STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N001007	A. BUILDING: _____ B. WING _____	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARROWOOD LANE RESIDENTIAL CARE	615 E FRANKLIN HUMBOLDT, KS 66748

(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 the licensure resurvey with attached complaint number 187322, for the above named facility conducted on 10/07/24 and 10/08/24.	S 000		
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: K.A.R.26-41-206 (e) The facility reported a census of 16 residents. Based on observation and interview the Operator failed to ensure the facility dietary staff stored food under safe conditions. Findings included: Observation on 10/07/24 at approximately 01:13 PM in the facility kitchen dry food storage area sat two eleven-pound containers of "Ready to Use" cake icing. The "Vanilla Ice Cream Icing" had the date of 03/20/24 written on the lid in bold black marker. The container was approximately ¼ full. On the side of the container in the instructions for "Use and Handling" was the following statement: Once the container had been opened it could be stored at room temperature for one week. After this time "store the container in the cooler".	S3299		

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

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S3299	Continued From page 1 Interview on 10/07/24 at approximately 01:15 PM with facility dietary staff A confirmed the storage directions on the container instructed to store the opened container in the cooler after one week of it being opened. Dietary staff A could not confirm the date the container was originally opened. The Operator failed to ensure the facility dietary staff stored food under safe conditions.	S3299		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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 infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care	S3305		

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S3305	Continued From page 2	S3305		

setting; and
(7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents.

This REQUIREMENT is not met as evidenced by:
K.A.R.26-41-207 (b) (4)

The facility reported a census of 16 residents. All 16 residents ate food prepared in the same kitchen. The Operator failed to ensure sanitary conditions for food service by not ensuring chemical strengths were performed and documented daily.

Findings included:

- Review of the October 2024 Dishwasher Temperature / Sanitizer Log on 10/07/24 revealed the facility dietary staff had documented the hot water temperature for the dishwasher. On the left side of the page was a box with blank areas the areas for the date, water temperature and "PPM" to be documented. The "PPM" was crossed out and "AM" was handwritten in. On the right side of the page was an area to record the water temperature and "PPM". In the PPM column was written on each line the number "3".

Interview on 10/07/24 at approximately 01:15 PM with facility dietary staff A revealed the "3" was the time that the water temperature was checked. She stated she did not run a "Parts Per Million"

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S3305	Continued From page 3 (PPM) test strip and she thought the dietary manager ran a stip. Interview on 10/08/24 at approximately 10:00 AM confirmed the dietary staff had not been running the chemical test strips checking the sanitizer levels. She continued to state the company who supplied the sanitizer checks it when they come in either monthly or every other month. Dietary Manager indicated she thought the dish machine was a low temperature machine. Review of the facility policy titled "Dietary Temperature and Chemical Control Logs" dated 11/2016 revealed the following: In the section titled "Procedure" 1. Temperatures and chemical levels on low temperature dish machines shall be recorded on all coolers, freezers, and dish machines twice each day." The Operator failed to ensure sanitary conditions for food service by not ensuring chemical strengths were performed and documented daily.	S3305		