STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N029005	A. BUILDING: _____ B. WING _____	08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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 the licensure resurvey for the above named facility conducted on 08/08/22 and 08/09/22.	S 000		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (d) The census equaled 14 residents. Based on record review, observation, and interview for all residents living in the facility and receiving meal services, Administrator/Licensed Nurse (LN) A failed to ensure the facility staff served food at the proper temperature.	S3298		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N029005	A. BUILDING: _____ B. WING _____	08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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
S3298	Continued From page 1 Findings included: - During the initial tour on 08/08/22, facility food temperature monitoring logs were requested, facility provided logs for "July 2022" and "August 2022." Record lacked supper food temperatures for every date in July 2022 and every date in August 2022 from 08/01/22 to 08/07/22. On 08/09/22 at 11:50 AM, Dietary Manager B confirmed the facility was missing daily food temperature monitoring logs for every supper meal in July 2022 as well as August 2022 from 08/01/22 to 08/07/22. Observation on 08/08/22 at 05:36 PM revealed facility staff served the suppertime meal to all residents living in the facility. Interview on 08/08/22 at 04:50 PM with Dietary Staff C stated food temperatures are not monitored/ recorded. Interview on 08/09/22 at 11:03 AM with Resident (R) 808 stated food is rarely hot when it should be. Interview on 08/09/22 at 11:11 AM with R 802 stated food is cold and could be hotter. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below.	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N029005	A. BUILDING: _____ B. WING _____	08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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
S3298	Continued From page 2 Facility's "Food Temperature" policy dated 11/17 recorded, "1. The Cura food temperature log is used to record temperatures at each meal. 2. All hot and cold food temperatures are recorded at the start and end of each meal. All leftover foods are reheated to 165 degrees Fahrenheit prior to being placed on the steam table. Cold foods are logged on the meal checklist form. 3. Temperatures logs are maintained in the dietary department per record retention policy." For all residents of the facility, Administrator/ LN A failed to ensure facility staff served food at the proper temperature.	S3298		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (e) The census equaled 14 residents. The sample included 3 residents. Based on record review, interview, and observation for all residents receiving meal services, Administrator/ Licensed Nurse (LN) A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N029005	A. BUILDING: _____ B. WING _____	08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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
S3299	Continued From page 3 Findings included: - Observation during the initial tour on 08/08/22 at 04:46 PM revealed a kitchen. Observation of the freezer revealed the following foods, which were not sealed or dated: two bags of onion rings, one bag of fries, one container of ice cream, one bag of sweet potatoes fries, one bag of seasoned fries, one bag of tater tots. Observation of refrigerator #1 revealed the following foods, which were not labeled or dated: one plastic wrapped dish containing ranch dressing and one plastic wrapped dish containing sour cream. Observation of refrigerator #2 revealed the following food, which was not sealed or dated: one stick of butter. Interview on 08/08/22 at 04:47 PM with Administrator/ LN A confirmed all food should be labeled with date opened and sealed. Facility's "Food Storage" policy dated 11/2017 recorded, "Food is stored immediately after receipt and maintained in a manner that prevents damage, spoilage, infestation and bacterial contamination. 3. All products are labeled and dated with the receiving date." For all residents of the facility, Administrator/ LN A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		