STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N081005	A. BUILDING: _____ B. WING _____	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEYBROOK RETIREMENT COMMUNITY	2025 LITTLE KITTEN AVENUE MANHATTAN, KS 66503

(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 a resurvey with a complaint (#170139) at the above named facility conducted on 04/25/22 and 04/26/22.	S 000		
S3240 SS=E	26-41-103 (c) Staff Development on Dementia (c) If the facility admits residents with dementia, the administrator or operator shall ensure the provision of staff orientation and in-service education on the treatment and appropriate response to persons who exhibit behaviors associated with dementia. This REQUIREMENT is not met as evidenced by: KAR 26-41-103 (c) The facility reported a census of 6 residents. The sample included 3 residents and record review of 5 newly hired employees. Based on interview and personnel record review, Administrator A failed to ensure the provision of employee orientation and in-service education upon hire for 3 (Certified Medication Aide (CMA) D, Certified Medication Aide (CMA) E, Certified Nurse Aide (CNA)/ Activity Director F) of 5 sampled employees on the treatment and appropriate response to persons who exhibit behaviors associated with dementia and Alzheimer's and with the potential to affect all residents. Findings Included: - On 04/25/22, Licensed Nurse B provided a "Resident Roster" of 6 residents and 5/6 had impaired cognitive abilities. Record review revealed 5/6 residents had diagnoses of	S3240		

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

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S3240	Continued From page 1	S3240		

dementia or Alzheimer's Disease.

Review of CMA D's employee record revealed they hired onto the facility on 01/14/22 and the record lacked documentation of Dementia training upon hire. CMA D's dementia training was completed on 04/25/22, approximately 3 months after being hired by the facility.

Review of CMA E's employee record revealed they hired onto the facility on 08/19/21 and the record lacked documentation of dementia training.

Review of CNA/Activity Director F's employee record revealed they hired onto the facility on 11/10/19 and the record lacked documentation of dementia training upon hire. CNA/ Activity Director F's dementia training was completed on 05/13/20, approximately 6 months after being hired by the facility.

Electronic interview on 04/25/22 at 5:37 PM with Administrator A confirmed CMA D and CNA/ Activity Director F's record lacked documentation of dementia training on hire.

Electronic interview on 04/25/22 at 8:56 PM with Administrator A confirmed CMA E's record lacked documentation of dementia training on hire.

Facility's "Dementia" policy dated 04/27/18 recorded, "Residents who are diagnosed with dementia or display signs of dementia will receive appropriate treatment and services to attain or maintain their highest practicable physical, mental, and psychosocial well-being. The facility will provide dementia treatment and services based on the comprehensive care plan. These may include, but are not limited to: Ensuring

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S3240	Continued From page 2 adequate medical care, diagnosis, and supports based on diagnosis, Ensuring the necessary care and services are person-centered and reflect the resident's goals, while maximizing the resident's dignity, autonomy, privacy, socialization, independence, choice, and safety, Utilizing individualized, non-pharmacological approaches to care, including meaningful activities that address the resident's customary routines, interests, preferences, and choices." Administrator A failed to ensure the provision of employee orientation and in-service education for 3 of 5 sampled employees on the treatment and appropriate response to persons who exhibit behaviors associated with dementia and with the potential to affect all residents.	S3240		
S3310 SS=D	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	S3310		

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S3310	Continued From page 3 by: K.A.R 26-41-207 (c) The facility reported a census of 6 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 1 Certified Medication Aide (CMA) E, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: Review of CMA E's employee record revealed they hired onto the facility on 08/19/21. CMA E's record lacked evidence of the second step of the TB testing upon hire. Electronic interview on 04/25/22 with Administrator A confirmed no record of second step of TB testing upon hire for CMA E. The facility's "Tuberculin testing and symptom review" policy (no date) recorded, "Each new resident and employee shall receive a two-step tuberculin skin test or a blood assay for Mycobacterium tuberculosis (BAMT) within seven (7) days of residency or employment. In addition to the two-step tuberculin test a TB symptom screen on admission is required." The facility failed to ensure the facility remained in compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		