STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087226	A. BUILDING: _____ B. WING _____	01/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE KOTTAGE #2	6412 E MARJORIE WICHITA, KS 67206

(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 represent the findings of an abreviated complaint survey for complaint # 134364 conducted on 1-30-19.	S 000		
S5230 SS=F	26-42-207 (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; (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 5 residents. Based on interview and record review of 12 employee records the operator failed to 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 for 7 of 12 employees. Findings included: Review of the employee records revealed the following:	S5230		

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

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S5230	Continued From page 1 Certified staff B hired on 11-13-18 received his/her first tuberculosis (TB) skin test on 12-3-18, 20 days after hire. Certified staff C hired on 11-9-18 and received his/her first TB skin test on 12-24-18, more than 30 days after hire and has not received his/her second TB test. Certified staff F hired on 12-18-18 refused to have the TB skin test and said he/she would get a chest X-rays. The record did not include a chest x-ray for TB. Certified staff I hired on 12-20-18 revealed a completed TB questionnaire but no TB skin testing in the record. Certified staff J hired on 1-15-19 had a completed TB questionnaire on 1-15-19 but did not have record of TB skin testing. Certified staff K hired on 1-9-19 had a completed TB questionnaire but did not have record of TB skin testing. Certified staff M hired on 7-6-18 received a TB skin test on 7/6/18 and on 8/23/18 but the record indicated neither skin test were read by a nurse. During an interview on 1-30-19 at 9:47 AM licensed nursing staff A confirmed the lack of TB testing for staff I, J, and K and staff M did not have the TB test read. During an interview on 1-30-19 at 10:30 AM administrative staff N reported he/she had completed an audit and identified concerns with TB skin testing for employees.	S5230		

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S5230	Continued From page 2 Administrative staff N failed to 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.	S5230		