STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N063018	A. BUILDING: _____ B. WING _____	C 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF INDEPENDENC	2120 N 13TH ST INDEPENDENCE, KS 67301

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with complaint # 161093 for the above named facility conducted on 4/5/2021 and 4/6/2021.	S 000		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (d) (3) The facility reported a census of 18 residents. Based on interview and record review the operator failed to review the facility's emergency plan with residents every quarter. Findings Included:	S3280		

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

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S3280	Continued From page 1 - Record review on 4/6/2021 at 11:15 AM of the resident council minutes revealed the record lacked documentation of the facility quarterly emergency plan reviews for 2020. Interview on 4/6/2021 at 11:15 AM with operator C revealed, the resident emergency plan reviews take place during the resident council meetings, she confirmed the resident council record lacked documentation of quarterly training for 2020. The operator failed to review the facility's emergency plan with residents every quarter.	S3280		
S3290 SS=D	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s	S3290		

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S3290	Continued From page 2 order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (b) (2) The facility reported a census of 18 residents, the sample included 3 residents. Based on observation, interview and record review the operator failed to ensure the thickened liquids for resident # 117 were prepared according to instructions from a medical care provider or a licensed dietitian. Findings included: - Record review for resident #117 revealed an admission date of 10/5/2018, with diagnoses of unsteady gait, hypertension, premature ventricular contractions, Bigemny and confusion. The quarterly functional capacity screen dated 1/5/2021 revealed resident had impaired short-term memory, long term memory and memory recall. She was independent with bathing, dressing, toileting and transferring. and used a cane mobility device and lacked the ability to manage her own medications. The negotiated service agreement/health service plan dated 10/5/2020 instructed staff to observe resident for instability, potential risk for falls, and any other concerns to the nurse. She had a regular diet.	S3290		

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S3290	Continued From page 3 Review of the resident progress notes dated 3/15/2021 thru 3/21/2021 revealed the resident had a therapeutic stay in the hospital and readmitted to the facility at 4:30 PM with an order for a regular diet with nectar thick liquids, and the kitchen had been notified of the changes. Interview on 4/6/2021 at 10:30 AM with kitchen staff A revealed she uses the instructions off of the thickener product to prepare the liquids for the resident, she revealed that sometimes she prepares, or the floor staff prepares the thickened liquids. She was unable to provide written instructions for how to prepare altered textured diets or thickened liquids. Interview on 4/6/2021 at 11:30 AM with operators A, C and licensed nurse B revealed the licensed dietitian does an in-service to teach staff how to prepare the thickened liquids or altered textured diets. Interview on 4/6/2021 at 2:25 PM with operator C confirmed the lack of instructions from a medical provider or dietitian. The operator failed to ensure the thickened liquids for resident # 117 were prepared according to instructions from a medical care provider or a licensed dietitian.	S3290		
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;	S3310		

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S3310	Continued From page 4 (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: KAR 26-41-207 (c) The facility reported a census of 18 residents. The sample included 3 residents and 5 newly hired staff. Based on interview and record review the operator failed to ensure the facility followed the department's guidelines for tuberculosis for adult care homes adopted by reference in K.A.R. 26-39-105 for 1 (licensed nurse B) newly hired staff. Findings included: - Record review on 4/6/2021 at 10:00 AM of licensed nurse C personnel file revealed she began employment on 11/17/2020. Step 1 of the 2-step tuberculin testing was implanted on 11/17/2020 and read on 11/19/2020. The 2nd step of the 2-step tuberculin was implanted on 11/25/2020 and read on 11/30/2020. Interview with operator C confirmed the date written on the tuberculin form provided was 11/30/2020 for the 2nd step read date and confirmed the initials on the form were those of licensed nurse B.	S3310		

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S3310	Continued From page 5 Review of guidelines for adult care homes revealed the tuberculosis skin test shall be read within 48 to 72 hours of its administration. The operator failed to ensure the facility followed the department's guidelines for tuberculosis for adult care homes adopted by reference in K.A.R. 26-39-105 for 1 (licensed nurse B) newly hired staff.	S3310		