

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B089092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2021
NAME OF PROVIDER OR SUPPLIER GOLDEN OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 11701 W 60TH PL KANSAS CITY, KS 66203		
(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 an abbreviated survey for complaints #'s 148422, 148424, 151836, 158894, and 160792 of the above named facility conducted on 3/10/2021, 3/11/2021, 3/15/2021, and 3/16/2021.	S 000		
S5028 SS=E	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced	S5028		

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

TITLE

(X6) DATE

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S5028	Continued From page 1 by: KAR 26-42-101 (f) (3) The facility reported a census of 4 residents. The sample included 2 residents and 1 focused review. Based on interview and record review the operator failed to report to the department an allegation of abuse within 24 hours. Findings included: - Record review on 3/10/2021 of certified medication aide G revealed a written statement provided by operator E on 2/10/2021 stating she had received a call related to a unsecured "disturbing" electronic posting on social media. Per the document operator E provided a verbal warning to employee G for the electronic post. Review of signed witnessed statement on 3/10/2021 revealed operator E investigated the complaint. Interview 3/10/2021 at 3:00 PM with operator E confirmed she did look at the electronic posting at the time of the call and thought it was of an individual getting ready to throw an adult incontinent brief, and she did not call the compliant to the department hotline within 24 hours. Based on interview and record review the operator failed to report to the department an allegation of abuse within 24 hours.	S5028		
S5230 SS=E	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin	S5230		

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S5230	Continued From page 2 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; (c) Each administrator or operator shall ensure the home '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 26-42-207 (c) The facility reported a census of 4 residents. The sample included 3 residents and 5 sampled employees. Based on interview and record review for 5 newly hired employees (operator E, certified medication aide's A, D, and certified nurse aide B), the operator failed to ensures the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-205 with the potential to affect all residents. Findings included: - Review of operator E personnel record revealed she began employment on 10/1/2020. The employee record lacked the tuberculosis screening questionnaire and evidence of the 2-step tuberculin test being performed. Review of certified medication aide A personnel record revealed she began employment on	S5230		

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S5230	Continued From page 3 9/22/2020. The employee record lacked the tuberculosis screening questionnaire and evidence of the 2-step tuberculin test being performed. Review of certified medication aide D personnel record revealed she began employment on 2/4/2021. The employee record lacked the tuberculosis screening questionnaire and evidence of the 2-step tuberculin test being performed. Review of certified nurse aide B revealed she began employment on 3/23/2020. The employee record lacked the tuberculosis screening questionnaire and evidence of the 2-step tuberculin test being performed. Interview on 3/10/2021 at 3:00PM with operator E and certified medication aide F confirmed the personnel records lacked the documentation for the required tuberculosis screening questionnaire and 2 step tuberculin skin tests. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-205 with the potential to affect all residents.	S5230			
S5258 SS=E	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each	S5258			

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S5258	Continued From page 4 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 carehome; and (4) supporting documentation that the individual 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 work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102 (d) (3) (4) . The facility reported a census of 4 residents. The sample included 5 newly hired employees. Based on interview and record review the operator failed to have evidence of verification of a background check performed for 1 (certified medication aide's A), and to have performed background checks in the state for 2 (certified medication aide's A and C), employees who recently moved to Kansas from another state. Findings included: - Review of personnel record for certified medication aide A revealed she began employment on 9//22/2020 the driver's license on file was from Illinois. The personnel record lacked	S5258		

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S5258	Continued From page 5 the evidence the background check had been performed for the current and prior state of residence; the file lacked the background check documentation. Review of personnel record for certified medication aide C revealed she began employment on 3/8/3032 the driver's license on file was from Louisiana. The personnel record lacked the evidence the background check had been performed from the prior state of residence; the file lacked the background check documentation. Interview on 3/10/2021 at 3:00 PM with operator E and certified medication aide F confirmed the employee personnel records lacked the background checks. the operator failed to have evidence of verification of a background check performed for 1 (certified medication aide's A), and to have performed background checks in the state for 2 (certified medication aide's A and C), employees who recently moved to Kansas from another state.	S5258		