STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N085008	A. BUILDING: _____ B. WING _____	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIGNITY CARE HOME	745 FAITH DRIVE SALINA, KS 67401

(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 resurvey with a complaint (#186694) at the above named facility conducted on 06/12/24.	S 000		
S3211 SS=D	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (3) The census totaled 28 residents. The sample included 3 residents. Based on observation and interview for 1 non- sampled Resident (R)4, Operator/ Licensed Nurse (LN) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation on 06/12/24 with Certified Medication Aide (CMA) D revealed a locked	S3211		

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

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S3211	Continued From page 1 medication cart in the hallway of the facility. The following over the counter medications were noted without first and last names: For R4, the cart contained one bottle of 8 Hour Arthritis Pain Relief Acetaminophen (pain reliever/ fever reducer), one bottle of AZO pills (cranberry supplement) and one bottle of Gaviscon Liquid Antacid. Interview on 06/12/24 with CMA D confirmed the above listed medications were without full first and last names for R4. Facility's "Medication Reorder Policy" (no date) recorded, "The licensed nurse shall place the full name of the resident on the package and compare it to the MAR before placing it in the medication cabinet for resident use." Operator/ LN A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
S3280 SS=D	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents;	S3280		

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S3280	Continued From page 2 and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (d) (3) The census equaled 28 residents. The sample included 3 residents and review of 5 newly hired employee records. Based on record review and interview, Operator/ Licensed Nurse (LN) A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents. Review on 06/12/24 of the facility's quarterly reviews of the emergency management plan with residents revealed the following reviews with residents: 05/20/23, 10/28/23, 03/29/24, 06/4/24. The facility failed to provide documentation regarding emergency management plan reviews with residents for the third quarter of 2023. Interview on 06/12/24 at 11:21 AM with	S3280		

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S3280	Continued From page 3 Operator/LN A confirmed unable to locate review completed with residents for the third quarter of 2023. Facility's "Disaster and Emergency Preparedness" policy (no date) recorded, "Emergency procedures are periodically reviewed with the current facility staff." The policy failed to identify reviews required with residents. Operator/LN A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with residents.	S3280		
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.	S3298		

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S3298	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (d) The census equaled 28 residents. The sample included 3 residents. Based on record review and interview for all residents living in the facility and receiving meal services, Operator/ Licensed Nurse (LN) A failed to ensure the facility staff served food at the proper temperature. Findings included: - During the initial tour on 06/12/24 at 10:16 AM with Operator/ LN A, facility food temperature monitoring logs were requested, and the facility failed to provide food temperature logs for breakfast, lunch and supper meals for June 2024. Interview on 06/12/24 at 12:18 PM with Operator/ LN A confirmed unable to locate food temperature monitoring log from 06/01/24 to present 06/12/24. Electronic interview on 06/13/24 at 10:38 AM with Operator/ LN A stated all residents eat at the facility. Observation on 06/12/24 revealed residents eating lunch time meal in the dining room of the facility. 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. Facility's "Dietary Services" policy (no date) recorded, "Food served to residents is palatable,	S3298		

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S3298	Continued From page 5 attractive and served at the proper temperature." For all residents of the facility, Operator/ 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 28 residents. The sample included 3 residents. Based on interview and observation for all residents receiving meal services, Operator/ Licensed Nurse (LN) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 06/12/24 at 10:16 AM revealed a kitchen. During the initial tour on 06/12/24 at 10:16 AM with Operator/ LN A, facility refrigerator/ freezer monitoring logs were requested for June 2024, and the facility failed to provide requested logs. Observation of the refrigerator/freezer in the	S3299		

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S3299	Continued From page 6	S3299		

kitchen revealed the following condiments, which were not dated: two bottles of yellow mustard, one bottle of Dorothy Lynch dressing, one bottle of Italian dressing, one bottle of Worcestershire sauce, one bottle of Dijon mustard and one bottle of Carmel sauce.

Observation of the refrigerator/ freezer in the pantry of the kitchen revealed a package of bacon that was not sealed in the freezer.

Observation of the kitchen cabinet revealed one box containing sugar. Two scoops were located inside the sugar box.

Observation of the kitchen pantry revealed the following foods, which were not sealed: one plastic bag containing popcorn, one plastic bag containing cocoa powder and one plastic bag containing white cake mix.

Interview on 06/12/24 with Dietary Staff E during the tour of the kitchen confirmed the above listed food items were not dated or stored properly.

Interview on 06/12/24 at 12:18 PM with Operator/ LN A confirmed unable to locate refrigerator/ freezer temperature log from 06/01/24 to present 06/12/24.

Electronic interview on 06/13/24 at 10:38 AM with Operator/ LN A stated all residents eat at the facility.

Facility's "Dietary Services" policy (no date) recorded, "Food is prepared, distributed and served to residents under sanitary conditions."

For all residents receiving meal services, Operator/ LN A failed to ensure the facility staff

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S3299	Continued From page 7 stored all food under safe and sanitary conditions.	S3299		