

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/12/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE OLATHE, KS 66061		
(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 are the result of a Licensure revisit and Correction Order #19-30 at the above named Assisted Living Facility in Olathe, Kansas on 3/06/19, 3/07/19, 3/11/19, and 3/12/19.	{S 000}		
{S3085} SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a) The census equalled 31 the sample included three Residents. Based on interviews, and reviews of records, for two of three sampled (#1068 and #1085), the Operator failed to ensure the negotiated service agreement (NSA) included a description of service the Resident would	{S3085}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kansas Department on Aging

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{S3085}	Continued From page 1 receive. Findings included: - Review of record revealed #1068 admitted to facility 02/14/19 with diagnoses of major depression, chronic alcoholism, Parkinson's disease, peripheral neuropathy, osteoarthritis, and benign prostatic hypertrophy. Current functional capacity screen dated 01/22/19 assessed #1068 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; unable to perform medication and treatment management; with occasional incontinence, cognitive impairments, potential for falls/unsteadiness, vision impairment, and used a walker and a scooter for mobility. Current negotiated service agreement (NSA) dated 02/14/19 documented facility staff to provide meal service, medication and treatment management, assistance with dressing, bathing, transfers, mobility; laundry, house keeping; used a walker and a scooter, received physical therapy, occupational therapy, and skilled nursing services through home health; partial bed rail on bed; emergency call button and pull station available. The Resident Care Plan (HSP - health service plan) documented facility staff to assist with meal service, dressing, medication and treatment management; assistance with transfers, mobility, ant bathing; call pendant to wear and pull station available for assistance; used scooter, wheelchair, and walker with staff assistance for mobility. The NSA and HSP each noted #1068	{S3085}		

Kansas Department on Aging

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{S3085}	Continued From page 2 experienced falls from bed on 02/15/19 and 02/16/19. The NSA and HSP failed to include re-assessment information, or new interventions developed to attempt prevention of further falls. The Nurse's notes of medical record failed to include these falls, actions taken, assessments completed, interventions implemented, or investigations completed. Incident Summaries provided by facility nurse on 3/07/19 confirmed the falls out of bed occurred, time, date, who contacted, vital signs... lacked steps taken to prevent recurrence with statement home health ordered upon admission. On 3/07/19 at 12:35pm facility nurse #C confirmed the NSA (or the HSP) lacked interventions to address the identified need of prevention of falls from bed. The Operator failed to ensure the NSA for #1068 included a description of services to address blood sugar testing the Resident would complete and report to facility staff. - Review of record revealed #1085 admitted 7/16/17 with diagnoses of hypertension, hyperlipidemia, diabetes, coronary artery disease, overactive bladder, dizziness, and declining functional status. Current functional capacity screen (FCS) dated 02/12/19 assessed #1085 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; unable to perform medication and treatment management; with short term memory, decision making and memory recall impairments; with falls/unsteadiness, hearing and vision impairments, used a walker and a wheelchair.	{S3085}		

Kansas Department on Aging

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{S3085}	Continued From page 3 Current negotiated service agreement dated 02/11/19 included meal service, medication management, assistance with bathing, dressing PRN (as needed), house keeping, laundry, dressing assistance when weak or tired; will call for wheelchair assistance when weak or tired. The Resident Care Plan (HSP - health service plan) documented facility staff to assist with meal service, dressing, medication and treatment management; assistance with transfers if weak or tired; physical therapy ambulates with Resident, home health to apply treatment to coccyx to prevent skin break down. The NSA noted #1085 experienced falls from bed on 01/21/19 and 02/25/19. The NSA failed to include intervention information for the 01/21/19 fall, and included a note to request a different mattress and move the bed on 02/25/19. The HSP lacked new interventions for either date. The NSA and HSP lacked facility interventions to address skin breakdown prevention, including only that home health would apply dressing to skin of coccyx. The Nurse's notes of medical record failed to include these falls, actions taken, assessments completed, interventions implemented, or investigations completed. The notes failed to reflect the implementation of new fall preventions on 01/21/19 or 02/25/19. Incident Summaries provided by facility nurse on 3/07/19 confirmed the fall out of bed occurred on 02/25/19 (nothing for 01/21/19), time, date, who contacted, vital signs... the note lacked information regarding bed or mattress, and stated simply "encouraged Resident to call for help that	{S3085}			

Kansas Department on Aging

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{S3085}	Continued From page 4 early in the morning due to it being so early and assistance is properly needed." On 3/07/19 at 12:40pm facility nurse #C confirmed the NSA (or the HSP) lacked interventions to address the identified need of prevention of falls from bed, and facility interventions to prevent skin breakdown. The Operator failed to ensure the NSA for #1085 included a description of services to prevent further falls and facility services to prevent skin breakdown.	{S3085}			
{S3200} SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by:	{S3200}			

Kansas Department on Aging

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{S3200}	Continued From page 5 KAR 26-41-205(d) The census equalled 31 the sample included three Residents. The Resident roster identified 30 Residents with facility managed medications. Based on interview and record review, for one of three sampled (#1068), the Operator failed to ensure all medications and biological's administered to Residents in accordance with a medical care provider's written orders and in accordance with professional standards of practice. Findings included: - Review of record revealed #1068 admitted to facility 02/14/19 with diagnoses of major depression, chronic alcoholism, Parkinson's disease, peripheral neuropathy, osteoarthritis, and benign prostatic hypertrophy. Current functional capacity screen dated 01/22/19 assessed #1068 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; unable to perform medication and treatment management; with occasional incontinence, cognitive impairments, potential for falls/unsteadiness, vision impairment, and used a walker and a scooter for mobility. Current negotiated service agreement (NSA) dated 02/14/19 documented facility staff to provide medication and treatment management. Comparison of February and March 2019 medication administration record (MAR) with signed physician orders revealed discrepancies: By review of medication cart with certified medication aide #K on 3/07/10 between 11:00am	{S3200}		

Kansas Department on Aging

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{S3200}	Continued From page 6 and 12:00pm, medication drawer contained 14 remaining doses of Tamsulosin (prostrate) 0.4mg (milligrams) capsules. The March 2019 MAR lacked this order, no administration of this medication recorded for March 2019. Certified medication aide #K confirmed this medication administered daily, confirmed medication not on the March 2019 MAR. Review of record revealed February 2019 MAR contained the order for Tamsulosin and recorded administration from 02/16/19 to 02/28/19. The medical record contained a 02/11/19 physician's order for Tamsulosin 0.4mg one capsule by mouth daily. The medical record lacked an order to discontinue this medication. The medical record contained a 02/11/19 physician's order for Bupropion (antidepressant) 300mg once daily. The medical record contained a fax note to physician with no written date, top of page contained two fax dates 02/17/19 and 02/18/19 "Bupropn - we do not have can you give me info on it it was sent." Reply note documented: "refill too soon through insurance until 3/4 so we have no sent it at all yet." The February 2019 MAR recorded administration on 02/16/19, 02/17/19, 02/20/19, 02/21/19, 02/22/19, 02/23/19, 02/24/19, 02/26/19, 02/27/19, and 02/28/19. The back side of MAR contained entries on 02/17/19 and 02/18/19 and 02/25/19 "not available nurse notified" with the administration doses on the front of MAR circled for these dates. The MAR failed to demonstrate what medication administered between fax to pharmacy on 02/17/19, until the arrival of medication on	{S3200}		

Kansas Department on Aging

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{S3200}	Continued From page 7 02/25/19. On 3/07/19 at 1:00pm facility nurse #C confirmed the Tamsulosin not included on the current March 2019 MAR although it was still an active order, and administered daily according to certified staff. Facility nurse #C confirmed the Bupropn documented as given when no medication in facility, and not documented according to professional standards of practice. The Operator failed to ensure all medications and biological's administered to #1068 in accordance with medical care provider's written orders and in accordance with professional standards of practice.	{S3200}		
{S3211} SS=E	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)	{S3211}		

Kansas Department on Aging

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{S3211}	Continued From page 8 The census equalled 31 the sample included three Residents. The Resident roster identified 30 Residents with facility managed medications. Based on observation and interview, for two non sampled (#1089 and #1073) and two unidentified owners of over the counter medications, the Operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the Resident on each accepted original, unbroken manufacturer's package of over-the-counter (OTC) medication for Resident administration. Findings included: - By observation on 3/06/19 at 4:40pm, in review of facility medication carts (two carts) with medication aide #G, the following noted to lack the first and last name of each Resident: #1089 - bottle of Senna (laxative) 8.6mg (milligrams) with no first or last name; bottle of Vitamin D3 (supplement) 50mcg (micrograms) with no first or last name #1073 - bottle of Gentle Iron (supplement) 25mg with no first or last name Two additional containers observed in the cart without first or last name. Certified medication aide #G not able to clarify which Resident these belonged to: bottle of Calcium (supplement) 1200mg + D3 400u (units) tablets, and Spray bottle of CVS Advanced wound wash. On 3/06/19 at 5:05pm medication aide #G confirmed these medications lacked the first and last name... stated they must of forgot to put the name on when family brought them...	{S3211}		

Kansas Department on Aging

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{S3211}	Continued From page 9 The Operator failed to ensure the licensed nurse or licensed pharmacist placed the first and last names of Residents on each accepted, original, unbroken manufacturer's package of OTC medication for #1089, #1073, and those who received administration of substances from the two unidentified bottles.	{S3211}		
{S3215} SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not	{S3215}		

Kansas Department on Aging

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{S3215}	Continued From page 10 administer medication beyond the manufacturer 's or pharmacy provider 's recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(4) The census equalled 31 the sample included three Residents. The Resident roster identified 30 Residents with facility managed medications. Based on observations and interview: For three non sampled (#1062, #1064, and #1066), licensed nurses and medication aides failed to ensure medications stored in accordance with manufacturer's directions and not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration. Findings included: - By observation on 3/06/19 at 4:40pm, in review of facility medication carts (two carts) with medication aide #G, the following noted in use: #1066 - Loperimide (anti-diarrheal) 2mg (milligram) tablets, expired 7/2017 #1062 - Loperimide (anti-diarrheal) 2mg (milligram) tablets, expired 11/2018 #1064 - Banophen (allergy) 25mg tablets, expired 01/2019 On 3/06/19 at 5:05pm medication aide #G confirmed these medications expired... stated not sure how these were missed...	{S3215}		

STATE FORM 6899 1Y1112 If continuation sheet 12 of 20

Kansas Department on Aging

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S3261	Continued From page 12 disease, peripheral neuropathy, osteoarthritis, and benign prostatic hypertrophy. Current functional capacity screen dated 01/22/19 assessed #1068 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; unable to perform medication and treatment management; with occasional incontinence, cognitive impairments, potential for falls/unsteadiness, vision impairment, and used a walker and a scooter for mobility. Current negotiated service agreement (NSA) dated 02/14/19 documented facility staff to provide meal service, medication and treatment management, assistance with dressing, bathing, transfers, mobility; laundry, house keeping; used a walker and a scooter, received physical therapy, occupational therapy, and skilled nursing services through home health; partial bed rail on bed; emergency call button and pull station available. The Resident Care Plan (HSP - health service plan) documented facility staff to assist with meal service, dressing, medication and treatment management; assistance with transfers, mobility, ant bathing; call pendant to wear and pull station available for assistance; used scooter, wheelchair, and walker with staff assistance for mobility. The NSA and HSP each noted #1068 experienced falls from bed on 02/15/19 and 02/16/19. Incident Summaries (not part of medical record) provided by facility nurse on 3/07/19 confirmed the falls out of bed occurred, the time, date, who was contacted, vital signs..	S3261			

Kansas Department on Aging

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S3261	Continued From page 13 The Nurse Notes of medical record lacked these falls. The Nurse Notes documented an entry on 02/15/19 regarding family dynamics. The next note of the record dated 02/20/19 described medical provider visit. On 3/07/19 at 12:35pm facility nurse #C confirmed the medical record lacked any documentation of these incidents. The Operator failed to ensure #1068's record contained 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. - Review of record revealed #1085 admitted 7/16/17 with diagnoses of hypertension, hyperlipidemia, diabetes, coronary artery disease, overactive bladder, dizziness, and declining functional status. Current functional capacity screen (FCS) dated 02/12/19 assessed #1085 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; unable to perform medication and treatment management; with short term memory, decision making and memory recall impairments; with falls/unsteadiness, hearing and vision impairments, used a walker and a wheelchair. Current negotiated service agreement dated 02/11/19 included meal service, medication management, assistance with bathing, dressing PRN (as needed), house keeping, laundry, dressing assistance when weak or tired; will call	S3261		

Kansas Department on Aging

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S3261	Continued From page 14 for wheelchair assistance when weak or tired. The Resident Care Plan (HSP - health service plan) documented facility staff to assist with meal service, dressing, medication and treatment management; assistance with transfers if weak or tired; physical therapy ambulates with Resident, home health to apply treatment to coccyx to prevent skin break down. The NSA noted #1085 experienced falls from bed on 01/21/19 and 02/25/19. Incident Summaries provided by facility nurse on 3/07/19 confirmed the fall out of bed occurred on 02/25/19 (nothing for 01/21/19). The Nurse Notes of medical record lacked these falls. The Nurse Notes documented a note of 01/05/19 (family to bring item to facility), and the next note of chart 02/27/19 (seen by medical provider). On 3/07/19 at 12:40pm facility nurse #C confirmed the medical record lacked any documentation of these incidents. The Operator failed to ensure #1085's record contained 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.	S3261		
{S3310} SS=D	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident 's food, or resident care equipment until the condition is no longer	{S3310}		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/12/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE OLATHE, KS 66061		
(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
{S3310}	Continued From page 15 infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(b)(5-6)(c) The census equalled 31 the sample included three Residents. The facility identified no new employees hired since the last Resurvey. Based on interview and review of record for one of one sampled Resident admitted since the last Resurvey (#1068), the Operator failed to ensure the facility's compliance with the Departments' tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of Resident records on 3/07/19 revealed the following: #1068 - admitted 02/14/19 - no TB symptom screen completed; first step TB skin test administered 02/14/19, this skin test not documented as read, with read date and results lacking. In addition the skin test of 02/14/19 lacked the lot number and expiration date of the solution used for testing, as required.	{S3310}		

Kansas Department on Aging

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{S3310}	Continued From page 16 On 3/07/19 at 12:30pm, facility nurse #C confirmed the skin test form lacked a read date, results, and signature for the first test... confirmed the form lacked the required lot number and expiration date of the testing solution information... confirmed no TB symptom screen completed as required within seven days of hire. The Operator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for sampled Resident #1068.	{S3310}		
{S3420} SS=E	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas.	{S3420}		

Kansas Department on Aging

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{S3420}	Continued From page 17 (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256 The census equalled 31 the sample included three Residents. Based on observations and interviews for six of six Resident accessible hand wash sinks (public bathroom, employee bathroom, East hall shower room sink, North hall shower room sink, activity room, and nursing office hand sink), the Operator failed to ensure the water remained between 98 degrees Fahrenheit (F.) and 120 degrees F. at all times. Findings included: - On 3/06/19 at 4:55pm, obtained the following water temperatures when checked: Public bathroom - 89.6 degrees Fahrenheit (F.) Bathroom between kitchen and dining room 116.3	{S3420}		

Kansas Department on Aging

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{S3420}	Continued From page 18 degrees F. East hall shower room sink 79.8 degrees F. North hall shower room sink 78.8 degrees F. Nurse office hand sink 84.5 degrees F. Activity room hand sink 91.4 degrees F. Requested hot water temperature surveillance logs. By review, one set of temperatures obtained on 02/19/19, after the last Resurvey. All temperatures recorded between 110 degrees F. and 118 degrees F. - On 3/07/19 at 1:45pm, obtained the following water temperatures when checked: Public bathroom - 124.1 degrees Fahrenheit (F.) Bathroom between kitchen and dining room 130.8 degrees F. East hall shower room sink 114.8 degrees F. North hall shower room sink 113.5 degrees F. Nurse office hand sink 106.0 degrees F. Activity room hand sink 105.4 degrees F. An additional note note pad documentation recorded "temperatures of 104 - 112 degrees on 02/26/19 at 5:30 with water heater set at 118 degrees F. On 3/06/19 at 5:14pm, Operator #A stated we have a plumber coming tomorrow at 8:00am... we have been leaving water off and turning water on about 15 minutes every hour... doing this due to a water leak that we are waiting to have repaired... we use that 15 minutes of each hour to wash hands, flush toilets, etc... we purchased big and little bottles of water for drinking, etc. the remainder of each hour... On 3/07/19 at 9:45am, Operator #A and Maintenance staff #P stated the plumber not	{S3420}		

Kansas Department on Aging

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{S3420}	Continued From page 19 here... is to be on site by 2:30pm to repair the pipe that maintenance staff #P has "band-aided" until it can get repaired. On 3/07/19 at 9:45am maintenance staff #P stated we have three water heaters... one services kitchen and west hallway.. other two water heaters service the North and the East halls... due to major water leak (identified on 3/05/19 at 1:45am) below floor where water flows through, impossible to maintain correct temperature until repaired because even correctly warmed water cools once it travels though that area of pooled water... By interview on 3/07/19 at 2:00pm, Operator #A and Maintenance staff #P stated plumber not coming today because task will take longer than predicted... scheduled to be in facility Monday morning (3/11/19). On 3/11/19 at 10:19am, Operator #A provided email note, plumber not in facility today... is to be here tomorrow (3/12/19) at 9:00am... stated he/she checked water temperature of public bathroom (115.5 degrees F) and bathroom between dining room and kitchen "too high"... has an "out of order" sign posted on the door. The Operator failed to ensure the water remained between 98 degrees F. and 120 degrees F. at all times in all hand wash sinks accessible to Residents.	{S3420}			