STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N085005	A. BUILDING: _____ B. WING _____	07/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALINA PRESBYTERIAN MANOR	2601 E CRAWFORD STREET SALINA, KS 67401

(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 a resurvey with attached complaint (#176465) at the above named facility conducted on 07/19/23.	S 000		
S3211 SS=D	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (3) The census totaled 31 residents. The sample included 3 residents. Based on observation and interview for 2 non-sampled Residents (R)4 and R5, Administrator A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included:	S3211		

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

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S3211	Continued From page 1 - Observation on 07/19/23 at 11:16 AM with Licensed Nurse (LN) B revealed a locked medication cart on the memory care unit in the facility. The following over the counter medications were noted without full names: For R4, the cart contained one bottle of Benefiber prebiotic fiber supplement and one bottle of Folic Acid (dietary supplement), For R5, the cart contained one bottle of Fish Oil (dietary supplement) and one bottle of AZO Urinary Tract Health. Interview on 07/19/23 with LN B confirmed the above listed medications were without full first and last names for R4 and R5. - Observation on 07/19/23 at 11:26 AM with LN B revealed a locked medication cart on the assisted living unit in the facility. The following over the counter medications were noted without full names. One bottle of Liquid Wart Remover and one bottle of Laxative tablets. Interview on 07/19/23 with LN B confirmed unable to identify who the above listed medications belonged to. Facility failed to provide a policy on labeling over the counter medications. Administrator A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		

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S3280	Continued From page 2	S3280		
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) (4) The census equaled 31 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 entire "Emergency Management Plan" with residents and an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.	S3280		

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S3280	Continued From page 3 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. Facility failed to provide quarterly reviews of the emergency management plan with residents for the first quarter of 2023. Facility failed to perform an annual emergency drill since last survey conducted with all residents and the minimum number of staff on duty at one time that included an evacuation of all residents to a secure location. Interview on 07/19/23 at 03:15 PM with Licensed Nurse (LN) B confirmed unable to locate review completed with residents for the first quarter of 2023. Interview on 07/19/23 at 03:25 PM with LN C confirmed unable to locate a full evacuation completed with all residents and the minimum number of staff on duty at one time. Administrator A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with residents and an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.	S3280		

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S3298	Continued From page 4	S3298		
S3298 SS=E	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 (e) The census equaled 31 residents. Based on record review, observation 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. Findings included: - During the initial tour on 07/19/23, facility food temperature monitoring logs were requested in	S3298		

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S3298	Continued From page 5 the memory care unit satellite kitchen. "Holding Temperature Log" documents were obtained. Record lacked breakfast food temperatures for the following dates: 07/01/23, 07/02/23, 07/03/23, 07/04/23, 07/05/23, 07/06/23, 07/07/23, 07/08/23, 07/09/23, 07/10/23, 07/11/23, 07/12/23. 07/13/23, 07/14/23, 07/15/23 07/16/23 07/17/23, 07/18/23 and 07/19/23. Record revealed the following food temperatures for the following dates: 07/01/23, 07/02/23, 07/06/23, 07/07/23, 07/15/23 and 07/16/23. Record lacked indication if temperatures were for lunch or supper. Record lacked lunch and supper food temperatures for the following dates: 07/03/23, 07/04/23, 07/05/23, 07/08/23, 07/09/23, 07/10/23, 07/11/23, 07/12/23. 07/13/23, 07/14/23, 07/17/23 and 07/18/23. Interview on 07/19/23 with Licensed Nurse (LN) B confirmed facility staff were to obtain food temperatures at each meal and further confirmed the "Holding Temperature Log" were not completed at each meal. Interview on 07/19/23 at 11:36 AM with Dietary Supervisor C confirmed facility staff were to obtain food temperatures at each breakfast, lunch and supper meal in the memory care unit satellite kitchen. Electronic interview on 07/20/23 with LN B confirmed all residents living in the facility receive meal services prepared by the facility.	S3298		

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S3298	Continued From page 6 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		