STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B044001	A. BUILDING: _____ B. WING _____	10/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE OF MERIDEN NORTH	6313 HIGHWAY K 4 MERIDEN, KS 66512

(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 10/10/22 and 10/11/22.	S 000		
S5225 SS=F	26-42-207 (a) (b) (1)(2)(3)(4) Infection Control a) The administrator or operator of each home plus shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-207(a)(2) The facility reported a census of 6 residents. Based on observation and interview the operator failed to ensure all staff practiced techniques to ensure that hand hygiene met the professional health care standards while preparing food. Findings included:	S5225		

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
	B044001	A. BUILDING: _____ B. WING _____	10/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE OF MERIDEN NORTH	6313 HIGHWAY K 4 MERIDEN, KS 66512

(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
S5225	Continued From page 1 - Observation on 10/10/22 at 03:30 PM of non-certified staff A in the kitchen at the counter by the stove, she was trying to cut frozen butter to use for the evening meal. Non-certified staff A was observed to be handling the unwrapped frozen butter with her bare hands, she then coughed into her right hand and using the left hand was trying to cut the frozen butter. She then used her right hand to assist in cutting the frozen butter without washing her hands after she coughed into them. Interview on 10/10/22 with Operator B confirmed non-certified staff A should have washed her hands after she coughed into them before handling the frozen butter. The operator failed to ensure all staff practiced techniques to ensure that hand hygiene met the professional health care standards while preparing food.	S5225		
S5335 SS=F	28-39-437 Construction (a) Each home-plus 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. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-437 (a)	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B044001	A. BUILDING: _____ B. WING _____	10/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE OF MERIDEN NORTH	6313 HIGHWAY K 4 MERIDEN, KS 66512

(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
S5335	Continued From page 2 The facility reported a census of 6 residents. Operator B identified all six residents to be cognitively impaired and independently mobile. She identified R112 as having impulsive behavior. Based on observation and interview the operator failed to ensure facility staff maintained the home to protect the health and safety of residents, personnel, and the public regarding unlocked chemicals. Findings included: - Observation on 10/10/22 at approximately 12:40 PM during the initial facility tour, revealed a hallway to the south off the front entry way, there was a short hallway with a door standing open. The room contained the following items: washer and dryer, hot water heater, free standing plastic cabinet (with doors standing ajar), a small locked black miniature refrigerator, and a chest freezer which contained frozen food. The cabinet above the washer was opened and the following chemicals were inside: 2 cans if Brody chemical spray, 1 spray bottle of Shine furniture polish, 1 container of Arm and Hammer laundry detergent, 1 spray bottle of Pine-Sol, 1 spray bottle of Odo Ban and 6 containers of Pro spray disinfectant wipes. The freely standing cabinet by the dryer in the same room stood with the doors ajar and the following chemicals were present: 3-gal Germicidal bleach, 6 bottles of toilet cleaner, 2 bottles of ODO ban, 1 gallon jug Windex, four 1-gallon Pine sol jugs, 1-gallon Hot springs general purpose cleaner, 4-gallon jugs Diversy	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B044001	A. BUILDING: _____ B. WING _____	10/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE OF MERIDEN NORTH	6313 HIGHWAY K 4 MERIDEN, KS 66512

(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
S5335	Continued From page 3 sanitizer, and 3 bottles Pro Line thickened acid toilet bowl cleaner. On the edge of the table across from the chest freezer next to the locked miniature refrigerator sat the following chemicals: 1 spray bottle of Odo Ban, 1 bottle of Diversy crew heavy duty toilet bowel cleaner, and 1 opened container of Pro spray wipes. Interview on 10/10/22 with Operator B and Certified Nurse Aide C, revealed the laundry room door is to be closed and locked at all times. The operator failed to ensure facility staff maintained the home to protect the health and safety of residents, personnel, and the public regarding unlocked chemicals.	S5335		