STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B078030	A. BUILDING: _____ B. WING _____	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT HILLS	2500 PLEASANT HILLS PARKWAY HUTCHINSON, KS 67502

(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 Re-Licensure Survey for the above named facility conducted on 04/29/24 and 04/30/24.	S 000		
S5192 SS=F	26-42-206 (e) Food Preparation (e) 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 26-42-206 (e) The facility reported a census of 10 residents. Based on interview, and record review, the operator failed to ensure staff prepared food using safe methods and ensured staff served foods at the proper temperature for all residents in the facility. - On 04/29/24 at 12:42 PM Certified Medication	S5192		

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

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S5192	Continued From page 1 Aide B reported when staff prepare the meals they are supposed to temp the food to make sure it is cooked thoroughly and document it in the log. Review of the food temperature Logs from March 3rd to current lacked the monitoring of food temperatures as follows: Week of 03/03/24- no breakfast temperatures on 3rd, 6th, and 7th, No lunch temperatures on 6th and 7th, and no dinner temperatures on the 8th. Week of 03/10/24 - No dinner temperatures for 10th, 11th 15th, 16th, and no breakfast temperature for the 16th Week of 03/17/24 - No breakfast or lunch temperatures for 17th, No dinner temperatures for 22nd, & 23rd. Week of 03/24/24 - No breakfast temperature for 27th, 28th, 29th, 30th, no lunch temperatures for 27th, 28th, 30th, and no dinner temperatures for 25th, 26th,2 7th, 28th Week of 03/31/24-04/06/24 - No breakfast or lunch temperatures for 31st, 3rd, 4th, and no dinner temperature for April 4th Week o 04/07/224 - No breakfast temperatures for 13th and no dinner temperatures for 7th, 9th,10th,11th,12th,13th. Week of 04/14/24 - No breakfast or lunch temperatures for 14th, 17th, 18th, and no dinner temperatures for 18th and 20th. Week of 04/21/24 - No breakfast temperatures for 25th, 26th, 27th, No lunch temperatures 23rd, 24th, 25th, 26th,27th, and no dinner temperatures for 21st, 22nd ,23rd, 24th, 25th. Week of April 28th had no food temperatures for breakfast and lunch on 04/28/24. On 04/29.24 at 01:02 PM Operator/Licensed	S5192		

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S5192	Continued From page 2 Nurse A confirmed staff were supposed to be documenting the temperatures of the food prepared with every meal. The operator failed to ensure staff took temperatures of food to ensure they were prepared and served at the proper temperatures.	S5192		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of 10 residents(R). The sample included three residents. Based on interview and record review the operator failed to ensure the medical record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date and time, action taken, and results of the action for one (R4) of three sampled residents. Findings included: - R4 moved into the facility on 04/14/23 with a diagnoses of low back pain and hypertension. R4's 'Functional Capacity Screen" dated 04/11/24 revealed she was unable to participate	S5251		

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S5251	Continued From page 3	S5251		

in the management of her medications, needed physical assistance with dressing and toileting and had impaired cognition with a risk for falls.

R4's "Negotiated Service Agreement" dated 04/11/24 identified that facility staff would assist R4 with her activities of daily living.

R4's record included the following documentation:
11/13/23 resident with pitting edema in her lower right foot and swelling on top of the food. Medical provider notified.
11/13/23 - provider noted to monitor edema.

The record lacked documentation if the edema resolved or any treatments, they did to help decrease the edema.

02/19/24 - redness and irritation under breast with new order for Nystatin (antifungal) powder.

The record lacked follow up if the Nystatin powder worked to relieve the redness and irritation.

03/24/24 - resident fell in her room.
The record lacked follow up on resident's status post fall.

On 04/30/24 at 12:30 PM Operator/Licensed Nurse A acknowledged they needed to do better follow-up in the chart with residents' status after changes have occurred.

The operator failed to ensure R4's record included follow-up documentation related to symptoms of illness or possible injury and any

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S5251	Continued From page 4 interventions that were initiated and their results.	S5251		