STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175309	A. BUILDING _____ B. WING _____	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARKANSAS CITY PRESBYTERIAN MANOR	1711 N 4TH STREET ARKANSAS CITY, KS 67005

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigations KS00185546, KS00184785, KS00183926, KS00181301, and KS00180518. This 2567 was electronically sent to the facility on 03/12/24.	F 000		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: The facility reported a census of 37 residents. Based on observation, interview, and record review, the facility failed to store foods safely and in sanitary conditions due to the staff failure to date and properly seal food items and removal of undated bread items to prevent the possible	F 812		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 03/12/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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spread of food borne illness.

Findings included:

- On 03/04/24 at 08:20 AM during the initial tour of the kitchen, and follow-up tour on 03/05 at 12:35 PM with dietary staff D, revealed the following areas of concern:

The Kitchen refrigerator:

There were 17 facility made Sugar free health shakes that lacked a prepared date.

There were 19 facility made thawed health shakes that lacked dates when pulled from the freezer.

One hamburger patty in the freezer in an open bag that lacked a date.

One bag of opened chicken bites that lacked an opened date.

One bag of opened broccoli that lacked an opened date.

One bag of opened carrots that lacked an opened date.

In addition, the tour of the facility revealed a loaf of bread with no use by date on the rolls, and one bag with mold on the rolls.

One bag of Hawaiian sweet rolls, with no open date or use by date.

One dented can of Artichoke hearts.

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F 812	Continued From page 2 One dented can of dark kidney beans. The small upright freezer in the kitchen had food particles toward the back of the freezer/shelves that had a gummy film on them. On 03/04/24 at 10:29 AM, observed dietary staff D and dietary staff E, in the food preparation area and lacked a covering/beard guard over their beards. On 03/06/24 at 12:25 PM, observed dietary staff D in the kitchen preparation area and continued to lack a covering/beard guard on his beard. On 03/06/24 at 12:25 PM, dietary staff D verified the above concerns. Items should be dated, and dietary staff should pull food items after seven days. Dietary staff D reported that working as a chef, not wearing the beard guard was not an issue. The facility failed to provide a policy regarding marking of open items and the use of beard guards while in the food preparation area. The facility failed to store food safely and in sanitary condition due to the staff's failure to dated food items, wear beard guards when in the food preparation area, and removal of outdated food items to prevent the spread of possible food borne illnesses to the resident in the facility.	F 812		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program	F 880		

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F 880	Continued From page 3	F 880		

designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program.
The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the

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least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
The facility census totaled 37 residents with 12 residents included in the sample. Based on observation, interview, and record review, the facility failed to provide a safe sanitary environment for two Residents (R)13 and R19, related to incontinent cares, to prevent spread possible infections in the facility.

Findings include:

- Observation on 03/05/24 at 01:20 PM, revealed Certified Nursing Assistant (CNA) C and CNA F ambulated R13 to her room and took her into the bathroom. The resident stood in front of the toilet and held onto CNA F's arms while CNA C donned

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gloves and took R13's pants down and removed the resident's brief. After R13 finished toileting, CNA C touched the container of disposable wet wipes from the back of the toilet, obtained some disposable wipes, and provided perineal care to the resident. CNA C placed a dry brief on the resident. CNA F stood the resident up, pulled her clean brief and pants back up. Both staff removed their gloves and ambulated the resident back to the TV commons area. Staff failed to perform hand hygiene or glove change after the removal of soiled clothing, after perineal care, and before taking the resident back to the TV commons area.

Interview on 03/05/24 at 01:30 PM, CNA C reported R13's brief was not "visibly" soiled, so she did not think to change her gloves.

Observation on 03/06/24 at 01:49 PM revealed CNA F propelled R19 to her room by a wheelchair. CNA F and CNA G donned gloves to assist her to the toilet and placed the sling of a sit to stand mechanical lift behind the resident's back, and staff propelled the mechanical lift to the doorway. CNA F removed the legs of the resident's wheelchair and placed R19's feet on the foot pads of the lift. Staff attached the mechanical lift sling to the lift and transferred the resident onto the toilet after CNA F pulled down R19's pants and removed the brief. CNAs F and G then removed their gloves to allow the resident time to sit on the toilet. After R19 provided toileting opportunity, CNA G used the mechanical lift controls and CNA F, with gloved hands, reached to the back of the toilet, opened the package of wet wipes, and provided perineal care to R19. CNA F failed to remove soiled gloves, and pulled R19's brief and pants up, and

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touched the mechanical lift with soiled gloves. No hand hygiene was done after either gloves were removed.

Interview on 03/06/24 at 02:15 PM, CNA F reported staff should change gloves from dirty to clean surfaces and verified he failed to change his gloves.

On 03/07/24 at 10:06 AM, Administrative Nurse B reported staff need additional education regarding incontinent care and proper hand hygiene.

On 03/07/24 at 10:00 AM, a policy on incontinent care and hand hygiene was requested. No policy was provided.

The facility failed to ensure a clean, sanitary environment for residents in the facility by the failure to change gloves and perform hand hygiene when going from dirty to clean, while assisting two incontinent residents with toileting and changing disposable briefs.