff #F recorded the following: "Resident #928 is 1:1 assist with transfers unless combative then is 2:1 assist." The record lacked documentation of the date of the resident's change in condition from 1:1 assist for transfers to 2:1 assist for transfers. Record review for resident #930 recorded admission date of 8/28/18 with diagnoses including: Alzheimer's, depression, enterocolitis, pain, osteoporosis and hypertension. FCS dated 8/28/18 recorded required physical assist for transfer and walk/mobility. NSA/HCSP dated 8/28/18 recorded resident to receive staff assist for transfers into and out of wheelchair from bed and toilet and assistance into the wheelchair for mobility and transportation to meals. Note: The record contained the NSA/HCSP addendum dated 8/6/18 from the sister facility that documented "needs to have 2 people to assisted him/her with transfers." Observation on 9/26/18 at 1:43pm revealed	S5205		

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S5205	Continued From page 14 certified staff #F and #I transfer resident using 2:1 assist with a gait belt. Resident did not bear weight. Notarized statement dated 9/26/18 from licensed nurse #B recorded resident #930 required 2:1 assist for transfers for evacuations. Notarized statement dated 9/26/18 from full-time certified staff #F recorded the following: "Resident #930 is a 2:1 assist due to not able to stand or move without assistance and is 2:1 assist for transfers for evacuations." Review of staffing schedules for 8/28/18 to 9/23/18 recorded: one certified staff from 2-10pm and one certified staff from 10pm to 6am with 1 float certified medication aide (CMA) from 2pm-6am. Interview on 9/24/18 at 4:25pm with facility operator #A stated staffing at the facility as follows: 6am - 2pm: 1 CMA and 1 Certified nurse aide (CNA), or 2 CNAs and the CMA floated from south house to administer medications. 2pm-10pm: 1 CNA from 2-10p and 1 additional CNA from 4pm-8pm and the CMA floated from the south house to administer medications. 10pm-6am: 1 CMA or CNA was in the facility. Interview on 9/24/18 at 5:25pm with licensed nurse #B stated, "The south house staff has 2	S5205		

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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
S5205	Continued From page 15	S5205		

staff all the time, we usually have 2 down there and 1 up here." When asked why float staff stays in the south building, He/she confirmed because there are more residents down there. (8 residents).

Notarized statement dated 9/26/18 from facility operator #A recorded: "Scheduling- we have staff, 2 staff North from 6am to 2pm daily until end of August 2018 then staffed 2 staff 6am to 6pm, (unsure of how (it) was actually staffed from 2pm to 6pm daily) to present. 6pm to 6am has been 1 staff North house, 1 staff South house with 1 staff floating between for transfers, medications or any other need. Float usually would stay south unless needed north for transfers, medications or any other needs."

Observation on 9/24/18 revealed the "south house" located approximately 400 feet southeast of the facility down a small hill.

Interview on 9/24/18 at 5:58pm with certified staff #C and #E stated 3 residents required 2-person assist in the facility, residents #928, 930 and 931. They stated, "Resident # 930 required 2-person assist at all times and would require 2 staff to transfer resident in an emergency; resident #928 could possibly be transferred by one person but it would be difficult as he/she is dead weight ...."

For residents #928 and #930, the facility lacked a sufficient number of staff on night shift to take these residents who required assistance of two staff for transfer to a secure location for 27 days (8/28/18-9/23/18).

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	B044001	A. BUILDING: _____ B. WING _____	09/27/2018

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S5205	Continued From page 16 Record review for resident #931 recorded admission date of 6/22/18 with diagnoses including: cellulitis of left lower extremity, constipation, vitamin deficiency, diabetes type 2 with neuropathy, edema, and hypertension. FCS dated 6/22/18 recorded resident required physical assistance with transfer and walking/mobility. NSA/HCSP dated 6/22/18 (admission) recorded two staff members are to be utilized with all transfers. Staff will propel resident to meals, activities and /or any other locations as needed or desired. Notarized statement dated 9/26/18 from licensed nurse #B recorded resident #931 was a 2:1 assist on 6/22/18 (admission). "He/she completed PT (physical therapy) and changed to a 1:1 assist with walker. He/she is 1:1 assist for evacuations at this time. The current NSA is not correct." Notarized statement dated 9/26/18 from full-time certified staff #F recorded resident #931 "is currently stand by assist for transfers but was 2:1 assist after admission until 7/24/18 when resident received PT/OT (physical therapy/ occupational therapy)." NSA/HCSP addendum dated 7/24/18 recorded PT/OT to evaluate and treat for general balance and gait stability.	S5205		

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S5205	Continued From page 17 NSA/HCSP addendum dated 8/23/18 recorded PT discontinued due to completion of task. Resident record lacked PT/OT records for period from 7/24/18 to 8/23/18, confirmed by licensed nurse #B on 8/26/18 at 2:25pm. (record contained only a recommendation for a bedcane). Interview on 9/24/18 at 5:58pm with certified staff #C and #E stated 3 residents required 2-person assist in the facility, residents #928, 930 and 931. They stated, "resident #931, could be transferred by 1-person but it is better with 2-person, he/she has a hard time standing and getting his/her knees straight." Facility staffing schedule from 6/22/18 to 7/24/18 staff for "north house" (this facility) recorded 12 hour shifts from 6am to 6pm (2 certified staff) and 6pm to 6am (1 certified staff). For resident #931, the facility lacked adequate staff for 12 hours a day, from 6pm to 6am from admission on 6/22/18 until at least the initiation of PT/OT on 7/24/18 (33 days) when resident #931 required 2:1 assist for transfers in case of emergency evacuation. Review of documentation of facility evacuation of residents documented an evacuation conducted on 2/23/18 when 2 staff evacuated 8 residents and on and on 6/17/18 when 4 staff evacuated 8 residents. The records lacked documentation of	S5205		

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S5205	Continued From page 18 an evacuation with only 1 staff on duty and lacked documentation of an evacuation completed with residents who required two- person assist for transfer and evacuation. Notarized stated from facility operator #A, dated 9/26/18 recorded "I cannot confirm anything related to total evacuation as I did not start working here until the end of July. We have not had a total evac since I began working here." For residents #928, 930 and 931, the operator failed to ensure the provision of a sufficient number of qualified staff to take residents who required assistance of two staff with transfer in an emergency or disaster to a secure location. This failure placed residents in immediate jeopardy for harm, injury or death. The jeopardy was removed on 9/25/18 when the operator provided the following plan: Staffing for the next 24 hours: [certified staff # G and #H] from 6pm to 6am today into tomorrow am. [certified staff #F and #C] from 6am to 2pm, [certified staff #I and #C] from 2pm to 6pm, [certified staff #J and #K] from 6pm to 6am. "From this point forward, we will have 2 staff on duty at all times as long as we have elders requiring assist of 2 staff."	S5205		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems.	S5380		

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S5380	Continued From page 19 (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 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 6 residents. The sample included 3 residents and one focus review resident. 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 at the sinks in resident use areas. Findings included: Facility tour on 9/24/18 from 3:09pm until 4:00pm revealed water temperatures as follows: Resident bathroom/shower room sink south hall: 131.3F (degrees Fahrenheit). Resident bathroom/shower room sink north hall: 129.7F Facility open concept kitchen sink: 134.6F	S5380		

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S5380	Continued From page 20 Recheck of facility sinks on 9/24/18 at 5:30pm with licensed nurse #F and licensed nurse #B revealed the following: Resident bathroom/shower room sink south hall: department thermometer: 143.4F: facility thermometer: 141F Resident bathroom/shower room sink north hall: department thermometer: 132.2F: facility thermometer: 131F Resident roster recorded all residents required assistance to the toilet and bath. No residents were observed at facility sinks alone on 9/24/18 or 9/25/18. Residents do not have sinks/showers in their individual rooms. 5 of 6 residents have impaired cognitive status. On 9/25/18 at 12:45pm facility operator #A stated, "I got ahold of my maintenance man and he/she just did not do them." (hot water temperature checks.) he/she confirmed hot water temperatures have not been monitored since last recorded on 7/13/18. On 9/24/18 at 6:20pm observed repairman in facility working on hot water heater, repairman stated temperature at the hot water heater was 130F. Heater was set at the lowest setting. On 9/24/18 at 6:45pm received a plan of correction for fluctuating hot water temperatures from operator #A: "Staff will temp (check temperature of) hot water in resident use sinks prior to use to insure safe water temp between 90 and 120 degrees, assist elder with hand/face washing, oral care and	S5380		

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S5380	Continued From page 21 anything that involves water, until such time as the hot water heater is fixed and deemed safe by the professional. Staff will check water temperature on the showers prior to giving showers to insure water at safe temp between 90 and 120 degrees for shower. Until water heater is fixed and deemed safe by the professional. Will check kitchen sink hot water every 1 hour until hot water tank heater is fixed and deemed safe they the professional. If water is higher than 120 degrees turn hot water valve under sink off until needed, then recheck temp." Water temperature logs for facility sinks for 9/24/18 8:00pm to 8:00am recorded hot water temperatures from 116.2F to 129.3F. Water temperature logs for facility sinks for 9/25/18 from 6:00pm to 6:00am recorded hot water temperatures from 97.5F to 107.8F. Notarized statements dated 9/26/18 from Licensed nurse #B and certified staff # F stated 5 of 6 residents are able to move self about once in a wheelchair or with a walker. 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 at the sinks in resident use areas.	S5380		