STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N012001	A. BUILDING: _____ B. WING _____	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 initial survey for the above named assisted living facility conducted on 01/25/23.	S 000		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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 shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (d) (3) The census equaled 9 residents. The sample included 3 residents and review of 5 employee records. Based on record review and interview, Administrator A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's	S3280		

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

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S3280	Continued From page 1 entire "Emergency Management Plan" with residents and staff. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents. The facility failed to provide documentation regarding quarterly emergency management plan reviews with residents. Review of the facility's quarterly reviews of the emergency management plan with staff revealed the following review dates: 07/27/20, 07/29/21 and 09/23/22. The facility failed to provide documentation regarding emergency management plan reviews with staff for the first, second and fourth quarter of 2020, 2021 and 2022. Interview on 01/25/23 at 02:21 PM with Administrator A confirmed reviews were not completed with residents and further confirmed reviews were completed annually with staff, not quarterly. Facility's "Emergency Management Plan" policy dated 08/18 failed to identify frequency of reviews to be completed with residents and staff. Administrator A failed to ensure disaster and emergency preparedness by the failure to ensure	S3280		

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S3280	Continued From page 2 the performance of quarterly reviews of the facility's entire emergency plan with residents and staff.	S3280		
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 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 census equaled 9 residents. The sample included 3 residents. Based on record review and interview for all residents living in the facility and receiving meal services, Administrator A failed to ensure the facility staff served food at the proper temperature.	S3298		

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S3298	Continued From page 3 Findings included: - During the initial tour on 01/25/23 at 12:22 PM, facility food temperature monitoring logs were requested, and the facility failed to provide any food temperature logs. Interview on 01/25/23 at 12:22 PM with Operator/ Licensed Nurse (LN) B confirmed no record of food temperature monitoring logs completed. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. For all residents of the facility, Administrator A failed to ensure facility staff served food at the proper temperature.	S3298		
S3299 SS=E	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 census equaled 9 residents. The sample included 3 residents. Based on record review,	S3299		

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S3299	Continued From page 4 interview, and observation for all residents receiving meal services, Administrator A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 01/25/23 at 12:17 PM revealed a kitchen. Observation of the pantry revealed the following foods, which were not sealed: one bag of noodles and one bag of crackers. Observation of the pantry revealed the following foods in the freezer, which were not sealed: one package of bacon and one bag of sausage patties. Interview on 01/25/23 at 12:17 PM with Operator/ Licensed Nurse B confirmed the above listed food items were not sealed. Facility's "Food Receiving and Storage" policy dated 11/22 recorded, "Dry Food Storage: 3. Dry foods and goods are handled and stored in a manner that maintains the integrity of the packaging until they are ready to use ...Refrigerated/Frozen Storage: 1. All foods stored in the refrigerator or freezer are covered, labeled and dated ... Foods and Snacks Kept on Nursing Units: 5. Other opened containers are dated and sealed or covered during storage." For all residents receiving meal services, Administrator A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		

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S3310 SS=E	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 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: K.A.R 26-41-207 (c) The census totaled 9 residents. The sample included 3 residents. Based on record review and interview for 3 Residents (R)1, R2 and R3, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R1's "Health Record" revealed she admitted to the facility on 11/03/18. R1's record lacked evidence of the second step of the TB testing upon admission and completion of an annual TB questionnaire since 10/23/18. - R2's "Health Record" revealed he admitted to	S3310		

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S3310	Continued From page 6	S3310		

the facility on 02/03/20. R2's record lacked evidence of the second step of the TB testing upon admission and completion of an annual TB questionnaire since 01/21/20.

- R3's "Health Record" revealed she admitted to the facility on 05/20/21. R3's record lacked evidence of the second step of the TB testing upon admission and completion of an annual TB questionnaire since 05/18/21.

Interview on 01/25/23 at 03:10 PM with Administrator A confirmed annual TB questionnaires were not completed with residents.

Interview on 01/25/23 at 03:38 PM with Operator/Licensed Nurse A confirmed R1, R2 and R3 did not receive a second step of the TB testing upon admission.

The facility's "Tuberculosis, Screening Residents for" policy dated 08/19 recorded, "The facility will conduct an annual risk assessment to determine risk of exposure."

The facility failed to follow the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.