| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N079003 | A. BUILDING: _____ B. WING _____ | 05/03/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRY PLACE SENIOR LIVING OF BELLEVILLE | 530 23RD STREET BELLEVILLE, KS 66935 |

| (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<br><br>The following citations represent the findings of a resurvey with a complaint (#162506) at the above named facility conducted on 05/02/22 and 05/03/22. | S 000 | | |
| S3298 SS=F | 26-41-206 (d) Food Preparation<br><br>(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.<br>(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.<br>(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.<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-206 (d)<br><br>The census equaled 12 residents. Based on record review and interview for all residents living in the facility and receiving meal services, Operator A failed to ensure facility staff served food at the proper temperature.<br><br>Findings included: | S3298 | | |

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

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| S3298 | Continued From page 1<br><br>During the initial tour on 05/02/22 at 12:24 PM the surveyor requested facility food temperature monitoring logs for May 2022 and the facility failed to provide food temperature monitoring logs.<br><br>Interview on 05/02/22 at 12:25 PM with dietary staff D stated, "we don't do food temperature logs" when asked for documentation of food temperature monitoring logs.<br><br>Interview on 05/02/22 at 02:14 PM with Operator A confirmed no record of food temperature monitoring logs.<br><br>On 05/03/22 at 12:53 PM during an electronic interview, Operator A confirmed all residents ate at the facility.<br><br>"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.<br><br>Facility "Food Sanitation and Safety" policy (no date) recorded, "Food Care: 9.) Cold foods are generally served at temperature of 40 degrees of below and hot foods must be maintained at temperatures of 140 degrees Fahrenheit and above as per "Focus on Food Safety" from the Kansas Department of Health and Environment ...Product Thermometers: Metal stem-type numerically scaled indicating thermometers shall be provided and used to assure the attainment and maintenance of proper internal cooking, holding or refrigeration temperatures of all potentially hazardous foods." | S3298 | | |

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| S3298 | Continued From page 2<br>For all residents of the facility, Operator A failed to ensure facility staff served food at the proper temperature. | S3298 | | |
| S3310 SS=D | 26-41-207 (b) (5-6) (c) Infection Control Policies<br>(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;<br>(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<br>(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<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R 26-41-207 (c)<br><br>The census totaled 12 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 2 staff (Licensed Nurse (LN) B and Certified Nurse Aide (CNA) C, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines.<br><br>Findings included:<br><br>- Review of LN B's employee record revealed | S3310 | | |

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| S3310 | Continued From page 3<br>they hired onto the facility on 10/03/21. LN B's record lacked evidence of TB testing upon hire.<br><br>Review of CNA C's employee record revealed they hired onto the facility on 10/13/21. CNA C's record lacked evidence of TB testing upon hire. Record further lacked evidence of a TB questionnaire upon hire.<br><br>Interview on 05/02/22 at 1:30 PM with Operator A confirmed LN B and CNA C did not receive TB testing upon hire and further confirmed CNA C did not receive a TB questionnaire upon hire.<br><br>The facility's "TB Skin Tests" policy dated 2014 recorded, "New resident and employee testing: Each new resident and employee shall be given the TB symptom screen and begin a two-step tuberculin skin test or a blood assay for Mycobacterium tuberculosis (BAMT) within seven days of residency or employment."<br><br>The facility failed to ensure compliance with 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. | S3310 | | |