STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N005005	A. BUILDING: _____ B. WING _____	12/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE GREAT BEND	1206 PATTON ROAD GREAT BEND, KS 67530

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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Assisted Living Facility in Great Bend, Kansas on 12/07/16, 12/08/16, 12/12/16, and 12/13/16.	S 000		
S 225 SS=D	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 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	S 225		

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

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S 225	Continued From page 1 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)(1)(C)(2)(3) The census equalled 34 the sample included three Residents. Based on interview and record review, for one of three sampled, (#189), the Operator failed to execute a written agreement at the time of admission that described in detail the services and goods the Resident to receive and specified obligations of the Resident to the facility. Findings included: - Review of record revealed #189 admitted to facility 12/03/16 with diagnoses of Chronic obstructive pulmonary disease, Gastroesophageal reflux disease, Congestive heart failure, History of stroke and breast cancer, Rheumatoid arthritis, and Deep vein thrombosis with Greenfield filter in place. The current 12/03/16 functional capacity screen (FCS) assessed #189: in need of physical assistance for Bathing, Dressing, Toileting,	S 225		

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S 225	Continued From page 2 Mobility, Medication and treatment management; with occasional bladder incontinence, short term memory impairment, and falls/unsteadiness; used a walker and wheelchair. The 12/02/16 negotiated service agreement (NSA) documented facility staff to provide assistance with these identified needs. The medical record included an admission agreement completed 12/07/16. The medical records lacked evidence any written information given to Resident prior to admission or at time of admission, to inform of rates, charges, services offered, and Resident payment obligations. On 12/08/16 at 3:30pm, Executive Director #I stated I gave the admission agreement to a family member and he/she gave it to another family member... actually I emailed the admission agreement to both family members... they were going to print it off and bring in to me... went over it on the phone... when they came in several days later they just signed the copy I had... confirmed admission agreement not completed on or before #189's admission to the facility. The Operator failed to notify Resident or Resident representative in writing or obtain a written agreement detailing rates and charges and payment obligations of #189 on or before their admission to the facility.	S 225		
S 230 SS=E	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes	S 230		

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S 230	Continued From page 3 related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(b)(c) The census equalled 34 the sample included three Residents. Based on interview and review of record, for two of three sampled (#189 and #187), the Operator failed to ensure the implementation of facility policies and procedures that specified if a Resident had an advanced directive currently in effect, the facility shall maintain a copy of Resident's advanced directive in the medical record. Findings included: - Review of record revealed #187 admitted to facility 8/12/14 with diagnoses of Diabetes, Macular degeneration, Glaucoma, Dementia, Hypertension, Congestive heart failure, Eczema, Xerosis patna, Seborrheic dermatitis, and Actonic	S 230		

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S 230	Continued From page 4 keratosis. The medical record face page (admission information page) documented "DPOA" (durable power of attorney). The medical record contained a single front page of a legal document titled DPOA for Health Care. This copy lacked subsequent pages, dates, and lacked the signature of #187. On 12/08/16 at 3:25pm, Health and Wellness Director #G and Executive Director (ED) #I confirmed the medical record lacked a complete copy of the Resident's advanced directive... stated the business file probably has the full document. ED #I later reported the business file copy also lacked all pages except the single front page... confirmed the facility did not have a copy of the full DPOA for health care, to include dates and signatures. The Operator failed to ensure the implementation of facility policies and procedures that specified if #187 had an advanced directive currently in effect, the facility shall maintain a copy of Resident's advanced directive in the medical record. - Review of record revealed #189 admitted to facility 12/03/16 with diagnoses of Chronic obstructive pulmonary disease, Gastroesophageal reflux disease, Congestive heart failure, History of stroke and breast cancer, Rheumatoid arthritis, and Deep vein thrombosis with Greenfield filter in place. The medical record face page (admission information page) documented "DPOA" (durable	S 230		

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S 230	Continued From page 5 power of attorney). The medical record lacked documentation of any advanced directives. On 12/08/16 at 3:00pm, Health and Wellness Director #I and Executive Director #I confirmed the medical record lacked a copy of the Resident's advanced directive for DPOA. Executive Director #I contacted a family member. At 3:59pm a fax copy (very small in size and difficult to read) of #189's DPOA for health care arrived at facility. The Operator failed to ensure the implementation of facility policies and procedures that specified if #189 had an advanced directive currently in effect, the facility shall maintain a copy of Resident's advanced directive in the medical record.	S 230		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility 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 26-41-204(a)	S3155		

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S3155	Continued From page 6 The census equalled 34 the sample included three Residents. Based on observation, interview, and reviews of record, for one of six sampled (#189), the Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services that met the needs of a Resident in need of transfer assistance. Findings included: - #189 admitted to facility 12/03/16 with diagnoses of Chronic obstructive pulmonary disease, Gastroesophageal reflux disease, Congestive heart failure, History of stroke and breast cancer, Rheumatoid arthritis, and Deep vein thrombosis with Greenfield filter in place. The current 12/03/16 functional capacity screen (FCS) assessed #189 in need of physical assistance for Bathing, Dressing, Toileting, Mobility, Medication and treatment management; with occasional bladder incontinence, short term memory impairment, and falls/unsteadiness; used a walker and wheelchair. The FCS coded #189 independent with transfers. Medical record notes of 11/22/16 through 11/25/16 described head hitting falls by #189 (at previous placement) and notation "Resident to always use pendant for assist with all transfers..." On 12/08/16 at 3:20pm Health and Wellness Director #G confirmed the "0" or "independent" code for #189 transfers on FCS an error... confirmed #189 in need of physical assistance with all transfers according to assessment and observations at this facility and according to previous placement notes.	S3155		

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S3155	Continued From page 7 The 12/02/16 negotiated service agreement (NSA) documented facility staff to provide assistance with medication and treatment management, bathing, dressing, and standby by assistance with toileting. The NSA lacked any interventions related to transfers. Medical record Resident log notes contained: 12/08/16 at 6:30am - Resident on floor lounge area... Resident stated "I was getting up to get ready and I fell... I hit my head"... noted bruising and swelling to left eye, brow bone... EMS (emergency medical services) assessed and loaded Resident and departed facility... returned to facility at 10:00am... family discussed using call light with Resident... stop sign made for walker reminding Resident to call for help... NSA lacked any revisions or additional interventions to address the lack of transfers or to address Resident's unassisted fall with bruising and swelling to left eye. By observation, on 12/08/16 at 2:50pm, knocked and entered room of #189... door open... TV blaring... #189 observed with purple swollen area on top and outside of left eye area... #189 straddled over extended recliner foot rest... #189 frantic at this point, holding on to table next to recliner repeating I'm afraid I'm going to fall... I can't get up by myself... TV is too loud... I'm afraid I'm going to fall... Observed call cord tied to wash cloth on floor out of reach for #189. He/she appeared confused when wash cloth and string handed to him/her to summon assistance... he/she tried to pull but unable to activate. Staff summoned from	S3155		

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S3155	Continued From page 8 hallway... staff (Licensed practical nurse #H) repositioned call string and cloth and reminded/re-educated #189 to use for assistance. With repeat cues and prompts, #189 able to activate the call light. Nurse #H left room to consult with Maintenance staff. Observed #189 attempt to activate call light three times unsuccessfully. By interview on 12/08/16 at 4:15pm, Certified staff #B stated #189 is very new to us... supposed to pull call light when needs something and we try to check on him/her and see if needs anything... still real new to us... walk him/her out to dining room for meals... The Operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of #189 in regard to the identification of need for transfer assistance for fall prevention measures.	S3155		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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	S3280		

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S3280	Continued From page 9 drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d) The census equalled 34 the sample included three Residents. The facility identified 16 employees hired since the last Resurvey. Based on interviews and reviews of records, the Operator failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's emergency management plan with employees and Residents. Findings included: - On 12/07/16 at 2:10pm, Executive Director #I stated I will look for emergency plan reviews... I started in June 2016. On 12/08/16 at 2:15pm, inquired if the emergency reviews were located for Residents and staff. Per Executive Director #I we are looking for them. On 12/12/16 at 3:30pm, email inquiry sent to facility regarding the quarterly emergency plan reviews for Residents and staff. On 12/13/16 at 9:25am, Executive Director #I confirmed they have been unable to locate the emergency plan reviews for Residents and employees since the last Resurvey. The Operator failed to ensure reviews of the facility's emergency management plan completed	S3280		

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S3280	Continued From page 10 quarterly with both employees and Residents.	S3280		
S3290 SS=E	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(a)(b) The census equalled 34 the sample included	S3290		

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S3290	Continued From page 11 three Residents. The facility identified all Resident with meal service. Based on observation, interview, and review of record, for one of three sampled with Carbohydrate controlled, NAS (no added salt) diet (#187), and for one of three sampled with a Ground food diet (#185), the Operator failed to ensure the diets prepared according to instructions from a medical care provider or licensed dietitian. Findings included: - Review of record revealed #185 admitted 12/11/15 with diagnoses of Spinal stenosis, Compression fractures, Depression, Chronic obstructive pulmonary disease, and Osteoporosis. The current functional capacity screen (FCS) 7/12/16 assessed #185 in need of physical assistance with eating. The medical record contained a 6/21/16 order for "Ground Food diet." The negotiated service agreement (NSA) documented staff to cut up food, assist with eating as necessary,and cue to swallow. - Review of record revealed #187 admitted to facility 8/12/14 with diagnoses of Diabetes, Macular degeneration, Glaucoma, Dementia, Hypertension, Congestive heart failure, Eczema, Xerosis patna, Seborrheic dermatitis, and Actonic keratosis. The current functional capacity screen (FCS) 9/05/16 assessed #187 in need of physical assistance with eating.	S3290		

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S3290	Continued From page 12 The medical record contained an order for "NAS (no added salt) and Carb (carbohydrate) Controlled diet. The negotiated service agreement (NSA) documented staff to cut up foods in kitchen, and to serve NAS Carb Controlled diet. By interview on 12/07/16 at 4:38pm, Cook #L stated we use a "ninja" (food processor) thing to chop up food... no written preparation directions that I am aware of for different diet types. By interview on 12/08/16 at 3:10pm, Cook #M stated not aware of any written policies and procedures for food preparation of special diets... was trained here and verbally told what to do, as well as 30 years of restaurant experience, but not aware of any written diet preparation directions. By interview on 12/08/16 at 4:40pm, Executive Director #I stated he/she not familiar with written diet preparation policies or where stored, but would consult with Dietary Manager (not on duty today) regarding where these kept. The Operator failed to ensure the diets for all Residents with ordered therapeutic diets, prepared according to instructions from a medical care provider or licensed dietitian.	S3290		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.	S3299		

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S3299	Continued From page 13 This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e)(1) The census equalled 34 the sample included three Residents. The facility provided meal services to all Residents. Based on observations, interview, and review of record, for two of two kitchen tour observation, the Operator failed to ensure facility staff stored all food under safe and sanitary conditions, and in accordance with facility policy and procedure. Findings included: - On 12/07/16 between 4:00 and 4:30pm in the kitchen of facility, during entrance tour, Surveyor observed the following: 1) Plastic baggy with prepared pancakes, no label or date 2) Plastic baggy of slivered turkey, no label or date 3) Plastic baggy of slivered ham, no label or date 4) Plastic baggy of lettuce and vegetable mix, no label or date 5) Five single serving cups of (ranch?) dressing on a saucer with plastic wrap draped over 6) Open Yoplait yogurt container, no date. 7) Open bag of Bar S hot dogs 8) Opened five pound container of cottage cheese, no date. 9) Opened five pound container of sour cream, no date. 10) Plastic baggy of shredded yellow cheese, no label, no date. 11) Plastic baggy of sliced Swiss cheese, no label, no date.	S3299		

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S3299	Continued From page 14 12) Plastic baggy of grated (parmesan?) cheese, no label, no date. 13) Large plastic bag with 3 to 4 pounds of sliced yellow cheese, no label, no date. 14) Plastic baggy of cooked spaghetti, no label, no date. 15) Plastic baggy of small cherry muffins, no label, no date. 16) Open plastic baggy of raw bacon, no label, no date. 17) Two partial onions in plastic wrap, no label, no date. 18) Plastic baggy of shredded lettuce with bits of tomatoes, no label, no date. 19) Part of cut off celery stalk butt end, not covered, no date. 20) Open plastic baggy of raw cauliflower, no label, no date. 21) Plastic container labeled Apple cookie dessert "use by 12/07/16" 22) Pork roast sauerkraut container, labeled "use by 12/07" 23) Plastic container with slices of jelled cranberry sauce, no label, no date. 24) Plastic tub of diced tomatoes and onions, no label, no date. 25) Plastic square tub of applesauce, labeled "prep date 11/29/16 use by 12/02/16" 26) Open bag of raw broccoli, no label, no date. 27) Container of pureed pumpkin, "use by 12/07/16" 28) Large open bag of raw carrots, no label, no date. By interview on 12/07/16 at 4:38pm, Cook #L stated I am not aware of any food storage policies and procedures. By observation on 12/08/16 at 11:50am in kitchen, no staff present. Foods of refrigerator	S3299		

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	N005005	A. BUILDING: _____ B. WING _____	12/13/2016

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S3299	Continued From page 15 listed above remained without dates or labels. Square container of applesauce (dated prep 11/29 use by 12/02), plastic tub of dices tomatoes and onions (not dated), and cottage cheese (not dated) positioned in meal service line. By observation on 12/08/16 at 12:20pm, Sales and Marketing staff offered "applesauce, tomatoes, or cottage cheese" to a tearful, non-sampled Resident. This Resident chose cottage cheese, and kitchen staff #M served cottage cheese from the serving line. By observation on 12/08/16 at 3:10pm in kitchen (kitchen closed from 1:00pm to 3:00pm daily) foods of refrigerator remained without dates or labels. Kitchen staff #M present in kitchen. #M stated I am not aware of any written policies and procedures for food storage, labeling, and dating... I just know it has to be done because of 30 years of restaurant experience... I was trained and told verbally what to do here... but not aware of written policies or procedures... By interview, #M stated in regard to applesauce served today, beyond date indicated on label of container, #M stated "several of them (other staff) just dump more applesauce in the container... I usually clean out and put fresh in... no explanation why that not done today (or since 12/02/16). By interview on 12/08/16 at 4:40pm, Executive Director #I confirmed the absence of food labels and dating not in accordance with standards of dietary practice... stated he/she not familiar with written policies or where stored, but would consult with Dietary Manager regarding written policies and procedures. The Operator failed to ensure dietary staff stored	S3299		

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S3299	Continued From page 16 all food under safe and sanitary conditions and in accordance with facility policy and procedure, for the safe storage and preparation of food for all Residents of the facility.	S3299		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254 The census equalled 34 the sample included three Residents. Based on observations and interview, for the Spa room, and general living	S3320		

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S3320	Continued From page 17	S3320		

and entrance areas, the Operator failed to ensure the facility maintained to protect the health and safety of residents, personnel and the public.

Findings included:

- By observations on 12/07/16 beginning at 3:25pm, noted the following:

1) In Spa room of facility, observed void between floor covering and wall, no base covering present for part of wall between toilet and whirlpool bath tub, old caulking in this area cracked.
2) Void observed between flooring of staff clock-in/break room and hallway flooring near back door/kitchen entrance. This void contained 1/2 to 3/4 inch wide and contained accumulation of dirt and lint residues.
3) Void observed between flooring of kitchen and flooring of dry storage room. This void 1/2 to 3/4 inch wide and contained accumulation of dirt and lint residues.
4) Dry food storage room with spilled twisted pasta pieces, on floor under shelves and in open box sitting on shelf, flour spillage on tops of gallon ketchup cans.
5) Dining room snack/drink bar with general spills and accumulation of splatters, in need of light general cleaning.
6) Kitchen floor, kitchen trash cans, kitchen counter top with radio and personal medications, and radio itself in need of light general cleaning due to general kitchen build up residue.

By interview on 12/08/16 at 4:40pm Executive Director #I confirmed the referenced areas in need of general cleaning.

The Operator failed to ensure the facility maintained to protect the health and safety of

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S3320	Continued From page 18 residents, personnel and the public.	S3320		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1.	S3420		

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S3420	Continued From page 19 (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256 The census equalled 34 the sample included three Residents. Based on observation and interviews for one of three publicly accessible hand wash sinks accessible to residents (main dining room hand sink), and for two of three sampled Resident room hand wash sinks (#187 and #189) the Operator failed to ensure the water remained between 98 degrees Fahrenheit (F.) and 120 degrees F. at all times. The temperatures at time of entrance tour on 12/07/16 in the main dining hand sink at 138 degrees F. Findings included: - On 12/07/16 at 4:42pm, Surveyor obtained a water temperature of 138.3 degrees F. in the main dining room hand sink. Surveyor verified this thermometer reading with facility certified staff #B. Surveyor notified Heallth and Wellness Director (HWD) #G at 4:45pm. Surveyor re-tested water as HWD #G observed and obtained a water temperature of 136 degrees F. HWD #G immediately placed a phone call to Maintenance Director #K.	S3420		

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S3420	Continued From page 20 On 12/07/16 at 4:47pm, Maintenance Director #K directed HWD to shut off the hot water supply to the dining room sink... this would prevent anyone from using the hot water at this sink. Maintenance Director #K stated he/she would conduct a re-test and address in the morning. On 12/08/16 at 10:30am, Maintenance Director #K stated water temperatures were checked monthly by direct care staff, and when an out of range temperature obtained, #K would re-test, often to find temperature back in required range of 98 to 120 degrees F. On 12/08/16 at 10:30am re-check of dining room water temperature with both Surveyor thermometer and with Maintenance #K facility thermometer. Results recorded Surveyor thermometer at 122.3 degrees F. and Maintenance #K thermometer at 121.2 degrees F. Surveyor obtained the following temperatures in sample Resident rooms: #189 - kitchen hand wash sink - 121.6 degrees F #187 - kitchen hand wash sink - 121.4 degrees F Maintenance #K provided logs of water temperature monitoring. The logs demonstrated the following: June 2016 - Dining room sink 122.9 degrees F. on 13th, 123.0 degrees F on 28th July 2016 - Dining room sink 131.6 degrees F. on 13th, and 132.3 degrees F on 28th August 2016 - Resident room (RR) #112 and #132 at 120.8 degrees F; RR #133 at 120.9 degrees F, Dining room sink 125.7 degrees F. on 13th and 128.2 degrees F. on 28th September 2016 - RR #120 and #125 at 121.8	S3420		

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S3420	Continued From page 21 degrees F, RR #123 at 121.9 degrees F., RR #128 at 121.3 degrees F., and Dining room 123.7 degrees F. on 28th. November 2016 - Dining room sink 123.4 degrees F. on 13th, 123.6 on 28th, RR 132 122.1 degrees F. These temperatures recorded slight elevations of water temperatures on a recurring basis, with re-check temperatures documented within required range. Maintenance Director #K provided an invoice from plumbing company dated 6/21/16 that documented service call on temperature regulating valves and also noted "recirc pump not working." The Operator failed to ensure the water remained between 98 degrees F. and 120 degrees F. at all times in all hand wash sinks accessible to Residents. The dining room sink at 136 and 138 degrees determined to be accessible to all Residents of facility.	S3420		