Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N098002	A. BUILDING: _____ B. WING _____	09/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREGO LEMKE ASSISTED LIVING	303 N 14TH ST WA KEENEY, KS 67672

(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 facility conducted on 09/14/2020, 09/15/2020, and 09/16/2020.	S 000		
S3270 SS=E	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (b) (2) (6) (8) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview, for all residents and employees, the operator/licensed nurse failed to ensure the written emergency management plan included flood, natural gas leak, and missing resident. Findings included:	S3270		

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

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S3270	Continued From page 1 - Review of the facility's emergency management plan on 09/14/2020 revealed the plan included procedures for fire, severe weather, tornado, explosion, and lack of electrical or water services. The plan lacked procedures for flood, natural gas leak, and missing resident. Interview on 09/14/2020 at 11:27 am with operator/ licensed nurse A confirmed the plan lacked procedures for flood, natural gas leak, and missing resident. For all residents and employees, the operator/ licensed nurse failed to ensure the written emergency management plan included procedures for flood, natural gas leak, and missing residents.	S3270		
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	S3310		

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S3310	Continued From page 2 by: K.A.R 26-41-207 (c) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review, and interview, for 3 (#106, #316, #914) of 3 sampled residents, the operator/licensed nurse failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Record review on 09/16/2020 at 3:07pm with operator/licensed nurse A confirmed facility records lacked documentation for admission and annual tuberculosis (TB) symptom screen according to guidelines for the following residents: Review of resident #106's medical record revealed admission date to the facility on 04/15/2020, record lacked documentation of TB symptom screen upon admission. Review of resident #316's medical record revealed admission date to the facility on 05/21/19, record lacked documentation of TB symptom screen upon admission and annually. Review of resident #914's medical record revealed admission date to the facility 12/10/18, record lacked documentation of TB symptom screen upon admission and annually. For residents #106, #316, #914, the operator/licensed nurse failed to ensure compliance with the department's tuberculosis	S3310		

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S3310	Continued From page 3 guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		