STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B030008	A. BUILDING: _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO HEART HOME PLUS	3600 COLORADO ROAD POMONA, KS 66076

(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 home plus facility conducted on 2-15-17 and 2-16-17.	S 000		
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 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 3 residents. The sample included 3 residents. Based on observation and interview for all residents, the operator failed to ensure all food shall be stored under safe and sanitary conditions. Findings included: - Observation during tour of facility with operator on 2-15-17 at 2:00 pm revealed a side by side refrigerator/freezer with the following items which lacked a label and/or date: Refrigerator contained: Half of an avocado in no package, which was withered. Square of pizza in a Ziploc bag. Dannon yogurt with use by date 12-12-16. Half a sandwich in Ziploc bag.	S5195		

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

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S5195	Continued From page 1 Deli cheese - pepper jack with use by date 12-15-16. Lettuce, broccoli and cauliflower together in Ziploc bag with no date. Freezer contained: Unidentified meats in Ziploc bags. Brown bananas in Ziploc bag (discarded by operator). Chest freezer contained: Two large Ziploc bags of whole tomatoes. Several large Ziploc bags of peaches. Several large Ziploc bags of whole ears of corn. Ziploc bag of raspberry tea leaves. Upright freezer contained: 5 small plastic containers lacked label/date. Operator identified the items as containing "pineapple". Interview with operator confirmed the above items lacked a label and date when opened or place in freezer/refrigerator. For all residents, the operator failed to ensure all food shall be stored safely.	S5195		
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	S5215		

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S5215	Continued From page 2 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 3 residents. The sample included 3 residents. Based on record review and interview for all residents and staff, the operator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the home's emergency management plan with employees and residents. Findings included: - Review of facility emergency management plan on 2-15-17 with operator revealed the plan documented review with residents and staff through 2014. The plan lacked documentation of quarterly review with residents and staff for 2015, 2016 and 2017. Interview on 2-15-17 at 3:03 pm with operator confirmed the plan lacked documentation of quarterly review with residents and staff. For all residents and staff, the operator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the home's emergency management plan with employees and residents.	S5215		

Kansas Department on Aging

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