STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087199	A. BUILDING: _____ B. WING _____	04/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARJORIE'S HOME LLC GP	524 N MAIN STREET GARDEN PLAIN, KS 67050

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named Home Plus living facility conducted on 4/23,24/2018.	S 000		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, 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 home, 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 26-42-201(a) The facility reported a census of 5 residents. The sample included 3 residents. Based on observation, interview and record review the Operator failed to ensure the functional capacity screen included all findings on the screening form, including the residents ability to transfer and walk/mobility for 1 (#425) of 3 residents.	S5080		

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

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S5080	Continued From page 1 Findings included: - Review of resident #425's record revealed he/she admitted to the facility on 7/17/17 with diagnoses of constipation, dry eyes, coronary artery disease, hypertension, hypothyroidism and history of urinary tract infections. Review of the residents functional capacity screen dated 7/17/17 did not identify how the resident transferred or walked/mobility. Review of the residents negotiated service agreement dated 7/7/17 did not identify how the resident ambulated but he/she used a walker independently and transferred independently with assistance as needed. The negotiated service agreement had an undated hand written note to transfer with wheelchair or walker and out of building. Observation on 4/23/18 at 2:15 PM administrative staff A asked the resident if he/she needed to use the restroom. Staff A then put a gait belt on the resident, counted to 3 and assisted the resident to stand and pivot transfer into the wheelchair. During an interview on 4/24/18 at 5:30 AM certified staff D reported the resident transfered with 1 assist and would hold onto the grab bars to help transfer on and off the toilet. Staff D stated the resident could walk with a walker but was a fall risk and needed staff with him/her to walk. The resident used a wheelchair for long distances and needed to use the wheelchair to go out of the building. During an interview on 4/24/18 at 7:38 AM certified staff C reported the resident walked pretty good with a walker but used the wheelchair	S5080		

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S5080	Continued From page 2 also. Staff C stated that 1 person could transfer the resident using the gait belt. During an interview on 4/24/18 at 8:27 AM administrative staff A reported he/she must have overlooked those areas when doing the screening. The Operator failed to ensure the functional capacity screen was completed with all screening information identified.	S5080		
S5116 SS=D	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: KAR 26-41-202(d)(2) The facility reported a census of 5 residents. Based on interview and record review administrative staff A failed to ensure 1 (#425) of 3 negotiated service agreements were revised	S5116		

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S5116	Continued From page 3 when the resident had a significant change in status. Findings included: - Review of resident #425's record revealed he/she admitted to the facility on 7/17/17 with diagnoses of constipation, dry eyes, coronary artery disease, hypertension, hypothyroidism and history of urinary tract infections. Review of the residents functional capacity screen dated 7/17/17 revealed the resident ate independently. Review of the residents negotiated service agreement dated 7/7/17 revealed the resident received a regular diet with soft foods. Review of the amended negotiated service agreement dated 8/9/17 revealed the resident received a mechanical soft diet. The residents record lacked evidence of additional revisions of the negotiated service agreement. Review of the physicians orders revealed the following diet orders: 7/18/17 regular soft diet; 8/17/17 pureed diet per homes request to improve intake; 10/24/17 change pureed diet to soft diet per families request. During an interview on 4/24/18 at 8:28 AM administrative staff A reported the resident went back and forth on diets and he/she wasn't eating the pureed diet. Stated A stated the NSA should have been revised to reflect the changes in the resident's diet.	S5116		

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S5116	Continued From page 4 The Operator failed to ensure the negotiated service agreement was revised as the resident's diet changed from soft to pureed then back to soft.	S5116		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(e) The facility reported a census of 5 residents. Based on observations and interview for all residents the operator failed to ensure designated staff stored all food under safe and sanitary conditions and failed to ensure staff prepared and served foods using safe methods and served food at the proper temperature. Findings included:	S5192		

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S5192	Continued From page 5 - Observations during initial tour on 4/23/18 at 10:20 AM the refrigerator in the laundry area had a temperature reading of 52 degrees Fahrenheit (F). The refrigerator was full of a variety of foods including milk, eggs, cheese, butter,multiple containers of left overs, lasagna with 4/23 written on it, salad dressings, mayonnaise, and a variety of other foods. The refrigerator was packed full due to main refrigerator in the kitchen area not working. . At 10:23 AM on 4/23/18 surveyor placed his/her thermometer in the refrigerator. At 10:55 AM it read 52.5 degrees F and at 12:35 PM read 51.8 degrees F. At 3:00 PM the temperature read 55.3 degrees F. At 4:00 PM on 4/23/18 administrative staff A checked the temperature of a jar of pickles that was in the refrigerator and he/she checked the temperature with the facilities thermometer and it read 51.6 degrees F. During an interview on 4/23/18 at 10:21 AM certified staff C reported staff checked the temperature of the refrigerator but not sure how often or if they wrote it down anywhere. During an interview on 4/23/18 at 10:53 AM administrative staff A reported staff looked at the temperature of the refrigerators at least monthly to make sure they were OK. Staff A reported they do not keep any kind of log for the temperatures. According to the Kansas Department of Agriculture 's "Focus on Food Safety" guidelines dated 8/2017 revealed a maximum cold holding temperature of 41 degreed F.	S5192		

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S5192	Continued From page 6 - During initial tour of the home on 4/23/18 lacked evidence of staff monitoring the temperature of cooked foods. Observations of meal prep on 4/23/18 at 12:15 PM revealed the following: At 12:18 PM resident #423 came to the table, staff B scooped some lasagna out of the dish onto the plate and then heated the plate in the microwave. At 12:19 PM certified staff B asked staff A if the plate on the counter was for resident #425 and staff A said it was. Staff B took the plate to the resident and sat beside him/her to help eat. At 12:25 PM resident #424 asked for more lasagna and staff B took the resident's plat and put a scoop of lasagna on the plate and microwaved it for 15 seconds and then gave it to the resident. At 12:30 PM certified staff gave an unidentified resident a plate with lasagna on it that had been sitting on the cabinet since observations started at 12:15 PM. At 12:31 PM resident #424 stated the lasagna was not hot and asked staff B to reheat it. Staff B took the plate and put it in the microwave for 30 seconds. Staff did not bring the plate to the resident when the timer went off. At 12:34 the resident stated to another resident "It will be cold before he/she brings it to me." At 12:36 PM staff B gave the plate out of the microwave to resident #424. Observations during the meal service revealed staff failed to check the temperature of all foods as they served it to the residents after heating it up in the microwave. During an interview on 4/23/18 at 10:55 AM certified staff B reported he/she thought they had a meat thermometer for when they cooked	S5192		

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S5192	Continued From page 7 chicken in the crock pot but he/she had not used it in a long time. During an interview on 4/23/18 at 10:56 AM administrative staff A reported staff just made sure it was hot "steaming" when it came off the stove. Review of the undated dietary services policy revealed staff shall prepare foods using safe methods and shall be served at proper temperatures.	S5192		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (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 facility reported a census of 5 residents.	S5215		

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S5215	Continued From page 8 Based on interview and record review for all residents, administrative staff A failed to provide quarterly reviews of the home's emergency management plan with all residents. Findings included: - Review of the facilities emergency management preparedness training lacked evidence of reviewing the plan with residents. During an interview on 4/23/18 at 12:48 PM administrative staff A reported the emergency management plan was probably only reviewed on admission. Administrative staff failed to conduct quarterly reviews of the homes emergency management plan with residents and staff which would affect all residents.	S5215		
S5225 SS=F	26-42-207 (a) (b) (1)(2)(3)(4) Infection Control a) The administrator or operator of each home plus shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service;	S5225		

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S5225	Continued From page 9 This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of 5 residents. Based on observation and interview for all residents the operator failed to ensure the provision of a safe and sanitary environment by the failure to ensure proper hand washing technique of dishes in the kitchen. Findings included: - Observation on 4/23/28 during initial tour approximately 10:56 AM revealed a note taped on the dishwasher stating, "Do not use - leaking, hand wash dishes". Observation on 4/23/18 at 10:57 AM certified staff B washed a few dishes, rinsed in hot water and then placed in drain rack. Approximately 4 minutes later staff B dried the dishes with a dish towel and then put them in the cabinets. During an interview on 4/23/18 at 11:00 AM administrative staff A reported the dishwasher just started leaking and he/she had someone coming to fix it. Staff A reported staff washed the dishes by hand using regular dish soap and rinsing in hot water. Confirmed they did not use any type of sanitization process. According to the Kansas Department of Agriculture's "Focus on Food Safety" guidelines dated 8/2017 revealed the practice of good hygiene included following the single-use glove guidelines. It also included instructions for manual cleaning and sanitizing of dishes using a	S5225		

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S5225	Continued From page 10 3-compartment sink method. Review of the undated infection control policy revealed staff will clean and sanitizse all utnesils and surfaces that touch food. The operator failed to ensure designated staff followed proper dish washing methods to provide a safe and sanitary environment for all resident.	S5225		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of 5 residents. Based on observation and interview, administrative staff A failed to ensure over the counter medications were labeled with the residents full name on the package for 3 (#424, #426, and #427) of 5 residents.	S5313		

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S5313	Continued From page 11 Findings included: - Observation on 4/23/18 at 10:31 AM with certified staff B of the medication cabinets revealed the following over the counter medications without a residents full name on them: 2 bottles of calcium 600 mg, generic liquid antacid, and a bottle of milk of magnesia had resident #426's first name or initials but not his/her full name. There was a bottle of aspirin 81 mg with resident #424's initials. and a 2 bottles of Tylenol 500 mg tablets with resident #427's initials. Interview on 4/23/18 at 10:33 AM administrative staff A reported he/she did not realize over the counter medications needed to have the resident's full name on the bottle. Administrative staff A failed to ensure all over-the-counter medications were labeled with the resident's full name.	S5313		