Kansas Department on Aging

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N040006 | A. BUILDING: _____ B. WING _____ | 06/01/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SCHOWALTER VILLA | 200 W CEDAR PO BOX 5000 HESSTON, KS 67062 |

| (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 |
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| S 000 | INITIAL COMMENTS<br><br>The following represent the findings of a resurvey for the above named Assisted Living facility conducted on 05/31/22 - 06/01/22. | S 000 | | |
| S3280 SS=F | 26-41-104 (d) Disaster and Emergency Preparedness<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;<br>(2) education of each resident upon admission to the facility regarding emergency procedures;<br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>3280<br>KAR 26-41-104(d)(3)<br><br>The facility reported a census of 37 residents. Based on record review and interview the opertator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with residents. | S3280 | | |

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

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| S3280 | Continued From page 1<br>Findings included:<br><br>- Operator provided sign-in sheets of quarterly reviews of the emergency management plan with residents having been completed on 03/24/21, 07/28/21, 09/21/21 and 04/05/22. This indicated reviews of the emergency management plan was not completed on a quarterly basis.<br><br>On 06/01/22 at 02:25 PM Operator A stated it was her expectation for the emergency preparedness plan to be reviewed with residents on a quarterly basis.<br><br>The 08/01/19 "Resident Quarterly Disaster Review" policy documented, "To ensure that residents know how to respond in the event of an emergency or disaster a quarterly review is done with each resident ...Each quarter the Life Enrichment Coordinator meets with residents in a group or individually to review the information and get signatures."<br><br>The operator failed to ensure disaster and emergency preparedness by failing to perform quarterly reviews of the emergency management plan with residents. | S3280 | | |
| S3298 SS=E | 26-41-206 (d) Food Preparation<br><br>(d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.<br>(1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.<br>(2) Food in cans that have significant defects, | S3298 | | |

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| S3298 | Continued From page 2 | S3298 | | |

including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used.
(3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.

This REQUIREMENT is not met as evidenced by:
3298
KAR 26-41-206(d)

The facility reported a census of 37 residents. All 37 residents had the opportunity to eat food served from the same kitchen. The operator failed to ensure designated employees served food at the proper temperature.

Findings included:

Review of the May 2022 food temperature log revealed food temperatures were not logged 16 of 93 opportunities.

According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017 revealed proper holding temperatures must be maintained during display, storage and transportation.

On 06/01/22 at 03:05 PM Certified Dietary Manager (CDM) C stated he expected food temperatures to be checked and documented for each meal.

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| S3298 | Continued From page 3<br>The 2019 "Food Temperatures" policy documented, "The temperatures of all food items will be taken and properly recorded prior to service of each meal."<br><br>The operator failed to ensure food items were served at the proper temperatures. | S3298 | | |
| S3310 SS=D | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious;<br>(6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and<br>(c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105<br><br>This REQUIREMENT is not met as evidenced by:<br>3310<br>KAR 26-41-207(c)<br><br>The facility reported a census of 37 residents. The sample included three residents. Based on interview and record review for three residents and one new employee record, the operator failed to ensure the facility remained in compliance with the department's Tuberculosis (TB) guidelines for | S3310 | | |

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| S3310 | Continued From page 4<br>adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility.<br><br>Findings included:<br><br>- Review of one newly hired staff record revealed the following:<br>Certified Medication Aide B hired on 02/28/22 lacked a two-step TB skin test completed upon hire.<br><br>Review of the TB guidelines for adult care homes June 2013 revealed, "Each new... employee shall receive a two-step TST... within 7 days of ... employment."<br><br>On 06/01/22 at 02:32 PM Operator A stated it was her expectation that all new hires complete a two-step TB skin test upon hire.<br><br>The 04/18/19 "Employee Initial Tuberculosis (TB) Symptom Screen and TB Infection Testing" policy documented, "Each new employee will ...receive the first TB skin test during orientation ...If the first TST is read as not positive, a second TST shall be administered ..."<br><br>The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. | S3310 | | |