

Kansas State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>N082001</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>03/02/2026</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>REDBUD VILLAGE</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1000 S WASHINGTON STREET , PLAINVILLE, Kansas, 67663</b>                     |  |                                                 |  |
| (X4) ID<br>PREFIX<br>TAG                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                      |  |
| S0000                                                        | INITIAL COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         | S0000               |                                                                                                                          |  |                                                 |  |
| S3298<br>SS = E                                              | <p>The following citations represent the findings of the licensure resurvey for the above named facility conducted on 03/02/26.</p> <p>Food Preparation</p> <p>CFR(s): 26-41-206 (d)</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>The census equaled 8 residents. Based on record review and interview for all residents living in the facility and receiving meal services, Operator/ Certified Medication Aide (CMA) A failed to ensure the facility staff served food at the proper temperature.</p> <p>KAR 26-41-206 (d)</p> <p>Findings included:</p> <p>- During the initial tour on 03/02/26 at 09:40 AM, facility food temperature monitoring logs were requested. "Temperature Record of Test Trays" logs were obtained for February 2026 from Operator/ CMA A.</p> |                                                                         | S3298               |                                                                                                                          |  |                                                 |  |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S3298<br>SS = E                                              | <p>Continued from page 1</p> <p>Record lacked breakfast, lunch and supper food temperatures for the following dates:</p> <p>02/12/26, 02/14/26, 02/15/26, 02/17/26, 02/18/26, 02/24/26.</p> <p>Record lacked breakfast, lunch food temperatures for the following dates:</p> <p>02/06/26, 02/12/26, 02/14/26, 02/15/26, 02/17/26, 02/18/26, 02/23/26, 02/24/26.</p> <p>Record lacked breakfast, lunch food temperatures for the following dates:</p> <p>02/03/26, 02/06/26, 02/11/26, 02/12/26, 02/14/26, 02/15/26, 02/17/26, 02/18/26, 02/23/26, 02/24/26, 02/27/26.</p> <p>Observation on 03/02/26 at 12:00 PM revealed 7 residents eat the lunch time meal prepared by the facility.</p> <p>Interview on 03/02/26 at 12:11 PM with Operator/ CMA A confirmed all 8 residents eat meals prepared by the facility.</p> <p>Interview on 03/02/26 at 01:40 PM with Operator/ CMA A confirmed food temperatures were not recorded for the above listed dates. Operator/ CMA A further confirmed food temperatures were to be obtained and recorded by staff in the assisted living kitchen prior to serving residents.</p> <p>Dietary guidelines for Americans 2005 recommends using a clean thermometer that measures the internal temperature of cooked food to make sure food is cooked to and held at proper temperatures and to keep food out of the "danger zone" (40 degrees Fahrenheit to 140 degrees Fahrenheit) where bacteria can multiply rapidly.</p> <p>Facility's "Central Kitchen and Assisted Living Procedure for documenting Meal Temperatures" dated 11/4/24 recorded, "Assisted Living team will pull the</p> |                                                                         | S3298               |                                                                                                                          |  |                                                 |  |

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| S3298<br>SS = E                                              | Continued from page 2<br>hot pans out and take temperature prior to serving.<br>Document temperature."<br><br>For all residents of the facility, Operator/ CMA A<br>failed to ensure facility staff served food at the<br>proper temperature. |                                                                         | S3298               |                                                                                                                          |  |                                                 |  |