

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Bonner Springs Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 520 E Morse Street Bonner Springs, KS 66012	

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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47834</p> <p>The facility identified a census of 31 residents. The facility had one main kitchen. Based on observation, record review and interview, the facility failed to ensure there was a director of food and nutrition services employed at the facility with the required qualifications. This placed residents at risk for unmet dietary and nutritional needs.</p> <p>Findings included:</p> <p>- On [DATE] at 10:31 AM Social Services X worked in the kitchen. Social Services X stated the facility did not have a Certified Dietary Manager (CDM) to oversee the kitchen. Social Services X stated that she was filling in to cover the kitchen currently. She stated the facility had a full time cook, but the cook was out since [DATE] so she was covering for them until they returned. Social Services X stated she had a Dietary Aide to assist her in the kitchen. Social Services X stated she was unsure if the food temperature logs were done for breakfast that morning [DATE]. Social Services X further stated Administrative Staff B helped with the kitchen as well and may have had the missing temperature logs. Social Services X stated she had a ServSafe certification for food safety through the United States Department of Agriculture (USDA); however, she stated the certification had expired.</p> <p>On [DATE] at 11:17 AM Administrative Staff B stated the facility did not currently have a CDM or manager to oversee the kitchen. She stated the administrator was also helping to run it and they were working on hiring someone and had interviews lined up for this week. Administrative Staff B stated the facility had gone about a couple of months without a dietary manager. She further stated the facility had two cooks, one full time and one part time and confirmed that the full time cook was currently out for personal issues so other staff were covering until the cook returned. She stated whoever was cooking for the day was responsible for filling out the temperature logs. Administrative Staff B further stated the facility had a registered dietitian that came to the facility once a month and was available as needed.</p> <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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 11:46 AM Administrative Staff A stated she had been at the facility for about two and a half weeks and has been actively looking for a CDM and had some interviews for the position lined up. Administrative Staff A stated the facility's full-time cook has had to call off for the last few days and Administrative Staff A confirmed the facility had been without a dietary manager for around two months. Administrative Staff A stated Administrative Staff B noticed there were missing entries in the temperature logs and they began providing education for staff. Administrative Staff A stated she and Administrative Staff B were splitting the role of overseeing the kitchen at the moment and that Administrative Staff B was a previous manager. She further stated the facility had a dietitian that came to the facility on ce a month unless the facility needed them more frequently.</p> <p>The facility provided Food and Nutrition Services policy with a revised date of [DATE], documented the food Services manager will be CDM certified or enrolled in an accredited CDM program and on pace for completion. In the absence of a Food Services Manager, the duties will be assigned to other available staff members with input and direction from the dietician.</p> <p>The facility failed to ensure there was a director of food and nutrition services employed at the facility with the required qualifications. This placed residents at risk for unmet dietary and nutritional needs. (Refer to F802)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47834</p> <p>The facility identified a census of 31 residents. The facility had one main kitchen. Based on observation, record review, and interview, the facility failed to ensure the facility had sufficient staff with the appropriate skill sets to carry out the functions of food and nutritional services. This deficient practice placed the resident at risk for impaired nutrition and decreased quality of life.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the facility's Resource: Refrigerator/Freezer Temperature Log for May revealed no temperatures were recorded for the morning shift for the following (21) days [DATE] - [DATE] and no recorded temperatures for evening shift for the following (6) days [DATE], [DATE], [DATE], [DATE], [DATE] and [DATE]. Review of the facility's Resource: Refrigerator/Freezer Temperature Log for June revealed no temperatures were recorded for the morning shift for the following (28) days [DATE] - [DATE] and no recorded temperatures for evening shift on the following (12) days [DATE] - [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE] and [DATE]. Review of the Food Temperatures Log for May revealed no food temperatures recorded for the following (9) days for the dinner period: [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE] and [DATE]. Review of the Food Temperatures Log for July revealed no food temperatures recorded for one or more meals on the following (6) days: [DATE] - [DATE], [DATE], and [DATE]. The Resident Council meeting minutes, dated [DATE], documented a grievance for the kitchen that the bread seemed stale and hard at times, and lettuce needed to be chopped up more for salads. The Resident Council meeting minutes, dated [DATE], documented the food committee stated the kitchen was running out of products such as sweet n low, sugar packets and saltshakers. A Resident Grievance/Complaint Investigation Report Form dated [DATE] documented a resident complaint that bacon was too hard, and a resident was unable to eat it. On [DATE] at 12:40 PM R1 stated he believed the facility was following the posted menus for the most part, but further stated sometimes he gets things that are different than what was posted on the menu and that it occurred a few times a week. R1 stated the facility will make accommodations if they have items available, he stated last week the facility made grilled cheese, but then had no bread to make other options. R1 stated sometimes the food is overcooked and it becomes too hard, and he cannot eat it. <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 12:50 PM R2 stated everyone gets what is on the menu, but he can request a cheeseburger or sandwich if he doesn't want what is served; however, R2 stated sometimes the kitchen runs out of some items so he just eats what is given to him. R2 stated sometimes the food is over cooked and is hard to eat and sometimes the bread is stale.</p> <p>On [DATE] at 01:14 PM R3 stated they don't eat in the dining room often. R3 stated the kitchen has hamburgers, hotdogs and sandwiches, but for someone that doesn't have teeth those things are hard to eat. R3 stated sometimes the kitchen runs out of some food items. R3 stated she isn't able to eat many different foods, so if the kitchen runs out of something she can eat she feels frustrated. R3 stated sometimes the food is too hard or dry and that they have a hard time eating it.</p> <p>On [DATE] at 02:30 PM Administrative Staff B stated she mostly does the ordering for the facility with help from the representative from the food company they order from. Administrative Staff B stated ordering is based on census and the recipes for the week. She stated a list is printed that records what will be used based on that information, so they know how much to order. Administrative Staff B stated they rarely run out of food items but do at times. Administrative Staff B stated if they do run out of something they will pick it up from the store. Administrative Staff B stated she follows the recipe book and each recipe has the temperature and what is required and if she still has questions then she would contact the dietitian. Administrative Staff B stated if the kitchen was fully staffed then they should have one cook and one dietary aide for each shift. She stated right now she has had to stay late to help cover in the evening as there is no cook on evening shift. Administrative Staff B had also stated that the facility currently only had one full time cook and one part time cook that worked day shift.</p> <p>On [DATE] at X 2:39 PM Social Services X stated she helps cook if one of the cooks are not working. She stated a dietary aide works in the evening and they can serve dishes, and clean up in the kitchen. She stated the dietary aide can also help cook if needed. Social Services X stated she had a ServSafe certification for food safety through the United States Department of Agriculture (USDA); however, she stated the certification had expired. She stated that she follows the recipes when preparing the meals and the required temperatures are listed on the recipe and a scoop, serving size chart was on the wall to reference to ensure servings were correct. Social Services X stated if the kitchen was fully staffed there should be one cook and one dietary aide on day shift and then at night it's just a dietary aide.</p> <p>On [DATE] at 02:45 PM Administrative Staff A stated if the kitchen was fully staffed there should be one CDM and one dietary aide for day shift and a cook and dietary aide for evening shift. Administrative Staff A stated Administrative Staff B and Social services X were working and overseeing the kitchen before she started at the facility and wasn't sure of their training, or education related to working in the kitchen. Administrative Staff A stated they both stated they had worked in the kitchen before and offered to jump in and help. Administrative Staff A stated when the registered dietitian was at the facility recently, the dietitian provided some education to Administrative Staff A and Administrative Staff B about menus and scoop sizes. Administrative Staff A stated dietary aides do not cook and that they only do prep and bus tables.</p> <p>(continued on next page)</p>		

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