STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089043	A. BUILDING: _____ B. WING _____	06/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDLAND CARE RESIDENTIAL CENTER	120 SW FRAZIER CIRCLE TOPEKA, KS 66606

(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 represent the findings of a resurvey for the above named Residential Health Care Facility conducted on 06/29/22 - 06/30/22.	S 000		
S3248 SS=D	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1)(2)	S3248		

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

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S3248	Continued From page 1 The facility reported a census of 11 residents. Based on interview and record review of three newly hired employees, the operator failed to have evidence of nurse aid registry check at the time of hire for one of three employees reviewed. Findings included: - Review of "Certified Nurse Aide" (CNA) B's "Kansas Nurse Aide Registry" confirmation notice lacked a date when the facility checked the registry, and the personnel files lacked evidence of a Kansas Bureau of Investigations (KBI) criminal background check obtained through the Kansas Department for Aging and Disability Services (KDADS). On 06/30/22 at approximately 04:00 PM, Administrative Staff A acknowledged there was no documentation of a criminal background check through KDADS completed for CNA B but instead a third-party verification company was used. The operator failed to ensure CNA B had a criminal background check initiated upon hire.	S3248		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures;	S3280		

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S3280	Continued From page 2 (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 11 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan to with employees and residents to include the topic of "missing persons." Findings included: - Review of the "Resident Council Meeting Results Sheet" revealed the topic of "missing clients" was not reviewed with residents on the following dates: 01/06/21 04/15/21 08/11/21 10/11/21 02/17/22 06/23/22 On 06/30/22 at 01:51 PM Administrative Staff A	S3280		

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S3280	Continued From page 3 stated that the topic of "Missing Clients" were not included on the quarterly reviews of "Disaster and Emergency Preparedness" with residents but was covered during the admission process. The operator failed to ensure disaster and emergency preparedness by failing to perform quarterly reviews of the emergency management plan with employees and residents to include information concerning missing residents.	S3280		