STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175380	A. BUILDING _____ B. WING _____	C 04/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CEDARS	1021 CEDARS DRIVE MCPHERSON, KS 67460

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation #161246. The 2567 was electronically sent to the facility on 04/07/21.	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility had a census of 63 residents. The sample included three residents reviewed for accidents. Based on record review and interview, the facility failed to ensure a safe and hazard free environment for one of three sampled residents. Resident (R) 1, a severely cognitively impaired resident, spilled a cup of hot coffee on herself after served by staff and left the resident unattended. The hot coffee caused second degree burns (when the first layer and some of the second layer of skin are burned) to the resident's left breast, abdomen, and bilateral thighs, and she required treatment at the emergency room. Findings included: - The "Physicians Orders," dated 12/14/20, documented R1 had diagnoses of depression,	F 689		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175380	A. BUILDING _____ B. WING _____	C 04/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CEDARS	1021 CEDARS DRIVE MCPHERSON, KS 67460

(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) COMPLETION DATE
F 689	Continued From page 1	F 689		

kyphoscoliosis (abnormal curve of the spine), general muscle weakness, pain, abnormalities of gait and mobility, and Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure).

R1's "Quarterly Minimum Data Set," (MDS), dated 02/05/21, documented the resident had short and long-term memory problems and severely impaired cognition. The MDS documented R1 required supervision after staff set-up for meals.

R1's "Activities of Daily Living (ADL) Care Plan," dated 02/05/21, documented R1 received thin liquids.

R1's "Nutrition Care Plan," dated 02/05/21, documented staff provided necessary assistance at and between meals.

The "Nurse's Note," dated 03/25/21 at 12:27 PM, documented R1 spilled a cup of hot coffee on her left breast, stomach, and legs. The note documented the areas were red with peeling skin noted to the left of R1's navel, and the resident complained of discomfort and pain. The note documented staff notified R1's physician who ordered to send the resident to the emergency room for evaluation. Staff transported the resident to the hospital at 12:35 PM.

The "Nurse's Note," dated 03/25/21 at 06:20 PM, documented R1 returned from the emergency room with the following new orders: administer Norco (medication used to treat moderate to severe pain) 5/325 milligrams (mg), (already prescribed for pain as needed), change dressings on the burns daily, apply a layer of topical antibiotic cream, cover with a non-stick dressing,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175380	A. BUILDING _____ B. WING _____	C 04/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CEDARS	1021 CEDARS DRIVE MCPHERSON, KS 67460

(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) COMPLETION DATE
F 689	Continued From page 2	F 689		

followed by a gauze dressing. The orders directed staff to schedule a follow up appointment with the resident's physician in five to seven days to ensure the burns were healing properly and return to her physician or the emergency room immediately if there were any signs of infection.

R1's "Skin Evaluation," dated 03/25/21, documented the following burns:
Right thigh: 4.5 centimeters (cm) by 11 cm, fluid filled blister
Left thigh: 4 cm by 14 cm and 2 cm by 1.5 cm fluid filled blisters
Abdomen: 12 cm x 15 cm, fluid filled blister
Left breast: 2 cm x 2 cm, small, scattered fluid filled blisters

The "Facility Investigation," dated 03/26/21, documented on 03/25/21 at 12:09 PM, Licensed Nurse (LN) G served R1 a cup of coffee at the dining room table, the resident dropped the cup, and spilled the hot coffee on the top of her body. LN G responded immediately, assisted R1 to her room, removed her saturated clothing, applied a cold washcloth to the burns, and dressed R1 in dry clothes. The report documented staff notified R1's physician at 12:20 PM who ordered to send the resident to the emergency room for evaluation and treatment of the burns. The report documented staff checked the temperature of the coffee staff served R1 and recorded a temperature of 175 degrees Fahrenheit (F).

On 04/01/21 at 11:00 AM, LN G stated she served R1 the hot coffee in a cup without a lid. LN G stated she turned around, heard R1 scream, and noted the resident dropped the cup of hot coffee down the front of her body. LN G verified she did not know how hot the coffee was or if the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175380	A. BUILDING _____ B. WING _____	C 04/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CEDARS	1021 CEDARS DRIVE MCPHERSON, KS 67460

(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) COMPLETION DATE
F 689	Continued From page 3	F 689		

dietary aide checked the temperature of the coffee. LN G stated she assisted R1 to her room, removed her clothing, applied cold washcloths, and dressed R1 in dry clothes. LN G stated staff notified R1's physician who ordered R1 to come to the emergency room to be evaluated for the burns.

On 04/01/21 at 01:25 PM, Dietary Staff (DS) BB verified dietary staff did not check the temperature of coffee before it was served to residents and stated 175 degrees F was too hot to serve cognitively impaired residents. DS BB stated the coffee pots were set to dispense coffee at 155-175 degrees F.

On 04/05/21 at 10:45 AM, Administrative Nurse E stated on 03/25/21 at approximately 12:10 PM, staff called her to R1's room. Administrative Nurse E stated staff served R1 hot coffee, she spilled it on herself, received burns to her upper body, and staff transported R1 to the emergency room for treatment. Administrative Nurse E verified there was no lid on the coffee cup.

On 04/05/21 at 12:00 PM, Administrative Nurse D verified R1 was cognitively impaired, could eat and drink independently after staff set up her meal, and required staff supervision. Administrative Nurse D verified the facility had not completed hot liquid assessments on residents, and staff used their good judgement and observation to know if a resident required assistance with eating and drinking. Administrative Nurse D verified lids were available for coffee cups, but there was no lid on R1's cup when she spilled the hot coffee on herself.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175380	A. BUILDING _____ B. WING _____	C 04/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CEDARS	1021 CEDARS DRIVE MCPHERSON, KS 67460

(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) COMPLETION DATE
F 689	Continued From page 4	F 689		

On 04/05/21 at 12:35 PM, Administrative Staff A verified R1 was cognitively impaired, but could eat and drink after staff set up her meal and required staff supervision. Administrative Staff A verified on 03/25/21 staff served R1 hot coffee and she spilled it down the front of her body. Administrative Staff A stated lids were available for coffee cups, did not believe there was a lid on her cup that day as she had not had any problems before. Administrative Staff A verified the facility did not assess residents for safety with hot liquids.

The facility's undated "Safe Serving of Coffee and Other Hot Liquids" policy documented coffee and other hot beverages should be consumed at 155-175 degrees F for most residents and noted this temperature could results in burns if the beverage contacted the skin or mucous membranes. The policy documented hot beverages would not be left unattended without accessibility of the hot beverage in carafes or carriers with secure covers to reduce the risk of accidental dispensing.

The facility failed to ensure a safe and hazard free environment for R1 when staff served her hot coffee in a cup, spilled it on herself, and received second degree burns on her breast, abdomen and thighs.