Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N097003	A. BUILDING: _____ B. WING _____	R-C 12/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC	1630 SEWELL AVENUE COLBY, KS 67701

(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 citation represents the findings of the revisit for correction order 20-47 conducted on 12/15/2020, 12/16/2020 and 12/17/2020.	{S 000}		
{S3310} SS=E	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 facility reported a census of 22 residents. The sample included 2 newly hired employee records. Based on record review and interview for 2 of 2 sampled staff, the operator failed to ensure compliance with the department's tuberculosis guidelines. Findings included:	{S3310}		

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

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{S3310}	Continued From page 1 - Review of 2 newly hired employee files revealed the following: Licensed nurse #B hired onto the facility on 11/15/2020. Staff #B 's record lacked evidence of TB (tuberculosis) testing upon hire. Completion of a TB questionnaire dated 12/16/2020, one month after hire date. Non-certified staff #C hired onto the facility on 12/08/2020. Staff #C's record lacked evidence of TB (tuberculosis) testing upon hire. Completion of a TB questionnaire dated 12/15/2020, seven days after hire. During an interview on 12/15/2020 at 4:51 PM, operator confirmed she did not have TB skin tests on the 2 newly hired sampled employees. Facility tuberculosis testing policy recorded, "Each new resident and new employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of residency or employment or at the time of administration of the tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA)." Policy further stated, "Each new resident or new employee shall receive a two-steo TST or IGRA for Mycobacterium tuberculosis within 7 days of residency or employment." Policy also stated, "Each resident and employee shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	{S3310}		

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