STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N021008	A. BUILDING: _____ B. WING _____	03/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABILENE PLACE SOUTH	1102 N VINE STREET ABILENE, KS 67410

(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 assisted living facility conducted on 03/09/22 and 03/10/22.	S 000		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (a) (1) The census equaled 22 residents. The sample included 3 residents. Based on record review, observation, and interview for 1 Resident (R) 723, the facility failed to ensure a licensed nurse performed an assessment upon admission for residents who self-administered their medications.	S3175		

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

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S3175	Continued From page 1 Findings included: - Review of R 723's medical record revealed he admitted to the facility on 11/17/21 with diagnoses of post poliomyelitis syndrome, obstructive neuropathy, congestive heart failure and hypertension. R 723's "Functional Capacity Screen" dated 11/17/21 recorded the resident as independent with management of medications and treatments. R 723's "Negotiated Service Agreement/ Health Care Service Plan" dated 12/22/21 recorded the resident managed his own medications. The resident roster identified R723 as self-administering medications. R 723's record lacked evidence a licensed nurse performed a self-administration of medication evaluation for the resident. Observation on 03/09/22 of R723's room revealed a locked medication box next to his chair. R723 confirmed he self-administered all of his medications, which were set up by the home health nurse. During an electronic interview on 03/09/22 at 6:17 PM, Executive Director/ Licensed Nurse A confirmed a medication self- administration assessment had not been completed for R723. The facility's "Self- Administering Medication Policy" obtained on 03/10/22 recorded, "Residents who request to self-administer their medications, may do so, after the Care Services Manager or designee completes a	S3175		

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S3175	Continued From page 2 Self-Medication evaluation. This evaluation will determine if the resident is capable of self-administration, maintaining security of medications ..." The facility failed to ensure a licensed nurse performed an assessment on admission for R723, who self-administered his medications.	S3175		
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) The census totaled 22 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 1 Resident (R) 723 and 5 employees (Licensed Nurse (LN) B, Certified Medication Aide (CMA) C, Certified Medication Aide (CMA) D,	S3310		

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S3310	Continued From page 3	S3310		

Certified Nurse Aide (CNA) E and Non-Certified Staff (NCS) F), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines.

Findings included:

- Review of R 723's health record revealed he admitted to the facility on 11/17/21 and the record lacked evidence of TB testing and/or a TB questionnaire upon admission.

Review of LN B's employee record revealed they hired onto the facility on 12/30/21. LN B's record lacked evidence of TB testing and a TB questionnaire upon hire. LN B's TB test and TB questionnaire were completed on 02/28/22, approximately 2 months after being hired by the facility.

Review of CMA C's employee record revealed they hired onto the facility on 05/10/21. CMA C's record lacked evidence of TB testing and a TB questionnaire upon hire.

Review of CMA D's employee record revealed they hired onto the facility on 01/26/22. CMA D's record lacked evidence of TB testing and a TB questionnaire upon hire. TB test and TB questionnaire late, completed on 02/19/22 and 02/28/22.

Review of CNA E's employee record revealed they hired onto the facility on 11/08/21. CNA E's record lacked evidence of TB testing and a TB questionnaire upon hire. CNA E's TB test and TB questionnaire were completed on 02/28/22, over 3 months after being hired by the facility.

Review of NCS F's employee record revealed

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S3310	Continued From page 4	S3310		

they hired onto the facility on 01/31/22. NCS F's record lacked evidence of TB testing and a TB questionnaire upon hire. TB test and TB questionnaire late, completed 02/17/22 and 02/28/22.

Electronic interview on 03/10/22 with Executive Director/ LN A confirmed resident R 723 did not receive TB testing and a questionnaire upon admission and further confirmed LN B, CMA C, CMA D, CNA E and NCS F did not receive TB testing and a questionnaire upon hire.

The facility's "Tuberculosis (TB) Testing Policy" obtained on 03/10/22 recorded, "Tuberculosis testing will be completed per state regulations for residents, staff and volunteers. See the chart of state-specific TB Testing Requirements in the Appendix of this guide." The "TB Testing Requirements Appendix" recorded, "Staff: 2-Step required within 7 days of hire and an initial Tuberculosis Symptom Screen Questionnaire completed. Residents: 2-Step required within 7 days of move-in and an initial Tuberculosis Symptom Screen Questionnaire completed."

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.