STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175503	A. BUILDING _____ B. WING _____	06/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PLAZA HEALTH SERVICES AT SANTA MARTA	13875 W 115TH TERRACE OLATHE, KS 66062

(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 a Health Resurvey. The 2567 was electronically sent to the facility on 06/22/21.	F 000		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: The facility had a census of 35 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to ensure one of three facility kitchens had a sanitary food preparation area to prepare foods for 34 residents who received food from the kitchens. Findings included:	F 812		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/22/2021

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F 812	Continued From page 1 - On 06/16/21 at 11:40 AM, observation in the facility's main kitchen revealed a magnetic knife holder above the food preparation sink with dried food on the top and the face where three knives were held. Further observation revealed the shelf above the preparation counter, the backsplash and wall with dried crumbs of food stuck to them. On 06/16/21 at 11:45 AM, Dietary Staff (DS) BB verified the observation and stated staff were to follow the facility's cleaning schedule. On 06/21/21 at 04:15 PM, Administrative Staff A stated the kitchen staff used a dry erase board to initial when they cleaned or finished a task and erased the board at the end of the week. The facility's undated "Kitchen Cleaning Schedule" policy directed staff to clean wall and pipes below the shelves in the dish areas and the shelves. The AM cleaning list included: clean prep table and prep table sink. Final Prep Area Cleaning included: clean line prep tables, and walls in the kitchen area. The facility failed to prepare food under sanitary conditions in one of three facility kitchens, placing 34 of the facility residents at risk for food borne illness.	F 812		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable	F 880		

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F 880	Continued From page 2 diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility	F 880		

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F 880	Continued From page 3	F 880		

must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 35 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to maintain infection prevention standards for transporting soiled linens and trash on two of the four facility halls..

Findings included:

- On 06/15/21 at 03:45 PM, Housekeeping Staff (HS) U dragged, on the floor, one full bag of trash and one half-full bag of soiled mop heads through the chapel hall and 1900 hall. HS U left them on the floor by room 1908 while she went to the 1700 hall. After she returned, HS U dragged the bags down the 1900 hall to the dining room doorway, then picked up the bags and carried them.

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F 880	Continued From page 4 On 06/21/21 at 03:46 PM, observation revealed HS U carried one full bag of trash and dragged, on the floor, one half full bag of soiled mop heads from the chapel hall through the 1900 hall and past the dining room. On 06/21/21 at 03:46 PM, Licensed Nurse (LN) G verified the observation and stated staff should not be dragging the bags on the floor. On 06/21/21 at 03:50 PM, Administrative Nurse D verified staff were not to drag bags of soiled laundry or trash on the floors. The facility's "Standards and Guidelines" policy, dated November 2017, documented staff would transport soiled linen and clothing in accordance with procedures consistent with universal precautions. The facility failed to maintain infection prevention standards for transporting soiled linens and trash on the chapel and 1900 halls, placing residents at risk for infection.	F 880		