

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/12/2022
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 9300 PARKSIDE DRIVE PRAIRIE VILLAGE, KS 66207		
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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure survey with attached complaint #KS00171527 for the above named facility conducted on 05/11/22 through 05/23/22.	S 000		
S3020 SS=F	26-41-101 (d) Resident Rights (d) Resident rights. Each administrator or operator shall ensure the development and implementation of written policies and procedures that incorporate the principles of individuality, autonomy, dignity, choice, privacy, and a home environment for each resident. The following provisions shall be included in the policies and procedures: (1) The recognition of each resident's rights, responsibilities, needs, and preferences; (2) the freedom of each resident or the resident's legal representative to select or refuse a service and to accept responsibility for the consequences; (3) the development and maintenance of social ties for each resident by providing opportunities for meaningful interaction and involvement within the facility and the community; (4) furnishing and decorating each resident's personal space; (5) the recognition of each resident ' s personal space as private and the sharing of an apartment or individual living unit only when agreed to by the resident; (6) the maintenance of each resident's lifestyle if there are not adverse effects on the rights and safety of other residents; and (7) the resolution of grievances through a specific process that includes a written response to each written grievance within 30 days.	S3020		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3020	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-41-101 (d) The facility reported a census of 80 residents. Based on record review and interview, the facility failed to take immediate measures to prevent further potential abuse for all residents when the administrator was made aware of an allegation of verbal abuse involving R117 and allowing the alleged preparator to continue to provide care to residents pending the outcome of the investigation. Findings included: Record review for R 117 revealed an admission date of 10/04/21 with diagnoses of allergy, unspecified, essential (primary) hypertension, heart disease, unspecified, hyperlipidemia, major depressive disorder, single episode, nutritional deficiencies and pain. The admission "Functional Capacity Screen" (FCS) dated 10/4/2021 identified the resident required physical assistance with bathing, dressing, toileting and eating. She required supervision for transferring and walking. She was able to make her self understood and she understood. She lacked the ability to manage her own medications and used a walker and wheelchair mobility device. The cognition section was not completed by the facility. The combined "Negotiated Service Agreement (NSA)/Health Care Service Plan" (HSP) identified the following services / and instructed staff to perform: The resident required extensive assist with	S3020		

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S3020	Continued From page 2 dressing, facility staff to provide extensive assist with dressing. The resident required 1 person assist with parts of toileting (not defined) and facility staff to provide moderate assist with toileting during the night. Resident required facility staff to cut residents food and open containers/packages. For mobility and ambulation, resident required minimal assist. She required prompts and cues and did not require hands on assistance. Resident required moderate assistance with bathing. The NSA stated the resident had current or history of occasional disorientation to person, place, time and situation ...required some direction and reminders from others. Resident has current or history of difficulty remembering and using information ... Requires some direction and reminding from others. Record review of the facility provided self-report investigation to the department dated 04/08/22 revealed the facility received an allegation of verbal abuse involving R117 on 04/04/22. The representative for R117 reported to administrator A the allegation of verbal abuse and provided a recording for review on 04/04/22. Record review of the undated Alleged Perpetrator Information Form identified Certified Medication Aide (CMA) T as the perpetrator. The document did list CMA T as a Certified Nurse Aide (CNA). The document asked the question was the alleged perpetrator suspended, typed into the document was "No, moved to another area". Record review of staff hired provided by the facility identified the alleged perpetrator position was a CMA.	S3020		

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S3020	Continued From page 3 Interview on 5/23/2022 at 2:34 with administrator A, she confirmed at the time of the allegation, she did not suspend CMA T pending the outcome of the investigation, related to staffing. She moved her to another area. The administrator failed to take immediate measures to prevent further potential abuse for all residents when the administrator was made aware of an allegation of verbal abuse involving R117 and allowing the alleged preparator to continue to provide care to residents pending the outcome of the investigation.	S3020		
S3080 SS=F	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a)	S3080		

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S3080	Continued From page 4 The facility reported a census of 80 residents with seven current residents and one closed record review included in the sample. Based on observation, interview, and record review the administrator failed to ensure Resident (R) 117, R118, R122, R121, R120, and R119's "Functional Capacity Screens" accurately reflected their cognitive status by the failure to include all four elements and definitions of cognition specified by the department in their FCS. This failure put the residents at risk of receiving inappropriate care by facility staff. Findings included: - Record review for R 117 revealed an admission date of 10/04/21 with diagnoses of allergy, unspecified, essential (primary) hypertension, heart disease, unspecified, hyperlipidemia, major depressive disorder, single episode, nutritional deficiencies and pain. The admission "Functional Capacity Screen" (FCS) dated 10/04/21 identified the resident required physical assistance with bathing, dressing, toileting and eating. She required supervision for transferring and walking. She was able to make her self understood and she understood. She lacked the ability to manage her own medications and used a walker and wheelchair mobility device. The four-part section of the FCS for cognition section was left blank. The combined "Negotiated Service Agreement (NSA)/Health Care Service Plan" (HSP) dated 10/04/21 identified the following services and instructed staff to perform: The NSA stated the resident had current or history of occasional disorientation to person,	S3080		

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S3080	Continued From page 5 place, time and situation and required some direction and reminders from others. The resident had current or history of difficulty remembering and using information and required some direction and reminding from others. Observation 05/23/22 at 02:15 PM of resident R117 stated she was at the table with private companion doing an activity at the small dinette table. The private companion stated the facility staff got the resident out of bed when she arrived. The resident did hand exercises and the companion reminded the resident it was to make her hands stronger. The companion then turned on the resident electronic tablet and started a verb recognition activity. The companion continued to remind/cue the resident to identify the correct verb. The resident was very soft spoken. She wore hearing aides and glasses. There was an extension on the bathroom faucet handle so the resident could reach the handle. There was an electronic monitoring device on the shelf next to the sofa facing the resident bed. Record review for Resident (R)118 revealed an admission date of 12/10/21 to the Memory care unit with the following diagnoses: dementia, unstageable pressure ulcer to left lateral ankle, and stage two pressure ulcer to right buttock. The 12/21/22 "Admission FCS" identified R118 required moderate assistance with bathing, was independent with a walker or wheelchair for walking/mobility, was unable to perform management of medications and treatments, and was marked for falls. The four-part section of the FCS for cognition was left blank. The 12/21/22 combined "Admission Negotiated	S3080		

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S3080	Continued From page 6 Service Agreement" (NSA)/"Healthcare Service Plan" (HSP) identified facility staff would cue and provide assistance with parts of bathing and administer medications twice daily for R118. The "Admission NSA/HSP" failed to identify interventions facility staff should implement for cognition. Observation on 05/12/22 at 11:16 AM revealed R118 sat on a sofa in his room watching TV. He was very talkative and answered surveyor's questions. He had no complaints about the facility or care he received. Record review for R122 revealed an admission date of 04/25/22 to the Memory Care unit with the following diagnoses: aphasia, frontotemporal dementia without behavioral disturbance, and depression. The 04/07/22 "Admission FCS" identified R122 required physical assistance for management of medications and treatments. The four-part section of the FCS for cognition was blank. The 04/07/22 combined "Admission NSA/HSP" identified facility staff would provide administration of medications twice daily. The combined "Admission NSA/HSP failed to identify interventions facility staff should implement for cognition. Observation on 05/23/22 at 01:12 PM revealed R122 sat in a recliner in her room. She nodded yes when surveyor asked if she liked living here and that surveyor could obtain a water temperature in her bathroom. Therapy staff was present and encouraged R122 to get up with help to exercise. R122 said "no." R122 then cooperated with therapy staff to exercise her	S3080		

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S3080	Continued From page 7 ankles while sitting in the recliner. Record review for R121 revealed an admission date of 02/28/22 to the Memory Care unit with diagnoses of hypertension and hypothyroidism. The 02/28/22 "Admission FCS" identified R121 required supervision with bathing, and physical assistance for management of medications and treatments. The four-part section of the FCS for cognition was blank. The 02/028/22 combined "Admission NSA/HSP" identified facility staff would provide reminding or stand-by assistance with bathing and administration of medications twice daily. The combined "Admission NSA/HSP failed to identify interventions facility staff should implement for cognition. Observation on 05/23/22 at 01:31 PM revealed R121 walking around her room chatting. Therapy staff was present. R121 was happy to show surveyor to the bathroom to obtain a water temp and asked questions about how hot the water should be. She talked about blue being her favorite color like the sky. She was teaching therapy staff how to crochet with blue yarn and the staff member was learning well. Record review for R120 revealed an admission date of 11/10/21 to Assisted Living with diagnoses of asthma and hypertension. The 11/01/21 "Admission FCS" identified R120 required physical assistance with bathing and was incontinent of bladder. The four-part section of the FCS for cognition was blank. The 11/01/21 combined "Admission NSA/HSP"	S3080		

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S3080	Continued From page 8 identified facility staff would provide cueing and assistance with getting in and out of the shower for bathing and administration of medications twice daily. The combined "Admission NSA/HSP" documented no cognitive impairment. Observation on 05/23/22 at 01:40 PM revealed R120 in her apartment administering her own nebulizer treatment. She sat in her wheelchair and engaged in conversation. She was alert and orientated to person, place, time, and was able to recall events. Record review for R119 revealed an admission date of 10/13/21 to Assisted Living with diagnoses of hypertension and screening for depression. The 11/01/21 "Annual FCS" identified R120 required physical assistance with bathing and was incontinent of bladder. The four-part section of the FCS for cognition was blank. The 11/01/21 combined "Annual NSA/HSP" identified facility staff would provide cueing and assistance with getting in and out of the shower for bathing and administration of medications twice daily. The combined "Annual NSA/HSP" documented no cognitive impairment. Observation on 5/23/2022 at 1:14 PM Revealed R119 sat in the common dining room with another resident. She engaged in conversation and repeated herself. She had difficulty recalling past recent events and difficulty recalling individuals involved in past events. On 05/12/22 at 10:45 AM Administrative Staff K stated the facility did not complete the cognition score on the FCS. The facility completed their own cognition assessments either on paper or on	S3080		

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S3080	Continued From page 9 the computer, one of which was provided by the corporation. She was not aware the cognition assessments were required to include each element and definition specified by the department. On 05/23/22 at approximately 01:35 PM Administrative Staff A stated she had several daily conversations daily R119, and there has been some discussion lately among facility staff about R119 being appropriate to move to the facility's memory care unit. The administrator failed to ensure R118, R122, R121, R120, and R119's "FCS" accurately reflected their cognitive status by the failure to include all four elements and definitions of cognition specified by the department in their "FCS." This failure put the residents at risk of receiving inappropriate care by facility staff.	S3080		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and	S3085		

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S3085	Continued From page 10 (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1) The facility reported a census of 80 residents with seven current residents and one closed record review included in the sample. Based on observation, interview, and record review the administrator failed to ensure Resident (R) 123, R122, and R118's, "Negotiated Service Agreements" (NSA) described the services each resident would receive based on their "Functional Capacity Screens" (FCS). This failure put the residents at risk for injury and of receiving inappropriate care by facility staff. Findings included: - Record review for R123 revealed an admission date of 02/14/22 to the Memory Care unit with the following diagnoses: Alzheimer's disease, generalized anxiety, muscle weakness, and fracture of the left femur. The 02/10/22 "Admission FCS" identified R123 required physical assistance with management of treatments, was usually understandable and usually understood with communication, and was marked for falls and wandering. The 02/10/22 combined "Admission NSA/HSP" revealed the following: The NSA failed to identify interventions facility staff should implement to assist R123 with treatments.	S3085		

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S3085	Continued From page 11 The "NSA/HSP" documented R123 had mild communication impairment. He had a current or history of occasional difficulty communicating and receiving information including difficulty following instructions and using the telephone. The NSA failed to identify interventions facility staff should implement to assist R123 with communication. The "NSA/HSP" documented "fall potential" and failed to identify interventions facility staff should implement to prevent R123 from falls and injury if he did fall. The "NSA/HSP" documented R123 had current or history of wandering within the facility and may wander outside. The NSA failed to identify interventions facility staff should implement to prevent R123 from wandering or when he did wander. The 03/29/22 "Nursing note" by Administrative Staff J documented R123 while staff were performing rounds they noticed R123 was not in his room. Staff located him in the next room lying in another resident's bed. Observation on 05/23/22 at 01:16 PM revealed R123 lying on his side in his bed. He was awake and appeared happy to chat about how much he liked living in the facility. He did not appear anxious, agitated, withdrawn, in pain, and was not trying to get up. Record review for R122 revealed an admission date of 04/25/22 to the Memory Care unit with a diagnosis of aphasia (loss of ability to understand or express speech). The 04/07/22 "Admission FCS" identified R122	S3085		

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S3085	Continued From page 12 was sometimes understandable and sometimes understood communication. The 04/07/22 combined "Admission NSA/HSP" failed to identify interventions facility staff should implement to assist R122 with communication. The 04/07/22 "Nursing note" by Administrative Staff J documented R122 had aphasia and was not able to find words to communicate most of the time. She pointed to what she referred to. The 04/25/22 "Nursing note" by Administrative Staff J documented R122 was unable to perform verbal communication. On 05/23/22 at 01:08 PM Administrative Staff J stated R122 had aphasia and could not talk. She just said the word "no." Observation on 05/23/22 at 01:12 PM revealed R122 sat in a recliner in her room. She nodded yes when surveyor asked if she liked living here and nodded yes when surveyor asked if she could obtain a water temperature in the bathroom. Therapy staff was present and encouraged resident to get up with help to exercise. Resident said "no," then cooperated with therapy staff to exercise her ankles while sitting in the recliner. Record review for R118 revealed an admission date of 12/10/21 to Assisted Living with a diagnosis of dementia. The 12/21/21 "Admission FCS" identified R118 required moderate assistance with bathing, was independent with a walker or wheelchair for walking/mobility, and was marked for falls.	S3085		

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S3085	Continued From page 13 The 12/21/21 combined "Admission NSA/HSP" identified facility staff would cue and provide assistance with parts of bathing. The "Admission NSA/HSP" failed to identify interventions facility staff should implement to prevent R118 from falls and injury if he did fall. Observation on 05/12/22 at 11:16 AM revealed R118 sat on a sofa in his room watching TV. He was very talkative and answered the surveyor's questions. The administrator failed to ensure R123, R122, and R118's, "NSA" described the services each resident would receive based on their "FCS." This failure put the residents at risk for injury and of receiving inappropriate care by facility staff.	S3085		
S3248 SS=F	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	S3248		

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NAME OF PROVIDER OR SUPPLIER MEADOWBROOK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 9300 PARKSIDE DRIVE PRAIRIE VILLAGE, KS 66207		
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S3248	Continued From page 14 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) (3) The facility reported a census of 80 residents. Based on record review and interview the administrator failed to have documentation for criminal background checks on 1 of 5 newly hired employees Certified Nurse Aide (CNA) Y from the Kansas Department of Aging and Disability, and failed to perform the licensure checks for 4 of 5 newly hired employees (licensed nurse Z, Certified Medication aide (CMA) R, and CNA's U and Y), from the Kansas Nurse Aide Registry and the Kansas State Board of Nursing prior to providing resident care with the potential to care for all residents. Findings Included: - Review of newly hired Licensed Nurse (LN) Z personnel record revealed he began employment on 11/01/21. The personnel file lacked documentation for the required registry/licensure check from the Kansas State Board of Nursing. Review of newly hired CMA R personnel file revealed she began employment on 04/01/22. The personnel file lacked documentation for the required registry/certification check from Kansas	S3248		

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S3248	Continued From page 15 Nurse Aide registry. Review of newly hired CNA U personnel file revealed he began employment on 01/07/22. The personnel file lacked documentation for the required registry/certification check from Kansas Nurse Aide registry. Review of newly hired CNA Y personnel file revealed she began employment on 10/31/2021. The personnel file lacked documentation for the required background check submitted to the Kansas Department of Aging and Disability and the required registry/certification check from Kansas Nurse Aide registry. Interview with Director of Operations Q on 05/11/22 at 02:18 PM confirmed the 4 newly hired personnel files lacked the required registry/certification checks for 4 of 5 newly hired employees (LN Z, Certified Medication Aide (CMA) R, and CNA's U and Y) and the required documentation for criminal background checks on 1 of 5 newly hired employees (Certified Nurse Aide (CNA) Y). The administrator failed to have documentation for criminal background checks on 1 of 5 newly hired employees (Certified Nurse Aide (CNA) Y) from the Kansas Department of Aging and Disability, and failed to perform the licensure checks for 4 of 5 newly hired employees (Licensed Nurse Z, Certified Medication Aide (CMA) R, and CNA's U and Y), from the Kansas Nurse Aide Registry and the Kansas State Board of Nursing prior to providing resident care with the potential to care for all residents.	S3248		

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S3261	Continued From page 16	S3261		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 80 residents with seven current residents and one closed record review included in the sample. Based on observation, interview, and record review the administrator failed to ensure staff provided adequate documentation of symptoms which indicated illness or injury including dates, times, and results of the actions when Resident (R) 123 became lethargic, unresponsive, and was transferred to the hospital. Findings included: - Record review for R123 revealed an admission date of 02/14/22 to the Memory Care unit with the following diagnoses: Alzheimer's disease, generalized anxiety, atrial fibrillation, and fracture of the left femur. The 02/10/22 "Admission FCS" identified R123 required physical assistance with bathing, dressing, toileting, management of medications and treatments; supervision for transfers and walking/mobility; was impaired with short-term and long-term memory, memory recall, and	S3261 S3261		

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S3261	Continued From page 17 decision making; he was usually understandable and usually understood with communication; and was marked for falls, impaired decision making, and wandering. The 02/10/22 combined "Admission NSA/HSP" identified facility staff would provide assistance of one staff twice weekly for bathing; assistance with dressing; one staff assistance every two hours with toileting; cues, and prompting for transfers and walking/mobility; staff administer medications; and staff provide reminders, instructions, and supervision for cognition and impaired decision making. The NSA failed to identify interventions facility staff should implement to assist R123 with communication; interventions facility staff should implement to prevent R123 from falls and injury if he did fall; and interventions facility staff should implement to prevent R123 from wandering or when he did wander. The 02/14/22 signed "Admission Agreement" section titled Transfer or Discharge to Healthcare Facility documented "Prior notification, as required by law shall be made to the Resident or legal representative, and attending physician, if any, prior to transfer or discharge of any Resident, except in an emergency. Proper arrangements shall be made by the Community for the welfare of the Resident prior to the transfer or discharge in the event of emergency or inability to reach the authorized legal representative or designated next of kin." The 03/29/22 Nursing note by Jamie Gray, LPN documented resident had returned from hospital from going on 03/27/22, because was lethargic and unresponsive. No documentation was	S3261		

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S3261	Continued From page 18 provided on 03/27/22 regarding significant change in status, any incidents, symptoms, actions taken or results of actions, or notification of physician or responsible party. Observation on 05/23/22 at 01:16 PM revealed R123 lying on his side in his bed. He was awake and appeared happy to chat about how much he liked living in the facility. He did not appear anxious, agitated, withdrawn, in pain, and was not trying to get up. On 05/23/22 at 02:43 PM during the findings meeting Administrative Staff J stated she was not aware state regulations specify documentation of all incidents and symptoms of illness or injury including the date, time of occurrence, action taken, and results of the action. The administrator failed to ensure staff provided adequate documentation of symptoms which indicated illness or injury including dates, times, and results of the actions when Resident (R) 123 became lethargic, unresponsive, and was transferred to the hospital.	S3261		
S3298 SS=F	26-41-206 (d) Food Preparation (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. (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. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to	S3298		

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S3298	Continued From page 19 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: KAR 26-41-206 (d) The facility reported a census of 80 residents. Based on interview and observation review the administrator failed to ensure the food prepared was served within the recommended safe temperature range for 19 residents in the secured memory care unit and 59 residents in the assisted living apartments. Findings included: - Observation on 05/11/22 at approximately 10:27 AM during the facility tour of the kitchen revealed the lack of documentation of food temperatures. - Observation on 05/11/22 at approximately 10:30 AM of the kitchen area in the secured memory care unit revealed the lack of a food temperature log. - Interview on 05/11/22 at 10:30 AM with Cook O revealed food temperatures were obtained and were always above 170 degrees Fahrenheit, so they did not need to keep track of the temperatures in a log.	S3298		

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S3298	Continued From page 20 Interview on 05/11/22 with Chef P confirmed the facility did not keep food temperature logs. He stated the memory care food cart was a hot cart turned on 30 minutes prior service, so it would heat up. He stated food goes on the cart immediately in the kitchen and then taken to the memory care unit and served immediately, he continued that the cold foods were kept on ice. The administrator failed to ensure the food prepared was served within the recommended safe temperature range for 19 residents in the secured memory care unit and 59 residents in the assisted living apartments.	S3298		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (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; (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 (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 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207 (c)	S3310		

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S3310	Continued From page 21 The facility reported a census of 80 residents. The sample included seven residents, one closed record review and five newly hired employees. Based on interview and record review for five newly hired staff, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for five (licensed nurse Z, Certified Medication Aide's (CMA'S) R and T, Certified Nurse Aide's (CNA's) U and Y), of the newly hired employees. Findings included: - Review of newly hired Licensed Nurse Z personnel record revealed she began employment on 11/01/21. The personnel file lacked documentation for the required 2 step tuberculosis (TB) skin test being performed. The facility failed to conduct a 2-step TB skin test within 7 days of employment. Review of newly hired CMA R personnel file revealed she began employment on 04/01/22. The personnel file lacked documentation for the required 2 step tuberculosis (TB) skin test being performed. The facility failed to conduct a 2-step TB skin test within 7 days of employment. Review of newly hired CMA T personnel file revealed she began employment on 09/14/21. The personnel file contained a document of the first step of the 2 step TB test was read on 09/08/21 prior to the hire date. The record lacked the second step being performed within seven days of employment. The facility failed to conduct a single step TB when the employee provided a negative single step TB within the first seven days of employment.	S3310		

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S3310	Continued From page 22 Review of newly hired CNA U personnel file revealed he began employment on 01/07/22. The personnel file lacked documentation for the required 2 step tuberculosis (TB) skin test being performed. The facility failed to conduct a 2-step TB skin test within 7 days of employment. Review of newly hired CNA Y personnel file revealed she began employment on 10/31/21. The personnel file lacked documentation for the required 2 step tuberculosis (TB) skin test being performed. The facility failed to conduct a 2-step TB skin test within 7 days of employment. Interview with director of operations Q on 05/11/22 at 02:18 PM confirmed the 5 newly hired personnel files lacked the required 2-step TB documentation. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for five (licensed nurse Z, Certified Medication Aide's (CMA'S) R and T, Certified Nurse Aide's (CNA's) U and Y), of the newly hired employees.	S3310		