STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087185	A. BUILDING: _____ B. WING _____	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLSPRINGS OF GARDEN PLAIN	101 AVENUE C GARDEN PLAIN, KS 67050

(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 Home Plus Facility conducted on 06/20/24.	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 four residents. Based on interview and record review, the operator failed to ensure staff prepared food using safe methods and ensured staff prepared and served foods at the proper temperature for all residents in the facility. - Review of the food temperature log on 06/20/24 at 08:00 AM revealed the following:	S5192		

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

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S5192	Continued From page 1 The sheet started with the date of 05/30/24. 05/30/24 - breakfast and lunch temperatures recorded but no supper food temperatures 06/01-12/24/24- had no food temperatures on log. 06/13/24- no breakfast or lunch temperatures on log 06/14/24 - no food temperatures on log 06/15 to 6/19/24 had no breakfast or lunch food temperatures on log. On 06/20/24 at 08:07AM Certified Medication Aide C reported staff checked the temperature of the food but tend to forget to document it. On 6/20/24 at 09:49 AM Operator/Certified Medication Aide A acknowledged staff needed to take and document food temperatures. The operator failed to ensure designated staff monitored food temperatures to ensure they were prepared to a safe temperature.	S5192		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill	S5215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087185	A. BUILDING: _____ B. WING _____	06/20/2024

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WELLSPRINGS OF GARDEN PLAIN	101 AVENUE C GARDEN PLAIN, KS 67050

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S5215	Continued From page 2 shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (d)(3) The facility reported a census of four residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan with all employees. Findings included: - Review of the Emergency management reviews with Certified Medication Aide (CMA) B on 06/20/24 at 09:40 AM failed to have record of disaster reviews with employees in 2024. On 06/20/24 at 09:45AM CMA B and Operator/Certified Medication Aide A looked through the emergency notebook and confirmed they were not in the notebook. Certified Medication Aide B contacted the office to have them look to see if they were in the office. As of 06/20/24 at 12:15 PM CMA B had not received evidence of completing disaster reviews with facility staff in 2024. The operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the emergency management plan with facility staff.	S5215		