STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052009	A. BUILDING: _____ B. WING _____	R 01/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF BASEHOR	15707 PINEHURST DR BASEHOR, KS 66007

(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 revisit for correction order 15-1 at the above named assisted living facility conducted on 1-21-15.	{S 000}		
{S3211} SS=D	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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 26-41-205(g)3 The facility reported a census of 17 residents. The sample included 3 residents. Based on observation and interview for 1 (#1300) non-sampled resident, the licensed nurse failed to ensure over the counter medications shall be labeled with the resident's full name. Findings included: - Observation of medication room cabinet during tour on 1-21-15 at 10:33 am revealed a basket of	{S3211}		

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

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{S3211}	Continued From page 1 medication for resident #1300 with the following open bottles of medications: 1 bottle of stool softener; 1 bottle of probiotics; 1 bottle of Miralax (laxative); 1 bottle of ranitidine (acid reducer); 1 bottle of Aleve (pain reliever). All over the counter medications lacked the full name of the resident on the container. Interview on 1-21-15 at 10:33 am with certified staff B and licensed nurse A confirmed the bottles lacked the full name of the resident. For resident #1300, the licensed nurse failed to ensure over the counter medications were labeled with there resident's full name.	{S3211}		
{S3298} SS=E	26-41-206 (d) Food Preparation (d) Food preparation. 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.	{S3298}		

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{S3298}	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 17 residents. The sample included 3 residents. Based on record review and interview for all residents, the operator failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature. Findings included: - During tour of kitchen on 1-21-15 at 1-:25 am with operator, and dietary staff C, surveyor requested food temperature logs. Review of food temperature logs from 12-17-14 to 1-21-15 revealed the logs lacked documentation of a temperature on the following dates/meals: 12-20-14 (dinner, supper); 1-1-15 (supper); 1-3-15 (supper); 1-10-15 (dinner, supper); 1-11-15 (supper); 1-12-15 (supper); 1-13-15 (dinner). Interview on 1-21-15 at 10:25 am with operator and dietary staff C confirmed the logs lacked documentation of food temperatures for the above dates/meals. Tope of the "Food Temperatures" log stated "Hot items above 135 degrees F (Fahrenheit)." Noted temperatures below 135 degrees F on the following dates: 12-20-14; 12-21-14; 12-22-14; 12-25-14; 12-26-14; 12-28-14; 12-31-14; 1-2-15; 1-6-15; 1-16-15. The log lacked documentation that the foods were reheated.	{S3298}		

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{S3298}	Continued From page 3 Facility Meal Preparation policy stated the following: "7. Cold food are generally served at temperature of 40 degrees F or below and hot foods must be maintained at temperatures of over 140 degrees F and above." Interview on 1-21-15 at 1:30 pm with dietary staff C stated "I do not have a procedure" for reheating of food that is below the proper temperature. Confirmed the above dates when some of the dishes were recorded at temperatures below 135 degrees Fahrenheit, stating that some of the temperatures he/she recorded. Stated he/she was "not sure" about holding temperatures for starches and vegetables. For all residents, the operator failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature.	{S3298}		