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	B087219	A. BUILDING: _____ B. WING _____	08/24/2017

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GRACE COTTAGE, LLC	531 N. CRESTLINE WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey of the above home plus facility on 8/22/17, 8/23/17, and 8/24/17.	S 000		
S 130 SS=F	26-39-103 (g) Resident Right Finance Management (g) Management of financial affairs. The administrator or operator shall ensure that each resident is afforded the right to manage personal financial affairs and is not required to deposit personal funds with the adult care home. This STANDARD is not met as evidenced by: KAR 26-39-103(g) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview for 3 (#100, #200, and #300) of 3 residents sampled and 1 (#400) non-sampled resident, the operator failed to ensure each resident was afforded the right to manage personal financial affairs and was not required to deposit personal funds with the adult care home. Findings included: - Record review for resident #100, resident #200, and resident #300 revealed each resident had an admission agreement that included a section "Personal Allowance Accounts" that documented "The operator of (facility) agrees to establish a personal allowance for all residents who desire one. A statement of offering form will be executed with the resident or representative upon	S 130		

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

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S 130	Continued From page 1 admission." At 11:01 a.m. on 8/22/17, licensed nurse B stated the previous operator included this statement in the admission agreement. Licensed nurse B stated each of the 4 residents had this in their admission agreement. For all residents, the operator failed to ensure each resident was afforded the right to manage personal financial affairs and was not required to deposit personal funds with the adult care home.	S 130		
S 225 SS=F	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the	S 225		

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S 225	Continued From page 2 prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(4) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview for all residents admitted to the facility, the operator failed to ensure that on admission a resident or resident's legal representative was not asked to sign a general waiver of liability. Findings included: - Record review for resident #100, resident #200, and resident #300 revealed each record contained a form with the facility's name and logo "Field Trip Waiver, Release of Liability and	S 225		

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S 225	Continued From page 3	S 225		

Medical Authorization form." Each resident's form was signed by the resident or resident's legal representative. The form contained the following excerpts under section 3:

"I/we hereby assume all of the risks of participation, including by way of example and not limitation, any risks that arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault."

"I waive, release, and discharge from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event."

"I indemnify hold harmless, and promise not to sue the entities or persons mentioned in the paragraph from any and all liabilities or claims made as a result of participation in this activity or event."

"Event participation including, but not limited to: field trips, sports events, social life events, church."

During an interview at 11:01 a.m. on 8/22/17, licensed nurse B stated we take residents to the park and this signed form allows us to take (residents) off our premises. Licensed nurse B stated the previous operator developed this form and it was presented to all residents at admission.

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S 225	Continued From page 4 For all residents admitted to the facility, the operator failed to ensure that on admission a resident or resident's legal representative was not asked to sign a general waiver of liability.	S 225		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(g) The facility reported a census of 4 residents. The sample included 3 residents. Based on observation and interview for all residents, the operator failed to post a notice of the availability of the policies and procedures in a place readily accessible to residents. Findings included: - During tour of the facility at 9:20 a.m. on 8/22/17, surveyor did not observe a posted notice of the availability of policies and procedures. At 9:30 a.m. on 8/22/17, licensed nurse B stated facility policies and procedures were stored in the office and confirmed the lack of a notice to inform	S5029		

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S5029	Continued From page 5 residents, legal representatives of residents, case managers, and families of the availability of the policies and procedures. The operator failed to post a notice of the availability of the policies and procedures in a place readily accessible to residents.	S5029		
S5080 SS=E	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)(b) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview for 2 (#200 and #300) of 3 residents sampled, licensed nurse B failed to	S5080		

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S5080	Continued From page 6	S5080		

conduct a screening on or before admission to determine the resident's functional capacity and failed to sign the functional capacity screen for resident #300.

Findings included:

- Record review for resident #200 revealed an admission date of 6/5/17 and diagnoses of history of stroke, hemiplegia, hemiparesis, and hypertension.

The record lacked a functional capacity screen on or before the resident's admission to the facility.

At 1:25 p.m. on 8/22/17, licensed nurse B stated he/she thought he/she completed a functional capacity screen but could not locate a screening.

Licensed nurse B failed to conduct a screening to determine resident #200's functional capacity on or before resident's admission to the facility.

- Record review for resident #300 revealed an admission date of 7/15/17 and diagnoses of brain injury, Parkinson's disease, chronic obstructive pulmonary disease, and history of stroke.

The record contained an admission functional capacity screen dated 7/16/17 [one day after admission]that indicated resident required physical assistance with bathing, dressing, toileting, transferring, and mobility and was unable to perform management of medications and treatments. The functional capacity screen lacked the signature of the person conducting the screening.

At 11:00 a.m. on 8/22/17, licensed nurse B stated he/she conducted the screening but did not sign

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S5080	Continued From page 7 the form. Licensed nurse B failed to conduct a screening to determine resident #300's functional capacity on or before resident's admission to the facility and failed to sign the screening.	S5080		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview for 1 (#200) of 3 residents sampled, licensed nurse B failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement. Findings included: - Record review for resident #200 revealed an admission date of 6/5/17 and diagnoses of history of stroke, hemiplegia, hemiparesis, and hypertension. The record contained a negotiated service agreement dated 6/5/17 signed only by licensed nurse B.	S5126		

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S5126	Continued From page 8 At 1:25 p.m. on 8/22/17, licensed nurse B stated he/she completed the negotiated service agreement with resident but did not obtain resident's signature. Licensed nurse B failed to ensure each individual involved in the development of the negotiated service agreement for resident #200 signed the agreement.	S5126		
S5155 SS=E	26-42-204 (a) Health Care Services (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 4 residents. The sample included 3 residents. Based on observation, record review, and interview for 2 (#300 and #200) of 3 residents sampled, licensed nurse B failed to assess the safety of a bed rail and resident's ability to safely use the bed rail. Findings included: - During tour of the facility at 9:20 a.m. on	S5155		

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S5155	Continued From page 9 8/22/17, surveyor observed a half bed rail up on each side of resident #300's bed. Resident #300 was sitting in a wheelchair at a table in the kitchen at this time. Licensed nurse B stated resident utilized the bed rail when being transferred in and out of bed. Record review for resident #300 revealed an admission date of 7/15/17 and diagnoses of brain injury, chronic obstructive pulmonary disease, Parkinson ' s disease, and history of stroke. Functional capacity screen dated 7/16/17 indicated resident required physical assistance with bathing, dressing, toileting, transferring, and mobility; required the use of a wheelchair for mobility; and experienced impaired short-term memory and decision making ability. Negotiated service agreement/health care service plan dated 7/15/17 documented facility staff provided resident with physical assistance with bathing, dressing, toileting, transferring, and mobility. The negotiated service agreement/health care service plan lacked a description of resident's use of bedrails. Resident ' s record lacked an assessment by a licensed nurse of the safety of the bed rail and resident's ability to safely use the bed rails. At 11:56 a.m. on 8/22/17, licensed nurse B stated he/she had not assessed the resident's ability to safely use the bed rails and the safety of the bed rails. During an interview at 3:30 p.m. on 8/22/17, resident #300 stated he/she used the bed rail to get in and out of bed.	S5155		

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S5155	Continued From page 10 For resident #300, licensed nurse B failed to assess the safety of a bed rail and resident's ability to safely use the bed rail. - At 1:20 p.m. on 8/22/17, surveyor observed the room of resident #200 and noted a half bed rail on the outer side of resident's bed. Record review for resident #200 revealed an admission date of 6/5/17 and diagnoses of history of stroke, hemiplegia, hemiparesis, and hypertension. The record lacked a functional capacity screen. Negotiated service agreement/health care service plan dated 6/5/17 documented services of full assistance with activities of daily living due to left side paralysis. The negotiated service agreement/health care service plan lacked a description of resident's use of a bed rail. Resident ' s record lacked an assessment by a licensed nurse of the safety of the bed rail and resident's ability to safely use the bed rails. During an interview at 1:25 p.m. on 8/22/17, licensed nurse B stated he/she did not assess resident's ability to safely use a bed rail and the safety of the bed rail. At 3:25 p.m. on 8/22/17, surveyor observed resident in bed with the half bed rail pulled up. For resident #200, licensed nurse B failed to assess the safety of a bed rail and resident's ability to safely use the bed rail.	S5155		

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S5230	Continued From page 11	S5230		
S5230 SS=E	26-42-207 (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 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; (c) Each administrator or operator shall ensure the home ' 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 26-42-207(c) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview for 3 (#100, #200, and #300) of 3 residents sampled and 5 of 5 employee files reviewed, licensed nurse B failed to ensure the facility's compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Record review for resident #100 revealed an admission date of 7/7/17 and diagnoses of dementia, coronary artery disease, diabetes mellitus, and hypertension. Record contained documentation of a two-step	S5230		

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S5230	Continued From page 12 TB skin test on 6/13/17 and 6/21/17 completed when resident lived in another facility. Resident's record lacked a TB symptom screen at the time resident admitted to current facility. At 3:00 p.m. on 8/22/17, licensed nurse B confirmed he/she did not complete a TB symptom screen with resident #100 at the time of admission. - Record review for resident #200 revealed an admission date of 6/5/17 and diagnoses of history of stroke, hemiplegia, hemiparesis, and hypertension. Record lacked documentation of TB skin testing and a completed TB symptom screen at the time of admission to the facility. At 1:25 p.m. on 8/22/17, licensed nurse B stated he/she did not perform TB skin testing for resident. - Record review for resident #300 revealed an admission date of 7/15/17 and diagnoses of brain injury, Parkinson's disease, and chronic obstructive pulmonary disease. Record lacked documentation of TB skin testing and a completed TB symptom screen at the time of admission to the facility. At 11:00 a.m. on 8/22/17, licensed nurse B stated he/she did not perform TB skin testing for resident. Licensed nurse B failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		

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S5230	Continued From page 13 - Review of employee files at 3:38 p.m. on 8/22/17 with licensed nurse B and operator C revealed the following: Licensed nurse D hired 8/10/17 lacked TB testing and TB symptom screen. Certified staff E hired 3/3/17 with documentation of a TB skin test on 3/10/17 and second test on 3/12/17. [Guidelines specify second TB test to be administered one to three weeks after the first TB skin test.] Certified staff F hired 3/4/17 with documentation of a TB skin test 11/21/16 that was read as not positive. The file lacked a TB symptom screen completed within 7 days of employment. File did contain a TB symptom screen dated 1/28/17. Certified staff G hired 7/20/17 lacked TB testing and TB symptom screen. Certified staff H hired 5/28/17 with documentation of first TB skin test on 6/11/17 and second TB skin test on 6/13/17. [Guidelines specify second TB test to be administered one to three weeks after the first TB skin test.] Licensed nurse B confirmed he/she did not follow the department's TB guidelines. Licensed nurse B failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5258 SS=E	26-42-102 (d) Staff Qualifications Employee Records	S5258		

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S5258	Continued From page 14 (d) The employee records and agency staff records shall contain the following information: (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 carehome; 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 work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(3) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview for 1 of 1 licensed nurse file reviewed and 3 of 4 certified employee files reviewed, the operator failed to ensure employee records contained evidence of licensure or certification. Based on record review and interview for 3 of 4 certified employee files reviewed, the operator failed to ensure the file contained supporting documentation from the	S5258		

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S5258	Continued From page 15 Kansas nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home. Findings included: - Review of employee files at 3:38 p.m. on 8/22/17 with operator C and licensed nurse B revealed the following: Licensed nurse D hired 8/10/17. This file lacked documentation of proof of licensure with the Kansas state board of nursing. Certified staff E hired 3/3/17. This file lacked supporting documentation dated prior to or on 3/3/17 from the Kansas nurse aide registry as proof of certification and that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home. Certified staff F hired 3/4/17. This file lacked supporting documentation dated prior to or on 3/4/17 from the Kansas nurse aide registry as proof of certification and that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home. Certified staff H hired 5/28/17. This file lacked supporting documentation dated prior to or on 5/28/17 from the Kansas nurse aide registry as proof of certification and that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home. Operator C confirmed the files lacked proof at the time of employment that staff members were licensed or certified and did not have a finding of having abused, neglected, or exploited a resident in an adult care home.	S5258		

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S5258	Continued From page 16 The operator failed to ensure employee records contained evidence of licensure or certification and supporting documentation from the Kansas nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home.	S5258		
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 4 residents. The sample included 3 residents. Based on interview, observation, and record review for all residents receiving medication management, the operator failed to ensure a licensed pharmacist or a licensed nurse placed the full name of the resident on over-the-counter medication container.	S5313		

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S5313	Continued From page 17 Findings included: - Review of the resident roster revealed the facility provided medication management for the 4 residents living in the facility. At 9:50 a.m. on 8/22/17, licensed nurse B opened the medication cart. Surveyor observed one opened bottle of acetaminophen (pain reliever/fever reducer) 500 milligrams tablets, an opened bottle of guaifenesin (expectorant) 400 milligrams tablets, and an unopened bottle of guaifenesin 400 milligrams tablets. Licensed nurse B stated these medications were "stock" medications and confirmed these medication containers were not labeled for use by only one resident. Surveyor observed an opened partially full 10 fluid ounce bottle of magnesium citrate (laxative) that was not labeled with a resident's name. Licensed nurse B stated this medication belonged to (resident #200). Licensed nurse B picked up a bottle of antacid tablets that lacked a label with a resident name and stated these belonged to (resident #100). The operator failed to ensure a licensed pharmacist or a licensed nurse placed the full name of the resident on over-the-counter medication container.	S5313		
S5345 SS=E	28-39-437 Building Exterior (d) General building exterior. (1) Each exterior pathway or access to the facility's common use areas and entrance or exit ways shall meet the following requirements: (A) Be made of hard, smooth material;	S5345		

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S5345	Continued From page 18 (B) be barrier free; and (C) be maintained in good repair. (2) Outdoor recreation areas shall be provided and available to residents. (3) The exterior of the building and the grounds shall be maintained in good repair and in a clean, safe, and orderly manner. (4) Each facility house address number shall be posted on the exterior of the facility using at least three-inch-high numbers. Address numbers shall be posted on any mailbox located away from the facility. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(d)(1)(B) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review, observation, and interview for all residents, the operator failed to ensure a fire exit was barrier free. Findings included: - Review of the resident roster revealed 4 residents lived in the facility and 2 of the 4 residents experienced impaired cognition. During time in the facility on 8/22/17, observed resident #300 and resident #200 required one-person assistance with transferring and mobility per wheelchair, resident #400 independent with mobility in wheelchair and in transferring self, and resident #100 independent with ambulation. At 9:41 a.m. on 8/22/17, licensed nurse B	S5345		

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S5345	Continued From page 19 confirmed the sliding glass door in the living room was one of the two fire exits in the building. Surveyor observed the locked sliding glass door and in order to unlock and open the door the lock had to first be turned. Observed a locked sliding screen door that did not open without first turning the locking mechanism. The sliding glass door and the sliding screen door could not be unlocked and opened with one maneuver to each door. For all residents, the operator failed to ensure a fire exit was barrier free.	S5345		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (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 4 residents. The sample included 3 residents. Based on observation, interview, and record review for all residents, the operator failed to ensure a system to accurately monitor and maintain a hot water temperature range between 98 degrees Fahrenheit (F) and 120 degrees F at showers and lavatories accessible to residents.	S5380		

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S5380	Continued From page 20 Findings included: - Review of the resident roster revealed the following: Resident #100 experienced impaired cognition, was independent with toileting, and required physical assistance to bathe. Resident #200 did not experience impaired cognition, and required physical assistance with toileting and bathing. Resident #300 experienced impaired cognition and required physical assistance with toileting and bathing. Resident #400 did not experience impaired cognition, was independent with toileting, and required physical assistance with bathing. At 10:20 a.m. on 8/22/17, surveyor obtained a hot water temperature reading of 128.1 degrees F from the lavatory in the north bathroom. At 10:22 a.m. on 8/22/17 with licensed nurse B observing, surveyor obtained a hot water temperature reading of 128.4 degrees F from the kitchen sink. Licensed nurse B stated certified staff member measured the hot water temperature every morning and recorded the readings. Surveyor reviewed the daily readings and all were within the 98 degree F to 120 degree F range. Licensed nurse B measured the hot water temperature at the kitchen sink with the facility's infrared thermometer and got different readings depending on where he/she pointed the beam from the thermometer. Licensed nurse B confirmed inconsistent readings if not measured in same place each time where the highest	S5380		

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S5380	Continued From page 21	S5380		

reading would be obtained. Licensed nurse B measured hot water temperature from the lavatory in the north bathroom with the infrared thermometer and obtained a reading of 128 degrees F. Licensed nurse B stated he/she would lower the thermostat on the hot water tank.

At 10:31 a.m. on 8/22/17 surveyor obtained a hot water temperature reading of 131.9 degrees F from the lavatory in the south bathroom/shower room and reported this to licensed nurse B.

At 2:00 p.m. on 8/22/17, surveyor obtained a hot water temperature reading of 136.4 degrees F from the lavatory in the north bathroom and 134 degrees F from the lavatory in the south bathroom/shower room. Licensed nurse B stated he/she did not lower the hot water tank thermostat and went to the basement to do this.

At 3:09 p.m. on 8/22/17, surveyor obtained a hot water temperature reading of 122 degrees F from the kitchen sink, 121 degrees F from the south bathroom/shower room lavatory, and 132 degrees F from the north bathroom lavatory. Licensed nurse B stated he/she would wash a load of clothes with hot water to try to get the hot water temperature to decrease.

At 4:55 p.m. on 8/22/17, surveyor obtained a hot water temperature reading of 87.8 from the kitchen sink.

For all residents, the operator failed to ensure a system to accurately monitor and maintain a hot water temperature range between 98 degrees Fahrenheit (F) and 120 degrees F at showers and lavatories accessible to residents.