STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046077	A. BUILDING: _____ B. WING _____	11/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK MEADOWS SENIOR LIVING	5901 WEST 107TH ST OVERLAND PARK, KS 66207

(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 and complaint investigations 78578 and 80670 conducted at the above named assisted living facility on 11-3-14, 11-4-14, 11-5-14, 11-6-14 and 11-10-14.	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)(1)(2)(3) The facility reported a census of 90 residents. The sample included 6 residents. Based on observation, record review and interview for 3 (#130, #225, #347) of 6 sampled residents, the administrator failed to ensure the negotiated service agreement provided a description of the	S3085		

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S3085	Continued From page 1	S3085		

services the resident received, identification of the provider of each service and identification of each party responsible for payment if outside resources provided a service.

Findings included:

- Record review for resident #130 revealed admission on 5-31-14 with diagnoses Multiple Myeloma, Diabetes Mellitus, Hypertension, Hyperlipidemia, and Osteoporosis.

The functional capacity screen dated 7-28-14 recorded resident required supervision of bathing and walking/mobility; independent with dressing, toileting, transfers and eating; and unable to perform management of medications and treatments. Usually continent of bladder. Cognition: problems with short term memory and memory/recall. Current problems/risks included falls/unsteadiness.

The Negotiated Service Agreement (NSA) dated 7-28-14 recorded the following services:
bathing - "may need to turn water on and off"
Dining - regular diet, thin liquids
Fall risk - Potential for falls. High fall risk. Requires observation from staff for safety needs. Report to nurse if change in gait, balance, level of consciousness, refusal to use walker or if resident falls. Moderate fall risk, requires staff to monitor environment for fall hazards and report changes to the nurse.
Transfer Ability - Independent with transfer to and from bed, chair, laying, sitting and standing. Can tolerate distances and sustained activity. Can walk to dining room and all activities inside and outside of residence independently. No escorting required.
Outside Provider - the NSA lacked documentation

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S3085	Continued From page 2 of a home health agency provider for physical therapy. and identification of the party responsible for payment of the home health agency. Further lacked documentation under Diabetic Care of insulin injections and blood sugar monitoring to be performed by facility licensed staff. Physician orders regarding diabetes: 7-14-14: Test blood sugar before meals and at bedtime. 8-18-14: Novolog 70/30 Flexpen inject 15 units subcutaneously before breakfast and 7 units before supper for Type 2 Diabetes Mellitus. Physician orders regarding therapy: 7-21-14: "Physical Therapy/Occupational Therapy (PT/OT) to evaluate and treat. Diagnosis: Debility." 10-22-14: "Physical Therapy clarification order: PT to evaluate and treat 24 visits in 60 days for treatment including therapeutic exercises, therapeutic activity, neurological re-education modalities and manual treatment." Record review revealed a home health agency provided physical therapy and occupational therapy from 7-30-14 to 8-18-14. Then the home health agency again completed a PT evaluation on 10-22-14 and is currently providing treatment. Interview with resident on 11-5-14 at 1:16 pm stated he/she "just came from therapy today, we were exercising." Further stated "the nurses give it (insulin) twice a day" and "they check my blood sugars." Interview on 11-5-14 at 2:21 pm with administrative nurse J confirmed the NSA lacked documentation of diabetic care including insulin administration and blood sugar monitoring.	S3085		

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S3085	Continued From page 3 Further confirmed the NSA lacked a description of therapy services, identification of the home health agency providing the therapy and identification of the party responsible for payment of the home health agency each time the resident received services. For resident #130, the administrator failed to ensure the NSA provided a description of the therapy and diabetic care services the resident received, identification of the provider of each service and identification of each party responsible for payment of the home health agency providing therapy. - Record review for resident #225 revealed admission on 2-14-12 with diagnoses Psoriasis, Hypertension, Hypothyroidism, Gastroesophageal Reflux Disorder, Edema, Debility Neuropathy, Chronic Kidney Disease, Cellulitis, and Depression. The functional capacity screen dated 8-5-14 recorded resident independent with dressing, toileting, transfers, walking/mobility and eating; required physical assistance with bathing and management of medications and treatments. Continent of bladder. No problems with cognition or communication. Current problems/risks included impaired vision. The Negotiated Service Agreement (NSA) dated 8-5-14 recorded the following services: Bathing - moderate assistance Mondays and Fridays. Regular diet with thin liquids. Oral Medications - requires oral medication management with three or fewer passes per day. The NSA lacked documentation of outside	S3085		

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S3085	Continued From page 4 provider for wound care including a description of services, identification of the home health agency providing the services and identification of each party responsible for payment of the home health agency. Observation and interview on 11-5-14 at 11:45 am revealed home health agency nurse came to resident's apartment and provided wound care to both feet. Skin of both feet cracked and peeling on top, between toes and underneath with moderate amount of pitting edema. Dressings removed with minimal amount of serous drainage noted bilaterally. Both feet cleansed with skin cleanser then Aquacel Extra cut and placed between toes and underneath back of toes. Rolled gauze also applied between toes. Both feet wrapped with Kerlix. No open or painful areas noted to left foot. Resident complained of tenderness under toes of right foot and home health nurse reported there are still some small cracks in the skin. He/she further stated resident's feet had greatly improved. Interviews on 11-3-14 and 11-5-14 with administrative nurse J confirmed the NSA lacked documentation of wound care being provided by a home health agency and identification of each party responsible for payment of the home health agency. For resident #225, the administrator failed to ensure the NSA provided a description of the wound care services the resident would receive, identification of the home health agency providing the wound care services and identification of each party responsible for payment of the home health agency.	S3085		

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S3085	Continued From page 5	S3085		

- Record review for resident #347 revealed admission on 6-3-09 with diagnoses Degenerative Joint Disease, Dementia, Depression, Hyperlipidemia, Hypertension, Hypothyroidism and Recurrent Urinary Tract Infection.

The functional capacity screen dated 9-16-14 recorded resident required physical assistance with bathing, dressing, toileting, transfers, and management of medications/treatments; independent with walking/mobility and eating. Occasionally incontinent of bladder. Cognition: problems with short term memory, memory/recall and decision-making. Current problems/risks included falls/unsteadiness and impaired decision-making.

The Negotiated Service Agreement (NSA) dated 9-25-14 recorded the following services:
Bathing - full assist Monday and Thursday.
Dressing - limited assist with cueing and reminders.
Transfers - limited assist. uses electric wheelchair.
Fall risk - High Fall Risk - requires observation from staff for safety needs.
Dining - requires alteration in diet textures to aid in swallowing. Mechanical Soft diet with extra gravy. Nectar thick liquids.
Oral Medications - Independent with oral medication management. Resident's spouse administers medications.
The NSA lacked documentation of Toileting assistance, Speech Therapy services, and the provider of the speech therapy.

Physicians Interagency Transfer Form dated 9-18-14 revealed the following:
Primary Diagnosis Aspiration Pneumonia,

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S3085	Continued From page 6	S3085		

Dysphagia
Other Diagnoses: Dementia, Degenerative Joint Disease, Hypertension.
Diet: Mechanical Soft with Extra Gravy - No bread or rice
Home Health for Physical Therapy, Occupational Therapy and Speech Therapy.
Low bed with floor mats at all times.

Record review revealed home health agency notes as follows:
Occupational Therapy (OT) evaluation completed on 9-22-14 and discharged 9-29-14.
Physical Therapy (PT) initially started in July 2014 after a hospitalization - resumption of care 9-19-14. Unknown discharge date.
Speech Therapy evaluation 10-13-14 with plan to see three times per week for 4 weeks. Visits documented on 10-14-14, 10-16-14, 10-21-14, and 10-22-14.

Observation with administrative nurse J of resident in dining room at 11:40 am revealed resident sitting with spouse, thickened liquids in front of him/her. Had eaten a small bowl of soup and was being served an Apple/Walnut Salad made with raw apples cut in small pieces.

Interview on 11-5-14 at 12:20 pm with resident and spouse stated resident is currently seeing the speech therapist. Resident stated he/she gets a mechanical soft diet "every day for all 3 meals. If it ' s too thick, I can't swallow it, if it ' s too thin it goes to my lungs."

Interviews on 11-4-14 at 5:00 pm and 11-5-14 at 11:40 am with administrative nurse J confirmed the NSA lacked documentation of occupational therapy, physical therapy and speech therapy services, identification of the home health agency

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S3085	Continued From page 7 providing the therapies and identification of each party responsible for payment of the home health agency; also confirmed the NSA lacked documentation of toileting assistance. Interview on 11-5-14 at 12:00 pm with certified staff E stated resident #347 required assistance with toileting (getting on/off toilet, rearranging clothing and hygiene.) For resident #347, the administrator failed to ensure the NSA provided a description of services including the speech, occupational and physical therapy, identification of the home health agency providing therapy; and identification of each party responsible for payment of the home health agency.	S3085		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (a) The facility reported a census of 90 residents. The sample included 6 residents. Based on observation, record review and interview for 1 (#347) of 6 sampled residents, the administrator	S3155		

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S3155	Continued From page 8 failed to the licensed nurse provided or coordinated the necessary health care services to meet the needs resident #347 when the licensed nurse failed to review and implement the resident's speech therapy recommendations following hospitalization from aspiration pneumonia and further failed to ensure speech therapy evaluation ordered at discharge was completed in a timely manner. Findings included: - Record review for resident #347 revealed admission on 6-3-09 with diagnoses Degenerative Joint Disease, Dementia, Depression, Hyperlipidemia, Hypertension, Hypothyroidism and Recurrent Urinary Tract Infection. The functional capacity screen dated 9-16-14 recorded resident required physical assistance with bathing, dressing, toileting, transfers, and management of medications/treatments; independent with walking/mobility and eating. Occasionally incontinent of bladder. Cognition: problems with short term memory, memory/recall and decision-making. Current problems/risks included falls/unsteadiness and impaired decision-making. The Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP) dated 9-25-14 recorded Dining - requires alteration in diet textures to aid in swallowing. Mechanical Soft diet with extra gravy. Nectar thick liquids. The NSA/HCSP lacked documentation the speech therapist ' s recommendations or a plan to minimize risks related to eating/swallowing.	S3155		

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S3155	Continued From page 9	S3155		

Physicians Interagency Transfer Form dated 9-18-14 revealed the following:
Primary Diagnosis Aspiration Pneumonia, Dysphagia
Other Diagnoses: Dementia, Degenerative Joint Disease, Hypertension.
Diet: Mechanical Soft with Extra Gravy - No bread or rice
Home Health for Physical Therapy, Occupational Therapy and Speech Therapy.
Low bed with floor mats at all times.

Diet Order and Communication form in resident record dated 9-18-14: Mechanical Soft diet. Thickened Liquids - Nectar, No Bread or Rice. Add extra gravy.

Speech Therapy Recommendations in record dated 9-18-14 (from rehab) stated:
Nectar Thick liquids
Mechanical Soft diet no bread, rice, provide extra gravy
Must be sitting upright when eating/drinking/taking medication
Don't talk with food in mouth
Swallow bite before taking next bite or drink
Take a drink every 2-3 bites.

Record review revealed home health agency notes as follows:
Occupational Therapy (OT) evaluation completed on 9-22-14 and discharged 9-29-14.
Physical Therapy (PT) initially started in July 2014 after a hospitalization - resumption of care 9-19-14.
Speech Therapy evaluation 10-13-14 with plan to see three times per week for 4 weeks. Visits documented on 10-14-14, 10-16-14, 10-21-14, and 10-22-14.

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S3155	Continued From page 10 Observation on 11-5-14 at 11:40 am with administrative nurse J of resident in dining room revealed resident sitting with spouse, thickened liquids in front of him/her. Had eaten a small bowl of soup and was being served an Apple/Walnut Salad made with raw apples cut in small pieces. Interview on 11-5-14 at 12:20 pm with resident and spouse stated resident is currently seeing the speech therapist and has been given additional recommendations along with exercises. Resident provided a written list of "Compensatory Swallow Strategies" as follows: 1. Take small bites/sips 2. Eat and drink slowly 3. Alternate liquids and solids 4. Clear throat if voice sounds "wet" 5. Double swallow if food feels "stuck" Resident stated the speech therapist will come back three times this week. Resident and spouse confirmed they would not know what to do if resident started choking. Resident stated he/she gets a mechanical soft diet "every day for all 3 meals. If it ' s too thick, I can't swallow it; if it ' s too thin it goes to my lungs." Interviews on 11-4-14 at 5:00 pm and 11-5-14 at 11:40 am with administrative nurse J stated "I was surprised he/she was eating that" in regard to the Apple/Walnut Salad. Confirmed he/she had not spoken with the speech therapist and was not aware of the recommendations resident returned with from rehab or the additional recommendations from the current speech therapist. Confirmed the NSA/HCSP lacked documentation of speech therapy services and interventions to address risks related to eating/swallowing.	S3155		

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S3155	Continued From page 11 Interview on 11-5-14 at 10:20 am with administrative staff A, administrative staff B and administrative nurse J confirmed there is "usually no certified staff or nurse in the dining room at all times." Stated if the resident began choking, "someone would have to go get the nurse, or call on the walkie." Confirmed no oversight of resident when eating to ensure he/she is following the recommendations of the speech therapists. Interview on 11-5-14 at 12:00 pm with certified staff E stated resident #347 sat at "a reserved table so dietary staff would remember he/she's thickened liquids and mechanical meat...ground meat. He/She gets thickened liquids and a mechanical soft diet." Stated he/she did not know why resident #347 was on the altered diet, (whether it was problems swallowing, problems chewing, etc.) and wasn't sure whether he/she needed any special assistance or monitoring. Confirmed certified staff did not remain in the dining room during mealtimes. Observation on 11-3-14 at 12:50 pm during inspection of medication room with administrative nurse J revealed that it took at least 9 minutes to locate nurse to come unlock cabinets and refrigerator in medication room for inspection as he/she was not responding to pages on the walkie and certified staff were unable to locate him/her. Observation on 11-5-14 at 4:00 pm with administrative nurse J of " diet board " in kitchen revealed resident #347 on a mechanical soft diet. Facility policy regarding " special dietary needs " stated the following: " For existing residents who have special dietary needs, a diet order needs to	S3155		

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S3155	Continued From page 12 be filled out and approved by the Nurse or Resident Care Coordinator (RCC) in the community. Prior to the approval if not sure, the Nurse or RCC should consult with the Food Service Director to make sure requested diet is possible. Once the Diet Order is approved it needs to be distributed in the following way. White - put ...in resident chart Yellow - to Food Services Director Pink - Goes to kitchen and is hung on residents with special diet board. Depending on the diet request additional monitoring may be requested such a as the following: Weight gain/loss, Meal Consumption, changes in resident condition. All changes to be documented in residents chart and communicated in requested follow up to medical provider. Current approved special diets with supporting preparation and nutritional support information: Pureed Diets; Mechanical Soft; Diabetic Diet; Low Concentrated Sweets; Low Cholesterol; Finger Food; Regular No Added Salt/CHF; Liberal Renal. For resident #347, the administrator failed to the licensed nurse provided or coordinated the necessary health care services to meet the needs resident #347 when the licensed nurse failed to review and implement the resident's speech therapy recommendations following hospitalization from aspiration pneumonia and further failed to ensure speech therapy evaluation ordered at discharge was completed in a timely manner.	S3155		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s	S3200		

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S3200	Continued From page 13 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: KAR 26-41-205(d) The facility reported a census of 90 residents. The sample included 6 residents. Based on observation, record review and interview for 1 (#225) of 5 sampled residents whose medications are managed by the facility, the administrator failed to ensure all medications and biologicals were administered to that resident in accordance with a medical care provider's written order and professional standards of practice. Findings included: - Record review for resident #225 revealed admission on 2-14-12 with diagnoses Psoriasis, Hypertension, Hypothyroidism, Gastroesophageal Reflux Disorder, Edema, Debility Neuropathy, Chronic Kidney Disease, Cellulitis, and	S3200		

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PARK MEADOWS SENIOR LIVING	5901 WEST 107TH ST OVERLAND PARK, KS 66207

(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
S3200	Continued From page 14 Depression. The functional capacity screen dated 8-5-14 recorded resident required physical assistance with management of medications and treatments. The Negotiated Service Agreement (NSA) dated 8-5-14 documented resident "requires oral medication management with three or fewer passes per day." Review of the Medication Administration Record for October and November 2014 recorded: Hydrocodone/APAP 5-300 mg (milligrams) one tablet by mouth every 6 hours as needed for pain. (original order date 10-22-14). The record lacked documentation of a written physician's order for the medication. Observation on 11-3-14 at 4:40 pm with administrative nurse J and licensed staff K revealed a bottle of tablets labeled with resident's name for "Hydrocodone/APAP 5-300 mg". Date filled 10-22-14. Record review of "Individual Resident's Controlled Substance Record" for Hydrocodone 5-300 mg recorded resident received one tablet on 10-26-14 at 8:00 am, 10-27-14 at 6:43 am, and 10-29-14 at 2:45 am. Interview on 11-3-14 at 4:40 pm with licensed staff K stated the resident returned from an emergency room visit with the medication on 10-22-14. When he/she called the hospital to get a copy of the order, the hospital refused to provide the order. Confirmed he/she did nothing further to clarify the order for the medication. Interview on 11-4-14 at 4:10 pm with administrative nurse J confirmed the medication	S3200		

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S3200	Continued From page 15 was administered without a written order on 10-26-14, 10-27-14 and 10-29-14. For resident #225, the administrator failed to ensure all medications were administered to the resident in accordance with a medical care provider's written order and professional standards of practice.	S3200		
S3261 SS=D	26-41-105 (f) (11) Resident Record 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 26-41-105(f)(11) The facility reported a census of 90 residents. The sample included 6 residents. Based on record review and interview for 1 (#520) of 6 sampled residents, the administrator failed to ensure documentation of all incidents, symptoms and other indications of illness or injury including the date and time of occurrence, action taken and results of the action. Findings included: - Record review for resident #520 revealed admission on 11-1-12 with diagnoses Parkinson's Disease and Hypertension.	S3261		

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S3261	Continued From page 16 The functional capacity screen dated 6-12-14 recorded resident required supervision with bathing and dressing; independent with toileting, transfers, walking/mobility and eating; and unable to perform management of medications and treatments. Continent of bladder. Cognition: problems with short term memory and memory/recall. Current problems/risks included impaired hearing. The negotiated service agreement dated 6-12-14 recorded the following: Bathing - no services Dressing - reminders Dining - Regular diet, thin liquids Toileting - no services Moderate Fall Risk - staff to check for fall hazards and remove as needed; report changes in gait/balance to nurse Oral Medications - requires oral medication management with 3 or fewer passes. Nurses Notes: 9-11-14 at 3:55 pm: " Received order for preoperative instructions for resident. Stop blood thinners and vitamins 1 week prior and nothing by mouth after midnight. Spoke with physician ' s office about home health orders if resident needs to have due to coming back after surgery with Penrose drain. Waiting return call. " Signed by licensed staff L. 9-30-14 at 6:30 pm: " Resident returned from an outpatient procedure ...Had two filled prescriptions. 1. Hydrocodone-APAP 5/325 mg (milligrams) 1-2 tablets by mouth every 4 hours as needed for pain. 2. Keflex 500 mg one by mouth three times a day for 7 days. " Signed by licensed staff K. (The record lacked documentation of an	S3261		

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S3261	Continued From page 17 assessment of surgical site and presence of a Penrose drain.) 10-2-14 (time unknown): " Resident ' s Penrose drain came off. As per resident, it came off the night after the procedure. Denies pain and discomfort. Contacted (physician) and was informed of the same. Physician gave order to cut the hanging Penrose drain and resident will be seen at the physician ' s office tomorrow 10-3-14. Family member to transport and is aware. No signs and symptoms of infection noted at this time. Resident also continues on antibiotic therapy with no signs/symptoms of adverse reactions. " Signed by licensed staff K. The record lacked documentation of nursing assessment of type of procedure resident had, surgical site, Penrose drain placement, amount of drainage, presence of dressings, whether dressings where changed as ordered, monitoring of drain each shift and outcome of physician ' s visits if there were any. Hospital instructions included the following: " Caring for you Penrose drain: A Penrose drain is a soft flat flexible tube made of latex. Part of the drain will be inside your incision, and part of it will come out of your skin. A safety pin or a small tab is usually left at the end of the Penrsoe drain to prevent it from slipping into the wound. The Penrose drain acts like a straw to pull or drain blood and other fluids from your surgical site and release them outside of your body onto a dressing. How long you will have the drain depends on your surgery and the amount of drainage coming from your incision. Call the doctor if you have a temperature of 100.4 degrees or higher; increased discomfort, tenderness, redness or swelling near your Penrose drain or incision; the skin around our Penrose drain is hot to the touch; the drainage	S3261		

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S3261	Continued From page 18 from your Penrose drain is thick, green or has a foul odor, your Penrose drain comes out. " Instructions given for how to change the dressing. Interview on 11-5-14 at 3:07 pm with administrative nurse J confirmed the record lacked documentation of monitoring of the Penrose drain including any dressing changes and physician follow-up. Stated resident ' s family member signed the resident out on 10-1-14 at 9:45 am and 10-2-14 at 12:04 pm. Further confirmed the record lacked documentation of whether resident was seen by the physician for follow-up after the procedure. Interview on 11-5-14 at 3:30 pm with licensed staff K stated resident had a procedure in which he/she had fluid drained on 9-30-14 and returned to the facility with a drainage tube (Penrose drain); a family member stayed with the resident to monitor the drain and surgical site that night. Further stated " I looked at it when he/she returned " . Confirmed he/she did not document an assessment. Stated there was no dressing but there was a suture holding the drain. Confirmed the record lacked documentation of nursing assessments and follow up of the Penrose drain. For resident #520, the administrator failed to ensure documentation of assessment and ongoing monitoring of a resident who had experienced an outpatient surgical procedure.	S3261		
S3298 SS=F	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	S3298		

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S3298	Continued From page 19 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 26-41-206(d) The facility reported a census of 90 residents. The sample included 6 residents. Based on record review and interview, the administrator failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature. Findings included: - Review on 11-3-14 at 10:30 am of weekly Food Temperature Logs beginning 7-27-14 through 11-3-14 revealed the logs lacked documentation of temperatures on the following dates/meals: For Hot Food: 7-27-14 (lunch); 7-31-14 (dinner); 8-3-14 to 8-23-14 no documentation available; 8-28-14 oatmeal recorded at 135 degrees F (Fahrenheit) lacked documentation of reheating; 8-29-14 oatmeal recorded 138 degrees F lacked documentation of reheating; 9-7-14 to 9-20-14 no	S3298		

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S3298	Continued From page 20	S3298		

documentation available; 9-24-14 and 9-25-14 temperature of sausage recorded 131 degrees F and 129 degrees F respectively lacked documentation of reheating; 9-28-14 to 10-4-14 no documentation available;10-12-14 to 10-18-14 no documentation available; 10-25-14 (lunch, dinner); Two pages of hot food temperature logs lacked dates.

For Cold Food: Received 6weeks temperature logs for August, September and October 2014, 3 of which lacked dates. 9-21-14 (dinner); 10-24-14 (dinner); 10-25-14 (dinner). No other documentation available.

Review of facility policy revealed:
Temperature of Food: To ensure food is served at the optimum temperature for quality and safety. Proper food holding temperatures. Procedure: 1. Hold hot food at 140 degrees F, or higher for no longer than 1 hour. Do not use the steam table to reheat foods. Do not use the hot holding box to reheat foods. Bring foods up to temperature as quickly as possible. Use the oven, the steamer, grill, steam jacket or broiler to heat foods in this manner. Food that has been cooked and cooled once already must be brought up to 165 degrees for 15 seconds and held for no more than 1 hour above 140 degrees. 2. Hold cold foods below 45 degrees.

Interviews on 11-3-14 at 10:30 am and 11-5-14 at 2:27 pm with administrative staff D, confirmed the food temperature logs lacked documentation of temperatures on the above dates/meals; provided copies of the facility policy for monitoring of food temperatures.

For all residents, the administrator failed to ensure food shall be prepared using safe

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S3298	Continued From page 21 methods that conserve the nutritive value, flavor and appearance and shall be served 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 facility reported a census of 90 residents. The sample included 6 residents. Based on observation and interview, the administrator failed to ensure facility staff stored all food under safe and sanitary conditions. Findings included: - Observations of kitchen on 11-3-14 at 10:00 am during entrance tour accompanied by administrative staff C revealed the following: Open trash containers in food prep and serving area. (Containers covered by dietary staff.) Walk-in refrigerator lacked thermometer. Chest freezer with ice cream lacked thermometer and contained moderate amount of ice cream spillage and packaging trash on bottom. Walk-in freezer with trash and food debris on the floor. Convection ovens with large amount of burnt on	S3299		

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S3299	Continued From page 22 dried food debris. Reach-in cooler with 7 large uncovered meat patties lacked date/label. (Removed by administrative staff D). Food debris on floor around stove including a sausage link and egg shells. Interview on 11-3-14 at 10:30 am and 11-5-14 at 2:27 pm confirmed the above observations. Provided weekly and daily cleaning lists. For all residents receiving dietary services, the administrator failed to ensure facility staff stored all food under safe and sanitary conditions.	S3299		