STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E038	A. Building B. Wing	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haviland Operator, LLC	200 Main Street Haviland, KS 67059

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 45 residents and one kitchen. Based on record review, observation and interview, the facility failed to store and prepare food under sanitary conditions for the residents of the facility.Findings included:- On 10/13/25 at 01:26 PM, during the initial tour of the kitchen with Dietary Staff BB, the following concerns were identified:1. The kitchen refrigerator had an opened three-pound bag of shredded lettuce not labeled with the opened date; an opened three-pound bag of [NAME] slaw not labeled with the opened date; six unlabeled one-ounce plastic containers of ketchup and a one-gallon plastic container of Italian dressing approximately one-half full without a label for the date opened.2. The kitchen had an unsanitizable countertop with exposed wood at the corner measuring approximately two inches by three inches 3. The metal kitchen entrance door had missing paint around the handle of the door.4. The handwashing sink, which was behind the kitchen entrance door, had loose caulking at the junction of the sink to the wall, and brown staining noted in the area behind the loose caulking adjacent to the wall5. Observation of a stack of ten large cookie sheets revealed baked-on brown grime inside on the cooking surface and outside of the sheet and one small cookie sheet with baked-on brown grime which came in direct contact with the food6. Observation of the gas stove hood revealed grease build-up on the outer ridge around the hood above the gas stove.On 10/13/25 at 01:46 PM, Dietary Staff BB confirmed the above findings were a concern and repairs needed to enable the staff to handle and serve food in a sanitary and safe manner.On 10/14/25 at 11:22 AM, Dietary Staff CC opened the oven to check the temperature of the food for the lunch meal. Observation of the inside of the oven revealed baked-on grime and grease over two oven racks and throughout the inside of the stove. Dietary Staff CC reported there was not a safe time to clean the oven because it was old and required the staff to turn the oven on at 05:30 AM at the setting of 500 degrees Fahrenheit (F) to get it hot enough to thoroughly cook the food in time to serve the residents meals. She stated the oven remained on all day to maintain the temperature and staff left at 06:00 PM after supper so they could not cool the oven down to clean it. On 10/14/25 at 11:24 AM, Dietary Staff BB confirmed the concern regarding the cleanliness of the oven. She stated the staff should clean the oven with oven cleaner at least weekly. Upon reviewing the cleaning schedule Dietary Staff BB verified cleaning the oven with oven cleaner was not on the dietary staff schedule as she thought.On 10/14/25 at 11:29 AM, Certified Nurse Aide (CNA) M and CNA P entered the food preparation area approximately 12 feet into the kitchen where dishes and utensils for food service were present on two metal tables without washing their hands. They walked to the steam table, picked up plates of food from the top of the steam table, then reached into a box of condiments which included packets of Mayonnaise, salt, and pepper. They placed the packets of condiments on top of the food, in direct contact with the food. Further observation revealed CNA P left the kitchen and delivered the plates of food to several residents, touching one resident's back and then returned to the kitchen without performing hand hygiene and repeating the process including picking up condiments and placing them directly on top of plated food. On 10/14/25 at 11:29 AM, Dietary Staff BB confirmed she had observed nursing staff place the condiment packets directly on the food and (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E038	A. Building B. Wing	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haviland Operator, LLC	200 Main Street Haviland, KS 67059

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	was aware of the concern with the potential of the spread of bacteria but said that was how the facility had provided condiments since she had been serving the residents. Additionally, she reported the residents did not have condiments available at the tables because the residents would pick them up and hoard them but agreed the packets should not be in direct contact with the food as it was not sanitary. The facility policy Food Safety Requirements F812, dated 10/2025, documentation included all s stored in the refrigerator or freezer will be covered, labeled and dated. The policy did not address of the maintaining the kitchen in good repair to ensure sanitary conditions.