STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087042	A. BUILDING: _____ B. WING _____	C 12/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF WICHITA	12221 W MAPLE ST WICHITA, KS 67235

(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 # 158708 and #158613 of the above named facility conducted on 12/16/2020 and 12/17/2020.	S 000		
S3305	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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 (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents.	S3305		

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

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S3305	Continued From page 1	S3305		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-207 (a)

The facility reported a census of 35 residents. The sample included 3 residents. Based on observation and interview. the operator failed to ensure the provision of a sanitary environment for all residents.

Findings included:

- Review of the current employee roster on 12/17/2020 at 8:18 AM confirmed the facility had no housekeeping staff on the roster.

Observation on 12/16/2020 at 10:00 AM during the entrance tour the observation revealed the following:

Feces on the bottom of the shower curtain, feces smeared on the front of the toilet bowel, and feces covered rags in the bottom of the shower of room.

Interview with certified medication aide (CMA) A on 12/16/2020 at 10:10 AM; CMA A stated the resident in the last room is a mess, and she will clean her bathroom later.

Wet towels on the floor in front of the shower and on the shower chair in the bathroom of room of another room.

Interview with certified medication aide (CMA) A on 12/16/2020 at approximately 10:25 AM; CMA

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S3305	Continued From page 2 stated she leaves the towels in the shower and on the floor to dry and will then pick them up. In the hallway outside of a room strong smell of urine. In the room a very strong smell of urine. 1 plush off white chair with a sitting cushion stained a dark grey with a foul smell of urine. Interview with certified medication aide (CMA) B on 12/16/2020 at 11:00 AM; CMA B stated the resident bathroom floor will be sticky with urine at times and she cleans it with spray cleaner and a towel. CMA B indicated the resident is incontinent of bladder at times and had missed the toilet bowl when urinating. Interview with administrator E on 12/16/2020 at approximately 12:00 PM; administrator E stated the facility housekeeper quit without notice on 10/16/2020 and a new housekeeper has not been hired. The operator failed to ensure the provision of a sanitary environment for all residents.	S3305		