

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Arma Operator, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 605 E Melvin Street Arma, KS 66712	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560</p> <p>The facility reported a census of 40 residents. Based on observation, interview and record review, the facility failed to prepare, store, and serve food in a sanitary manner for the residents of the facility.</p> <p>Findings included:</p> <p>- On 12/17/24 at 12:55 PM, during the initial tour of the facility with Dietary Staff BB the following areas of concern were identified:</p> <ol style="list-style-type: none"> 1. A squeeze type bottle of ranch salad dressing had an open date of 10/11/24. 2. A squeeze type bottle of Italian salad dressing had an open date of 10/04/24. 3. A one-gallon container of pickle relish had an open date of 06/04/24. 4. An open package of turkey lunch meat had an open date of 12/03/24. <p>Dietary Staff BB stated all the above items were beyond their safe use date, which varied from seven days for the lunch meat and would consult with consulting staff GG to determine the safe use period for the salad dressings and pickle relish.</p> <p>The following opened items lacked open dates:</p> <ol style="list-style-type: none"> 1. A one-gallon container of pickle slices. 2. A one-gallon container of mayonnaise. 3. A one-gallon container of thousand island salad dressing. 4. A one-gallon container of barbeque sauce. 5. A container of [NAME] Lynch salad dressing. 6. A 16-ounce (oz) container of ranch dressing. <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>7. A 46 oz container of apple sauce.</p> <p>8. One large bag of shredded red cabbage.</p> <p>9. A 35 oz packages of frosted flakes, rice crisps, and fruit whirls.</p> <p>10. A box of corn starch.</p> <p>11. A one-gallon container of pancake syrup.</p> <p>Dietary Staff BB confirmed the above items should have open dates to determine expiration of safe use.</p> <p>Observation of the kitchen environment, on 12/18/24 at 01:55 PM, with Consulting Staff GG, revealed the following areas of concern:</p> <ol style="list-style-type: none"> 1. The large, covered trash can next to the stove contained food debris, grime, and spillage on the lid and outer surfaces. 2. The rolling door window through which the cook passed plates of food from the steam table to serve to residents contained dust and grime over the entire surface. 3. The steam table had an accumulation of orange rust like discolorations in the water bins and grime over the outer surfaces of the table. The back splash of the steam table contained smudges of unknown substance. 4. The plastic six drawer storage unit for condiments contained particles of sugar and grime on the interior surfaces and grime discolorations over the exterior surfaces 5. The outside of the two-door refrigerator contained sticky substances on the handles and smudges on the doors. 6. The stand alone six shelf oven contained an accumulation of grime and food substances over the entire interior, which included the doors and the six metal racks. The outer top surface contained dust. 7. The stove back splash contained an area approximately ten by eight inches of brown substance. 8. The stove's two ovens, used for storage, exterior handles contained a sticky substance. 9. Four air vents above the stove contained an accumulation of a sticky substance. 10. A metal shelf which stored food storage bags, contained an accumulation of grime across the surface. 11. A three-drawer storage unit which stored kitchen utensils, interior contained food debris, and the exterior contained grime. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The refrigerator also contained a container with a pie slice labeled with a resident's name and the dated 11/14/24, and a Tupperware container with a resident's name with no date.</p> <p>The freezer contained the following areas of concern:</p> <ol style="list-style-type: none"> 1. A 16 oz container of cool whip partially used with frost accumulation. 2. A fast food frosty with no date and evidence of frost accumulation. 3. A house shake dated 12/06/24. 4. 12 ice packs. <p>The fruit bowl on the east hall snack area contained an apple with a rotten spot and seven oranges with wrinkled skins. This area also contained an open 12 oz bottle of sugar free syrup, undated.</p> <p>The three-drawer plastic snack unit contained salt and food debris in the interior of the drawers.</p> <p>Interview, on 12/19/24 at 08:00 AM, with Certified Nurse Aide (CNA) M, revealed dietary manages the resident snack area and the ice packs were used for residents with injuries.</p> <p>Interview, on 12/19/24 at 08:10 AM, with Licensed Nurse (LN) H, revealed housekeeping/dietary manage the resident snack areas.</p> <p>Interview, on 12/19/24 at 01:30 PM, with Dietary Staff BB, revealed she would expect dietary staff to manage the resident's snack areas which included the refrigerators.</p> <p>The facility policy Refrigerators and Freezers reviewed 10/2024, instructed staff to label and clearly mark food to indicate the date or day by which the food shall be consumed or discarded. Staff to keep refrigerators clean and free of debris on a scheduled basis and as necessary.</p> <p>The Facility policy Sanitation reviewed 10/2024, instructed staff to keep all kitchens and kitchen areas clean, free from litter and rubbish. Equipment, food contact surfaces and utensils shall be washed to remove of completely loosen soils using the manual or mechanical means as necessary. Food service staff will be trained to maintain cleanliness throughout their work areas.</p> <p>The facility failed to prepare, store, and serve food in a sanitary manner to the residents of the facility to prevent food borne illness.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>36881</p> <p>The facility reported a census of 40 residents. Based on record review and interview, the facility failed to electronically submit complete and accurate direct care staffing information, including hours of labor for an administrative salaried nurse which provided direct care during the weekend resulting in an inaccurate Payroll Base Journal PBJ related to low weekend staffing for direct care based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS (i.e.]for the 3rd and 4th quarter report of 2024 (April 1,2024 through September 30,2024) to Centers for Medicare and Medicaid Services (CMS).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the PPJ documentation revealed the 3rd quarter (4/01/24-06/30/24) and 4th Quarter Report of 2024 (07/01/24-09/01/24)excessive) with low staffing on the weekends. <p>Review of the Daily Staff Postings and the Nursing Schedule for 04/01/24-09/30/24, did not reflect any decrease in direct care staff for the weekend. Documentation indicated Administrative Nurse D, a salaried nurse (nurse that is paid at a set amount for job verses an hourly rate)does not punch in on a time clock). She provided direct care for the residents of the facility during the weekend. The facility failed to include Administrative Nurse D's hours of labor on the weekends as a direct care provider in the corporate report to CMS, on the following dates:</p> <p>On Saturday (SA), 04/27/24)</p> <p>On Sunday (SU), 05/05/24</p> <p>On SU, 08/04/24</p> <p>On SA, 08/24/24</p> <p>On SU 08/25/24</p> <p>On 12/18/24 at 08:24 AM, Administrative Nurse D verified the above findings. She reported the PBJ information was sent by the Business Office She did not punch in when she filled in for call ins or open positions during the weekend. The facility did not have a difference in weekend staffing and maintained a nursing direct care staffing of over 3.1 hours per patient day (PPD).</p> <p>On 12/18/24 at 08:24 AM Administrative Staff B confirmed she could not submit Administrative Nurse D's time worked providing direct care due to imitations of the bookkeeping system. She submitted the direct care time worked to the corporate office and they submitted the PBJ report to CMS.</p> <p>The Payroll Based Journal F 851 policy dated 11/2017 revealed the facility would submit the data electronically based upon the category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse .or other type of medical personnel as specified by CMS.</p> <p>(continued on next page)</p>		

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility failed to electronically submit to Centers for Medicare and Medicaid Services (CMS), a complete and accurate direct care staffing information, including hours of labor for an administrative salaried nurse which provided direct care during the weekend resulting in an inaccurate PBJ report related to low weekend staffing for direct care based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS (i.e. Payroll Base Journal [PBJ].for the 3rd and 4th quarter report of 2024 (April 1,2024 through September 30,2024)		