| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B001001 | A. BUILDING: _____ B. WING _____ | 04/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HEARTLAND MEADOWS, LLC | 1727 OREGON ROAD IOLA, KS 66749 |

| (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<br><br>The following represent the findings of a resurvey for the above named home plus conducted on 04/25/24. | S 000 | | |
| S5192 SS=F | 26-42-206 (e) Food Preparation<br><br>(e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.<br>(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.<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-206(e)<br><br>The facility reported a census of 10 residents. Based on record review and interview the operator failed to ensure food was served at the proper temperature.<br><br>Findings included:<br><br>Review of the food temperature log provided by | S5192 | | |

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

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| S5192 | Continued From page 1<br>the facility for the month of April revealed the log lacked evidence of documentation staff obtained food temperatures before serving food to the residents for the following meals:<br><br>04/09/24 - dinner<br>04/11/24 - breakfast<br>04/13/24 - lunch and dinner<br>04/14/24 - lunch and dinner<br>04/17/24 - dinner<br>04/18/24 - dinner<br>04/19/24 - lunch and dinner<br>04/22/24 - dinner<br>04/24//24 - dinner<br><br>On 04/25/24 at approximately 11:09 AM Administrative Staff A confirmed the food temperature log lacked evidence of documentation food was served at proper temperature for each meal in April.<br><br>The Kansas Department of Agriculture's "Focus on Food Safety" booklet documented "minimum hot holding temperature is 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F.<br><br>The operator failed to ensure food was served at the proper temperature. | S5192 | | |
| S5265 SS=D | 26-42-205 (a) (1) Medication Self Administration Assessment<br><br>(a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family | S5265 | | |

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|---|---|---|---|---|
| S5265 | Continued From page 2 | S5265 | | |

member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance.
(1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-205(a)(1)

The facility reported a census of 10 residents with three included in the sample. Based on interview and record review the operator failed to ensure an assessment was completed to determine that Resident (R) 3 could safely self-administer medications.

Findings included:

- Record review for R3 revealed an admission date of 12/01/22 with a diagnosis of atypical scleroderma.
The 12/01/23 "Functional Capacity Screen" (FCS) identified R3 required physical assistance with management of medications.

The 02/25/22 "Negotiated Service Agreement" identified facility staff would provide R3 physical

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| S5265 | Continued From page 3<br>assistance for management of medications.<br><br>R3's record lacked evidence of documentation an assessment was completed to determine she could safely and accurately administer medications.<br><br>On 04/25/24 at 02:54 PM Administrative Staff A confirmed R3 administered some of her own medications and her record lacked evidence of documentation an assessment was completed.<br><br>The failed to ensure an assessment was completed to determine that R3 could safely self-administer medications. | S5265 | | |