STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087201	A. BUILDING: _____ B. WING _____	05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE KOTTAGE	2311 W WESTPORT DRIVE WICHITA, KS 67203

(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 represent the findings of a resurvey at the above named assisted living facility conducted on 5/1,2/2018.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42- 202 (a)(1)(2)(3) The facility reported a census of 6 residents. Based on record review and interview the operator failed to ensure designated included a description of services the resident would receive and identification of the provider of each service and identification of person responsible for payment if outside resources provided a service for 2 (##600 and #700) of 3 residents. Findings included:	S5105		

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

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S5105	Continued From page 1 - Review of resident #600's record revealed he/she admitted to the facility on 9/26/16 with a diagnosis of diabetes mellitus. The record also revealed the resident received podiatry services. Review of the functional capacity screen dated 3/8/18 revealed the resident could not manage his/her medications. Review of the physicians orders revealed an order for Levemir flextouch injection 45 units subcutaneous twice a day. Review of the negotiated service agreement (NSA) dated 9/11/17 identified the facility staff would provide medication services. However, it did not identify the certified medication aide would dial insulin pen dosage and the resident would self inject the insulin. It also failed to identify the resident received podiatry services and who would provide and pay for the service. - Review of resident #700's record revealed he/she admitted to the facility on 5/6/17 with diagnosis of type 2 diabetes mellitus. Review of the functional capacity screen dated 5/4/17 revealed the resident could not manage his/her medications. Review of the physicians orders revealed an order for Levemir flextouch pen 10 units subcutaneous every am. Review of the negotiated service agreement dated 5/4/17 identified the facility would provide medication services. However, it did not identify the certified medication aide would dial insulin pen dosage and the resident would self inject the	S5105		

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S5105	Continued From page 2 insulin. Review of the negotiated service agreement policy revealed the negotiated service agreement shall include a description of the services to be provided, identification of the provider of the service, and the party responsible for payment if outside resources provided a service.	S5105		
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 6 residents. Based on observation, interview, and record review for all residents, the operator failed to ensure safe sanitary preparation of foods and develop a system to ensure foods were cooked	S5192		

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S5192	Continued From page 3 and held at the proper temperature. Findings included: - Review of the April food temperature log revealed areas for staff to check the temperature of lunch and dinner one hot and cold food only. Staff started the log on 4/23/18 and there were 3 of 8 days with temperatures on it. Observation on 5/1/18 at 11:56 am certified staff A prepared lunch on the stove. A skillet sat on the stove with pulled pork for sandwiches. Staff A removed the skillet from the heated surface and then put on gloves and got bread out an onto the plates for sandwiches. Staff A got the coleslaw out of the refrigerator and put a scoop on each plate, and took a spoon and put meat on the bread and then served the residents. Staff did not temp the pork before serving it to the residents to ensure proper temperature. On 5/1/18 at 1:00 PM licensed nursing staff B reported they just started a temperature food log last month and are checking the temperature of the meat and a cold item. On 5/1/18 at 1:45 PM certified staff A reported he/she did not take the temperature of the pork. The operator failed to ensure designated staff monitored the temperature of food to ensure foods were cooked and held at the proper serving temperatures.	S5192		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous	S5195		

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S5195	Continued From page 4 compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (f) The facility reported a census of 6 residents. Based on observations and interview the operator failed to ensure designated staff stored foods under safe and sanitary conditions. Findings included: - Observation during initial tour on 5/1/18 at 12:15 PM revealed containers of splenda, creamer, and coffee on the counter with a small scoop in each container. The handle part of the scoop touched the food in each container. The upstairs freezer had a container with ice cubes in it and a scoop with the handle down in the ice. On 5/1/18 at 1:05 PM licensed nursing staff B reported he/she did not realize scoops could not be in the containers but understood the concern. The operator failed to ensure designated staff stored foods under safe and sanitary conditions.	S5195		