

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Kansas Christian Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1035 SE 3rd Street Newton, KS 67114	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50659</p> <p>The facility identified a census of 47 residents, which included 16 residents sampled and reviewed for care plan development. Based on interview, observations, and record review, the facility failed to develop a comprehensive person-centered care plan for one resident. Resident (R) 35 comprehensive person-centered care plan was not completed in a timely manner of 21 days from admission. This deficient practice had the potential to lead to uncommunicated needs, which could lead to negative impacts on the resident's physical, mental and psychosocial well-being.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R35's Electronic Health Record (EHR) revealed diagnoses that included nontraumatic chronic subdural hemorrhage (SDH-serious condition, typically caused by head injury, where blood collects between the skull and the surface of the brain), muscle weakness, and repeated falls.</li> </ul> <p>The Admission Minimum Data Set (MDS) dated [DATE], documented a Brief Interview for Mental Status (BIMS) of 15, indicating intact cognition. The resident had a total mood severity score of 01, indicating minimal depression and no behaviors noted. R35 required limited assistance with activities of daily living (ADLs), with bed mobility, bathing, toileting hygiene, and dressing, supervision with ambulation, and eating. R35 was occasionally incontinent of bladder.</p> <p>The Quarterly MDS dated [DATE], documented a BIMS of 11, indicating moderately impaired cognition. R35 required limited assistance of staff with ADLs. R35 was non-ambulatory, independent with transfers and dependent for staff for wheelchair mobility.</p> <p>The Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA) dated 09/21/23, documented R35 had minimal visual impairment and she used a magnifying glass instead of glasses.</p> <p>The Urinary Incontinence CAA dated 09/21/23, documented R35 as occasionally incontinent of bowel and bladder and required more assistance in the evening.</p> <p>The Care Plan dated 07/02/24, revealed R35 required staff to provide assistance with ambulation with one staff assistance and a walker, as she requested. Staff were to provide assistance with toileting if the resident requested. R35 required staff to set up personal items and clothing daily.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Progress Notes from 08/10/23 to 07/03/24 lacked any documentation in regard to completion of a care plan.</p> <p>On 07/01/24 at 10:19 AM, R35 sat in her recliner in her room, with her feet propped up on her wheelchair in front of recliner. R35 was watching television she was fully dressed, no socks on feet, slippers on floor in front of recliner.</p> <p>On 07/02/24 at 08:12 AM, R35 stated that she did not remember stating what she said yesterday, states that the staff are very nice here and states that the staff help her when she needs it.</p> <p>On 07/02/24 at 08:30 AM, Certified Medication Aide (CMA) Staff S stated R35 would call staff for assistance when needed. CMA S stated that the care plan on the EHR is where the staff need to read what care any resident is required to have.</p> <p>On 07/03/24 at 12:46 PM, Administrative Nurse E stated R35 admitted to facility on 08/10/23 and agreed that R35's person-centered care plan was not developed within seven days of required MDS. Administrative Nurse E revealed that she could not find the baseline care plan in the EHR, stated it was deleted after the comprehensive care plan was completed.</p> <p>On 07/03/24 at 01:00 PM Administrative Staff Nurse E stated she completed the person-centered care plan for R35 in November of 2023 when she realized the care plan had not been written by previous MDS nurse who is no longer employed at facility.</p> <p>The facility's policy for Care Plan, Comprehensive Person Centered, dated 03/02/23 documented:</p> <p>A comprehensive, person centered care plan that includes measurable objectives and timetables to meet the residents' physical, psychosocial, and functional needs is developed and implemented for each resident.</p> <p>The comprehensive, person centered care plan is developed within seven days of completion of the required comprehensive assessment.</p> <p>The facility failed to develop a comprehensive person-centered care plan for one resident. R 35 comprehensive person-centered care plan was not completed in a timely manner of 21 days from admission. This deficient practice had the potential to lead to uncommunicated needs which could lead to negative impacts on the resident's physical, mental and psychosocial well-being.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50659</p> <p>The facility reported a census of 47 residents with 16 residents included in the sample. Based on observation, record review, and interview, the facility failed to review and revise the care plan for one Resident (R)1 regarding weekly weights and interventions to prevent further weight loss.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of R1's diagnoses from the Electronic Health Record (EHR) documented, cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), diverticulitis (inflammation of the diverticulum, in the colon, which caused pain and disturbance in bowel function), and anemia (inadequate number of healthy red blood cells to carry adequate oxygen to body tissues).</li> </ul> <p>The Annual Minimum Data Set (MDS) dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The resident had a total mood severity score of 00, indicating no depression and no behaviors. R1 required limited assistance with activities of daily living (ADLs), with bed mobility, toileting hygiene, and dressing, set-up for eating. R1 was occasionally incontinent of bladder. The resident required a regular diet consistency and no added salt.</p> <p>The Quarterly MDS dated [DATE], documented a BIMS of 12, indicating moderately impaired cognition. The resident had a total mood severity score of 01, indicating minimal depression and no behaviors noted. R1 required limited assistance of staff with ADLs, set-up for eating. The resident required a regular diet regular consistency and no added salt.</p> <p>The Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA) dated 12/14/23, documented R1 required assistance with her ADLs.</p> <p>The Nutritional CAA dated 12/14/23, documented R1's weight was stable. The facility encouraged balance meals.</p> <p>The Care Plan dated 07/02/24, revealed R1 required staff to provide assistance to take R1 to and from meals as requested and provided supervision and set up assistance. Staff were to assist the resident as needed. Staff were instructed to see the EHR for current physician orders and treatments. Staff were instructed to monitor weights weekly and as needed.</p> <p>The Physician's Order dated 07/02/24, documented house supplement twice a day and a snack of choice daily for weight loss ordered 06/10/24. Lacked documentation for how much was consumed.</p> <p>On 07/02/24 at 02:43 PM, Administrative Nurse E revealed the weight loss and interventions should be on the care plan, that it is an Interdisciplinary Team effort, that Dietary staff BB generally adds the nutritional concerns to the care plan on the EHR. Administrative Nurse E stated that it was noted in the middle of June 2024 that R1's weight loss was not due to the fluid shifts in her body, but a true weight loss.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/02/24 at 03:15 PM, Dietary Staff BB revealed R1 had a true weight loss and agreed that the weight loss and interventions were not on R1's care plan. Dietary Staff BB stated that she was generally the staff member that care plans for the nutritional section of residents' care plans.</p> <p>On 07/03/24 at 10:30 AM, Administrative Nurse D agreed weight loss, weekly weights, and supplements should have been on R1's care plan.</p> <p>The facility's policy for Care Plan, Comprehensive Person Centered, dated 03/02/23 documented:</p> <p>A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the residents' physical, psychosocial, and functional needs is developed and implemented for each resident.</p> <p>The comprehensive, person-centered care plan is developed within seven days of completion of the required comprehensive assessment.</p> <p>Assessments are on going and care plans are revised as information about the residents and the residents' condition change.</p> <p>The facility failed to review and revise the care plan for one Resident R1 regarding weekly weights and interventions to prevent further weight loss. This deficient practice had the potential to lead to uncommunicated needs which could lead to negative impacts on the resident's physical, mental and psychosocial well-being.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50659</b></p> <p>The facility identified a census of 47 residents with 16 sampled. Based on observation, interview, and record review, the facility failed obtain daily weights as ordered on 03/28/24 for cognitively impaired Resident (R) 1, who had an identified weight loss. This deficient practice had the potential to negatively affect the resident's physical well-being.</p> <p>Findings include:</p> <ul style="list-style-type: none"> <li>- Review of R1's diagnoses from the Electronic Health Record (EHR) documented, cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), diverticulitis (inflammation of the diverticulum, in the colon, which caused pain and disturbance in bowel function), and anemia (inadequate number of healthy red blood cells to carry adequate oxygen to body tissues).</li> </ul> <p>The Annual Minimum Data Set (MDS) dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The resident had a total mood severity score of 00, indicating no depression and no behaviors. R1 required limited assistance with activities of daily living (ADLs), with bed mobility, toileting hygiene, and dressing, set-up for eating. R1 was occasionally incontinent of bladder. The resident required a regular diet consistency and no added salt.</p> <p>The Quarterly MDS dated [DATE], documented a BIMS of 12, indicating moderately impaired cognition. The resident had a total mood severity score of 01, indicating minimal depression and no behaviors noted. R1 required limited assistance of staff with ADLs, set-up for eating. The resident required a regular diet regular consistency and no added salt.</p> <p>The Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA) dated 12/14/23, documented R1 required assistance with her ADLs.</p> <p>The Nutritional CAA dated 12/14/23, documented R1's weight was stable. The facility encouraged balance meals.</p> <p>The Care Plan dated 07/02/24, revealed R1 required staff to provide assistance to take R1 to and from meals as requested and provided supervision and set up assistance. Staff were to assist the resident as needed. Staff were instructed to see the EHR for current physician orders and treatments. Staff were instructed to monitor weights weekly and as needed.</p> <p>Review of the Progress Notes from 08/10/23 to 07/03/24 documented the following:</p> <p>On 02/29/24 at 09:09 AM, Consultant GG documented, R1's weight review, noting the resident's weight was up 7.5% in six months and up 3.1 percent (%) in one month. The resident had weight gain noted.</p> <p>On 03/16/24 at 01:18 PM, R1 was sent to hospital for possible stroke.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/11/24 at 09:13 AM, Consultant GG documented, R1's weight was down 9% in one month but was impacted by fluid shifts and a hospital stay.</p> <p>On 04/25/24 at 10:28 AM, Consultant GG documented, R1's weight was down 16 pounds since 03/13/24. R1 went to the hospital and returned with a weight loss. R1's usual weight was between 160 and 170 pounds (lbs.).</p> <p>On 05/09/24 at 09:31 AM, Consultant GG documented R1's weight was down 6.4% in one month and R1 stated she was not trying to lose weight.</p> <p>On 05/16/24 at 04:32 PM, Dietary Staff BB documented R1's weight was 150.8 (lbs.) with meal intakes at 50% and questioned a dietician referral.</p> <p>On 05/29/24 at 10:29 AM, the resident's physician was updated on weight loss.</p> <p>On 06/10/24 at 12:39 PM, Consultant GG documented R1's weight was 141 lbs. and recommended adding a house supplement twice a day and snack of choice daily for decreased appetite and weight loss.</p> <p>On 06/12/24 at 08:06 AM the facility notified the physician extender of the resident's weight loss and loss of appetite.</p> <p>Review of R1's Physician's Order in the EHR revealed a 03/28/24 order for daily weights.</p> <p>Review of weights in the EHR from 03/28/24 until 07/01/24 documented the following weights for R1:</p> <p>04/07/24 at 06:47 AM, 161.2 lbs.</p> <p>04/14/24 at 07:24 AM, 162.2 lbs.</p> <p>04/21/24 at 06:56 AM, 163 lbs.</p> <p>04/28/24 at 08:34 AM, 153.2 lbs.</p> <p>05/05/24 at 08:06 AM, 150.6 lbs.</p> <p>05/12/24 at 07:01 AM, 150.8 lbs.</p> <p>05/19/24 at 07:05 AM, 150.2 lbs.</p> <p>05/26/24 at 09:23 AM, 150.9 lbs.</p> <p>06/02/24 at 07:04 AM, 145.6 lbs.</p> <p>06/07/24 at 07:55 PM, 139.6 lbs.</p> <p>06/08/24 at 07:59 AM, 141.2 lbs.</p> <p>06/09/24 at 07:01 AM, 141.6 lbs.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>06/10/24 at 06:49 AM, 141 lbs.</p> <p>06/11/24 at 07:22 AM, 142.6 lbs.</p> <p>06/12/24 at 09:31 AM, 142 lbs.</p> <p>06/13/24 at 09:52 AM, 142.2 lbs.</p> <p>06/15/24 at 08:15 AM, 143 lbs.</p> <p>06/17/24 at 01:42 PM, 141.1 lbs.</p> <p>06/18/24 at 09:56 AM, 142.6 lbs.</p> <p>06/19/24 at 07:10 AM, 139.8 lbs.</p> <p>06/20/24 at 08:10 AM, 140 lbs.</p> <p>06/21/24 at 09:39 AM, 137.8 lbs.</p> <p>06/22/24 at 06:44 AM, 142.1 lbs.</p> <p>06/23/24 at 06:18 AM, 142.4 lbs.</p> <p>06/24/24 07:49 AM, 141.8 lbs.</p> <p>06/25/24 at 11:25 AM, 142.6 lbs.</p> <p>06/26/24 at 11:47 AM, 143 lbs.</p> <p>06/27/24 at 01:20 PM, 141.6 lbs.</p> <p>06/28/24 at 01:42 PM, 139.8 lbs.</p> <p>06/29/24 at 07:46 AM, 138.8 lbs.</p> <p>06/30/24 at 09:02 AM, 140 lbs.</p> <p>07/01/24 at 12:35 PM, 138.0 lbs.</p> <p>Observation on 07/01/24 at 12:36 PM, revealed R1 sat on the side of bed and watched television. R1 stated she was waiting for her lunch to be delivered.</p> <p>On 07/02/24 at 01:24 PM, Licensed Nurse (LN) H stated R1 lost weight after the resident was ill in late March 2024 and the resident had just not been herself since then. LN H stated the resident also had a lot of edema (swelling resulting from an excessive accumulation of fluid in the body tissues) that she needed to be treated for.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/02/24 at 02:08 PM, LN H stated the amount of house shake a resident consumed should be on the medication administration record and agreed that it was not on R1's medication administration record. LN H verified with CMA T that R1 consumed 50% of her 120 milliliter house shake and added that to the EHR order for further documentation. LN H stated that R1 became a daily weight in June of 2024.</p> <p>On 07/02/24 at 02:43 PM, Administrative Nurse E agreed that the current orders on the EHR stated the resident required a daily weight since 03/28/24 but could not find any daily weights documented in EHR until 06/07/24. Administrative Nurse E stated the order must have changed to weekly, but they could not locate a physician order. Administrative Nurse E stated that the house shake amount consumed should be documented in the EHR by staff.</p> <p>On 07/03/24 at 10:30 AM, Administrative Nurse D stated the daily weight order was correct from 03/28/24 and noted she placed the order in the EHR when R1 readmitted to the facility and could not explain why a daily weight was not completed until 06/07/24. Administrative Nurse D stated there could be an issue with the EHR system being used and would need to reach out to the company.</p> <p>The facility did not provide a policy regarding weight loss and following a physician order.</p> <p>The facility failed to obtain daily weights as ordered for R1 on 03/28/24. This deficient practice had the potential to negatively affect the resident's physical well-being.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>36881</p> <p>The facility reported a census of 47 residents. Based on observation, interview, and record review, the facility failed to conduct annual performance reviews for two of five Certified Nurse Aide/Medication Aides reviewed, to ensure the residents received adequate cares.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of five Certified Nurse/Medication Aide's (CNA/CMA) employment records revealed the facility did not complete two of the five CMA/CNA's annual performance reviews, as follows:</li> </ul> <ol style="list-style-type: none"> <li>1. CMA/CNA R, hired on 09/15/1995, with the most recent Annual Performance Evaluation, dated 08/20/22 (22 months past due).</li> <li>2. CMA/CNA S, hired on 08/21/18, with the most recent Annual Performance Evaluation, dated 11/14/22 (19 months past due).</li> </ol> <p>On 07/03/24 at 12:44 PM, Administrative Staff D stated CMA/CNAs employed more than one year should have an annual performance evaluation. She verified the above findings and reported that all nursing staff were available to assist all residents of the facility.</p> <p>The facility lacked a policy to address the completion of an annual performance evaluation/review for CMA/CNA staff employed for a year or more.</p> <p>The facility failed to conduct an annual performance review for CMA/CNA staff that provided care throughout the facility to all the residents of the facility to ensure the residents received adequate cares.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>28560</p> <p>The facility reported a census of 47 residents. Based on observation, interview and record review, the facility failed to monitor and serve food at safe palatable (pleasant to taste) temperatures as required.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During an interview on 07/01/24 at 09:19 AM, Resident (R)31 revealed the food served to him was not hot.</li> </ul> <p>During an interview on 07/01/24 at 10:08 AM, R10 revealed he ate his meals in his room, per his choice, and the food was usually served cold.</p> <p>During an interview on 07/01/24 at 10:15 AM, R43 revealed the food was cold when he received it.</p> <p>Observation, on 07/02/24 at 11:07 AM, revealed dietary staff as they prepared food carts for lunch service to the 300 hall. A tray containing 11 slices of cheesecake sat on top of the food cart.</p> <p>Observation, on 07/02/24 at 11:35 AM, revealed Dietary Staff CC took the broccoli out of the steam oven and did not take the temperature, until requested. The temperature was 132 degrees Fahrenheit (F). Dietary Staff CC stated she did not know broccoli required a temperature before serving and returned it to the steamer. Dietary Staff DD obtained the temperature of the cheesecake on top of the food cart and noted it was above 50 degrees F and stated the cheesecake should not be above 42 degrees and did not know why staff removed it from the refrigerator 30 minutes before the cart was ready for distribution to the 300 hall.</p> <p>Observation on 07/02/24 at 11:53 AM, revealed Dietary Staff CC obtained temperatures of the food items on the steam table and revealed the cut carrots at 100 degrees F and the ground chicken at 100 degrees F. Dietary Staff CC stated when she removed the items from the oven/steamer, the temperatures were 165-190 degrees F. Dietary Staff CC stated she did not know the temperatures should be obtained prior to serving.</p> <p>Interview on 07/02/24 at 12:00 PM with Dietary Staff BB, revealed the facility utilized an electronic temperature monitoring/recording system, and the system did not work satisfactory, with lack of recording of the food temperatures so staff used a paper recording system. Dietary Staff BB confirmed lack of temperatures to ensure the steam table maintained food at 135 degrees F throughout the meal service.</p> <p>Observation on 07/03/24 at 09:16 AM revealed Dietary Staff BB provided a test tray and obtained the temperature of the scrambled eggs at 100 degrees F and hash browns at 100 degrees F. Dietary Staff BB and surveyors tasted the food, and all confirmed the food was not hot and minimally warm.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility policy Food Preparation and Service revised 01/26/23, instructed staff to cook fresh frozen of canned fruits and vegetables to a temperature of 135 degrees F. Potentially hazardous foods (meats, poultry, seafood cut melon eggs milk, yogurt, and cottage cheese) must be maintained below 41 degrees or above 135 degrees F per type of food.</p> <p>The facility failed to ensure foods were maintained at 135 degrees F on the steam table and foods served to residents were maintained at palatable temperatures as required.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Kansas Christian Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1035 SE 3rd Street Newton, KS 67114	
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>28560</p> <p>The facility reported a census of 47 residents. Based on observation, interview, and record review, the facility failed to store, prepare, and serve food in a sanitary manner to prevent possible foodborne illness for the residents in the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Observation, on 07/01/24 at 08:45 AM, revealed the following areas of concern in the dry goods pantry:</li> </ul> <p>One unsealed 25 pound (lbs.) bag of rice and one unsealed open 50 lbs. bag of flour in the dry goods pantry.</p> <p>One opened five lbs. container of teriyaki sauce with an expiration date of 04/21/24.</p> <p>One gallon of Worcestershire sauce, with no opened date and no expiration date, with approximately one-fourth of the gallon remaining.</p> <p>Observation, on 07/01/24 at 08:50 AM, revealed 12 boxes of frozen food stored directly on the floor of the walk-in freezer.</p> <p>Interview, on 07/01/24 at 11:30 AM, with Dietary Staff BB revealed the delivery of frozen foods came on Friday, and confirmed staff should place the items on shelves in the freezer.</p> <p>Observation, on 07/02/24 at 02:48 PM, during the environmental tour with Dietary Staff BB, revealed the following areas of concern:</p> <p>The side-by-side refrigerator contained a piece of unidentified meat wrapped in plastic, dated 06/10/24.</p> <p>One partially used gallon container of thousand island dressing dated 03/15/24 and a five lbs. container of salsa dated 03/15/24.</p> <p>Plastic wrapped sliced ham, with an open date of 06/23/24.</p> <p>One large, opened bag of mixed lettuce for salad, undated with noted wilting and brown discolorations on multiple pieces of lettuce.</p> <p>During an interview on 07/02/24 at 02:48 PM, Dietary Staff BB confirmed these items were out of date.</p> <p>The double-doored oven contained several areas of bubbled burned food debris on the bottom of the inside. The sides and door contained splatters and grime on the surfaces.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
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(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>The can opener contained grime on the surface.</p> <p>One large fry pan contained multiple scratches in the cooking surface.</p> <p>The floor cleaning machine was stored between two metal shelves holding clean serving pans and storage containers.</p> <p>During an interview on 07/02/24 at 03:00 PM, Dietary Staff BB confirmed the areas of concern.</p> <p>The facility policy Food Receiving and Storage revised 07/15/21, instructed staff to store food in a manner that complies with safe food handling practices. Pesticides and other toxic substances will not be stored in the kitchen area.</p> <p>The facility failed to store, prepare, and serve food in a sanitary manner to prevent potential foodborne illness for the residents.</p>