STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087089	A. BUILDING: _____ B. WING _____	08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RUSHWOOD SENIOR COMMUNITY	2121 N 143RD STREET E WICHITA, KS 67230

(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 an initial certification survey with a complaint 189141 at the above named Assisted Living conducted on 08/01/24 and 08/05/24.	S 000		
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: 3213 KAR 26-41-205 (g)(2) The facility reported a census of 15 residents. Based on observation and interview the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - Observation on 08/01/24 at 01:22 PM revealed the facility's medication cart contained the following prescription medications which were not labeled with a resident's full name: Resident (R)104- One eyedrop bottle of Timolol Maleate 0.5% Two bottles of Systane Lubricant Eye Drops	S3213		

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

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S3213	Continued From page 1 R105: One inhaler of Albuterol Sulfate HFA Inhalation Aerosol R106: One bottle of Systane Lubricant Eye Drops On 08/05/24 at 12:55 PM Administrative Nurse B stated she expected all medications to be labeled with the resident's full name. The undated, "Medication Packaging Policy" documented, "The medication...is properly labeled in accordance with the applicable regulations and labeled with the following...Residents full name." The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
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	S3298		

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S3298	Continued From page 2 required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: 3298 KAR 26-41-206 (d) The facility had a census of 15 residents. All residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature for food provided in the memory care unit. Findings included: - On 08/01/24 at 04:10 PM observation of the satellite kitchen located in the memory care unit revealed no food temperature logs. On 08/01/24 at 01:42 PM "Certified Nurse Aide" (CNA) C stated there were no food temperature logs kept at the memory care satellite kitchen and stated he thought dietary staff documented these. On 08/01/24 at 02:00 PM Dietary Staff D stated that food temperatures were taken and logged before it was transported to the memory care unit but not before the food was served in the memory care unit. On 08/05/24 at 01:29 PM Administrative Staff A stated it was her expectation that food temperatures were taken and documented before serving to the residents. The undated "Culinary Temperature Audit" policy	S3298		

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S3298	Continued From page 3 documented, "Prior to serving, the temperatures of the foods are checked...The temperatures of the foods are documented on the food temperature audit form." According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or higher and cold foods must be maintained at an internal temperature of 41 F or below. The operator failed to ensure food items were served 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: 3299 KAR 26-41-206 (e) The facility had a census of 15 residents. All 15 residents ate food prepared in the main kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to document temperatures of food items stored in the refrigerator/freezer located in the memory care unit were at acceptable temperatures according to food safety guidelines.	S3299		

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S3299	Continued From page 4 Findings included: - Observation on 08/01/24 at 01:42 PM revealed there was no documentation of refrigerator/freezer temperatures by staff in the memory care unit. On 08/01/24 at 01:42 PM "Certified Nurse Aide" (CNA) C stated there were no refrigerator/freezer temperature logs kept at the memory care satellite kitchen and stated he thought dietary staff documented these. On 08/01/24 at 02:00 PM Dietary Staff D stated that there were no current refrigerator/freezer temperature logs used in the memory care unit. On 08/05/24 at 01:29 PM Administrative Staff A stated it was her expectation that refrigerator/freezer temperatures be documented in the memory care unit satellite kitchen. The undated, "Culinary Temperature Audit" policy documented, "Logs will be maintained for each refrigerator and freezer in the community." The Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, p. 19 documented, "Proper holding temperatures must be maintained during display, storage and transportation. Cold foods must be maintained at an internal temperature of 41F or below." The operator failed to ensure food items were stored under safe and sanitary conditions.	S3299		

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S3305	Continued From page 5	S3305		
S3305 SS=E	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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 (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by:	S3305		

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S3305	Continued From page 6 3305 KAR 26-41-207(b)(4) The facility had a census of 15 residents. All 15 residents ate food prepared in the same kitchen. The operator failed to ensure sanitary conditions for food service by not ensuring the dishwasher hot water temperatures were documented. Findings included: - Observation on 08/01/24 at 01:42 PM revealed there was no documentation of dishwasher hot water temperatures were recorded by staff in the memory care unit. On 08/01/24 at 01:42 PM "Certified Nurse Aide" (CNA) C stated there were no dishwasher hot water temperature logs kept at the memory care satellite kitchen and stated he thought dietary staff documented these. On 08/01/24 at 02:00 PM Dietary Staff D stated that there were no current dishwasher temperature logs used in the memory care unit. On 08/05/24 at 01:29 PM Administrative Staff A stated it was her expectation that dishwasher hot water temperatures be documented in the memory care unit satellite kitchen. The undated, "Culinary Temperature Audit" policy documented, "Logs will be maintained for each Dish Machine in the community." The operator failed to ensure sanitary conditions in the kitchen by failing to ensure staff documented dishwasher hot water temperatures.	S3305		

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S3310	Continued From page 7	S3310		
S3310 SS=F	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: 3310 KAR 26-41-207(c) The facility reported a census of 15 residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Resident (R)101 admitted to the facility on 07/02/24. \ Review of medical records revealed R101 did not	S3310		

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S3310	Continued From page 8	S3310		

have a TB Symptom Screen completed upon admission to the facility.

On 08/05/24 at 12:56 PM Administrative Nurse B stated R101 did not have a TB Symptom Screening Questionnaire completed upon admission.

The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of residency ..."

The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

- Review of the newly hired staff information revealed the following:
Licensed Nurse E was hired on 04/25/24 and did not have a Tuberculosis Symptom Screen Questionnaire completed within seven days of her hire date.

"Certified Medication Aide" (CMA) F was hired on 02/21/24 and did not have a Tuberculosis Symptom Screen Questionnaire completed within seven days of her hire date.

Dietary Staff G was hired on 02/21/24 and did not have a Tuberculosis Symptom Screen Questionnaire completed within seven days of her hire date.

Certified Nurse Aide H was hired on 04/18/24 and did not have a Tuberculosis Symptom Screen Questionnaire completed within seven days of

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S3310	Continued From page 9 her hire date. CMA I was hired on 06/27/24 and did not have a Tuberculosis Symptom Screen Questionnaire completed within seven days of her hire date. On 08/01/24 at 02:45 PM Administrative Staff A confirmed they did not complete the TB Symptom Screening Questionnaire for each new staff upon hire. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of ...employment." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		