Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N024001	A. BUILDING: _____ B. WING _____	11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICALODGES KINSLEY	620 WINCHESTER AVENUE KINSLEY, KS 67547

(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 Residential Health Care Facility conducted on 11/18/2020, 11/19/2020 and 11/23/2020.	S 000		
S3280 SS=F	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 3 residents. Based on review of records and interview, for all residents and employees, the Administrator failed to ensure disaster and emergency preparedness when the Administrator failed to ensure quarterly reviews of the facility's emergency management plan with employees and residents.	S3280		

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

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S3280	Continued From page 1 Findings included: Quarterly review of the disaster plan with staff revealed the following: March 20, 2018: Reviewed fire, tornado, flood, missing resident, severe weather, explosion, natural gas leak, and power outage. Forty-one employees participated. Record lacked documentation of quarterly review of the emergency preparedness review for staff and residents for the third and fourth quarter of 2018 and lacked review for 2019 and 2020. Interview on 11/18/2020 at 11:06 AM with Administrator confirmed no other quarterly reviews of the emergency management plan have been completed with staff and residents. For all residents and employees, the Administrator failed to ensure disaster and emergency preparedness when the Administrator failed to ensure quarterly reviews of the facility's emergency management plan with employees and residents.	S3280		
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	S3310		

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S3310	Continued From page 2 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 3 residents. The sample included 3 residents. Based on record review and interview for 3 (#118, #229, #480) of 3 sampled residents, the Administrator failed to ensure compliance with the department's tuberculosis guidelines. Findings included: - Review of resident #118's record revealed he admitted to the facility on 01/12/16 and the record lacked evidence of completion of a TB (tuberculosis) questionnaire since 07/31/19. - Review of resident #229's record revealed she admitted to the home on 03/15/17 and the record lacked evidence of completion of a TB (tuberculosis) questionnaire since 07/31/19. - Review of resident #480's record revealed she admitted to the home on 03/06/19 and the record lacked evidence of completion of a TB (tuberculosis) questionnaire since 07/31/19.	S3310		

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S3310	Continued From page 3 On 11/23/2020 at 11:33 AM, Administrator confirmed 3/3 residents have not received a TB (tuberculosis) questionnaire since 07/31/19. Facility tuberculosis testing policy recorded, "All new admissions and new employees will have current TB testing. All residents with hospital returns will have completion of the TB Symptom Review. The review will be completed annually for residents and employees. Annually the facility will review and update the CDC Tuberculosis Risk Assessment Worksheet in coordination with their local Health Department." The Administrator 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		