Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N030004	A. BUILDING: _____ B. WING _____	05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLSVILLE MANOR	304 W 7TH ST WELLSVILLE, KS 66092

(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 citations represent the findings of the licensure resurvey for the above named facility conducted on 05/02/22 and 05/03/22.	S 000		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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 (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents.	S3305		

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

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S3305	Continued From page 1 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (b) (3) The facility reported a census of 18 residents. Based on observation and interview the administrator failed to ensure facility staff used techniques to ensure the process of laundering and the handling of soiled and clean linens met the professional health care standards. Findings included: - Observation on 05/02/22 at 12:02 PM during the facility tour, the door to the laundry room stood open. The counter directly across from the washer and dryer contained the following items on the top of the counter: a black jacket laying across the middle of the counter, a pile of navy-blue fabric sheets balled up next to the sink, a pile of laundry on the floor in front of the sink, and an empty laundry basket in front of the counter/sink. Interview 05/12/22 at 12:02 PM with Administrator A confirmed that one resident did her own laundry. Interview 05/12/22 at 4:19 PM with Administrator A revealed she spoke with the housekeeper about the laundry on the floor and counter top in the laundry room. The housekeeper stated a resident just put those in the laundry room a short time before surveyors arrived. Administrator A stated she educated the housekeeper that dirty laundry should be in a bag and keep dirty area separate from clean area.	S3305		

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S3305	Continued From page 2 The administrator failed to ensure facility staff used techniques to ensure the process of laundering and the handling of soiled and clean linens met the professional health care standards.	S3305		