STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046066	A. BUILDING: _____ B. WING _____	01/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLACKHAWK ASSISTED LIVING	22550 S FRANKLIN STREET SPRING HILL, KS 66083

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigations 113375, 114106, 115119, 124014, 125204 at the above named assisted living facility conducted on 1-16-18, 1-17-18, 1-18-18 and 1-22-18.	S 000		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The facility reported a census of 34 residents with 5 of these residents residing in the special care unit. The sample included 3 residents and two focus review residents. Based on record review and interview for 1 (#116) of 3 sampled residents, the operator failed to ensure on or before admission to the facility, a licensed nurse shall conduct a screening to determine the resident's functional capacity and shall record the findings	S3080		

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

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S3080	Continued From page 1 on a screening form specified by the department. Findings included: - Record review for Resident #116 revealed admission on 12-4-17 with diagnoses Arthritis, Cognitive Impairment, Hypertension, Irritable Bowel Syndrome, Osteoporosis, Peripheral Vascular Disease and Sciatica. The record lacked documentation of a Functional Capacity Screening. Interview on 1-16-18 at 3:10 pm with Administrative Staff B and Certified Staff C confirmed the record lacked documentation of a Functional Capacity Screening in resident's paper chart. On 1-17-18 around 2:30 pm, Certified Staff C accessed the electronic record program for Resident #116 and confirmed was unable to find a functional capacity screening in the system. For Resident #116, the operator failed to ensure on or before admission, a licensed nurse conducted a screening to determine the resident's functional capacity and recorded the findings on a screening from specified by the department.	S3080		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission.	S3090		

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S3090	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c) The facility reported a census of 34 residents with 5 of these residents residing in the special care unit. The sample included 3 residents and two focus review residents. Based on record review and interview for 1 (#116) of 3 sampled residents, the operator failed to ensure the development of an initial negotiated service agreement at admission. Findings included: - Record review for Resident #116 revealed admission on 12-4-17 with diagnoses Arthritis, Cognitive Impairment, Hypertension, Irritable Bowel Syndrome, Osteoporosis, Peripheral Vascular Disease and Sciatica. The record lacked documentation of a Functional Capacity Screening. The record lacked documentation of Negotiated Service Agreement/Health Care Service Plan. Interview on 1-16-18 at 3:10 pm with Administrative Staff B and Certified Staff C confirmed the record lacked documentation of an initial Negotiated Service Agreement. Certified Staff C stated that staff knew how to care for the resident "from what the family has told us and our observations". Stated resident ambulates with a walker but uses a cane also, has a steady gait; was incontinent of bowel and bladder so he/she was toileted as "often as he/she needs it" at least checked every two hours. On 1-17-18 around 2:30 pm, Certified Staff C accessed the electronic record program for	S3090		

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S3090	Continued From page 3 Resident #116 and confirmed was unable to find a negotiated service agreement in the system. For Resident #116, the operator failed to ensure on or before admission, the development of an initial negotiated service agreement.	S3090		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 34 residents with 5 of these residents residing in the special care unit. The sample included 3 residents and two focus review residents. Based on observation, record review and interview for 1 (#117) of 1 sampled resident with a bed assist device (bedcane), the operator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of the resident regarding use of a bed assist mobility device (bedcane) to include a safety assessment prior to use and instructions for use in the negotiated service	S3155		

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S3155	Continued From page 4 agreement/health care service plan. Findings included: - Record review for Resident #117 revealed admission on 6-11-16 with diagnoses Chronic Kidney Disease Stage III, Diabetes Mellitus Type II causing vascular disease, Hypertension, Gastroesophageal Reflux Disease, History of Stroke, Chronic Low Back Pain and Depression. The Functional Capacity Screen dated 2-7-17 recorded resident required physical assistance with bathing, dressing, toileting, transfers; supervision of walking/mobility; independent with eating and unable to perform management of medications and treatments. Cognition: problems with short term memory, memory/recall and decision-making. Current problems/risks identified included falls/unsteadiness, impaired vision, impaired hearing, and impaired decision-making. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 2-7-17 recorded services for standby assistance with transfers and mobility. The NSA/HCSP lacked documentation of indication and use of bed canes including documentation of a safety assessment performed prior to use of the devices. The record (paper chart and electronic) lacked documentation of use of the bed canes. Observation on 1-17-18 at 11:28 am of Resident #116's room revealed a twin size bed with a mobility assist device on both sides of the bed (bed canes). The devices attached by metal bars which slid underneath the mattress and were not	S3155		

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S3155	Continued From page 5 attached to the bed frame. Upon sitting on the side of the bed, surveyor able to push the bedcane out and away from the mattress. Interview on 1-17-18 at 11:28 am with Resident #116 stated the rails "help me get in and out" of the bed. Interview on 1-17-18 at 11:50 am with Administrative Staff B confirmed the bedcanes were not attached to the bed frame and could be pushed away from the mattress. The bedcanes had not been assessed for safety; and use of the bedcanes was not on the NSA/HCSP. For resident #116, the operator failed to ensure that a licensed nurse coordinated the provision of necessary health care services that met the needs of the resident regarding use of a bed assist mobility device (bedcanes) to include a safety assessment prior to use and instructions for use in the negotiated service agreement/health care service plan.	S3155		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(e)	S3166		

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S3166	Continued From page 6 The facility reported a census of 34 residents with 5 of these residents residing in the special care unit. The sample included 3 residents and two focus review residents. A licensed nurse failed to delegate a nursing procedure not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, KSA 65-1124 and amendments thereto as evidenced by record review and interview for 2 (Certified Staff E, F) of two certified medication aides sampled and affecting all CMAs who perform blood glucose monitoring. Findings included: - Personnel records reviewed on 1-17-18 at 12:15 pm with Administrative Staff B and Certified Staff C. - Personnel record review for Certified Staff E, a CMA (certified medication aide), revealed date of hire 6-30-17. The personnel record lacked documentation of a competency check for delegation of blood glucose monitoring. - Personnel record review for Certified Staff F, a CMA, revealed date of hire 1-11-18. The personnel record lacked documentation of a competency check for delegation of blood glucose monitoring. Interview on 1-17-18 at 12:35 pm with Certified Staff C stated certified medication aides E and F administer medications and perform blood glucose monitoring. Administrative Staff B confirmed the personnel files lacked documentation of delegation of blood glucose monitoring.	S3166		

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S3166	Continued From page 7 For Certified Staff E and Certified Staff F and affecting all CMAs who perform blood glucose monitoring, a licensed nurse failed to delegate a nursing procedure not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, KSA 65-1124 and amendments thereto.	S3166		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a) The facility reported a census of 34 residents with 5 of these residents residing in the special care unit. The sample included 3 residents and two focus review residents. Based on record review	S3175		

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S3175	Continued From page 8	S3175		

and interview for 1 (#119) of 2 focus review residents, the operator failed to ensure any resident may self-administer and manage medications independently if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. An assessment shall be completed before the resident initially begins self-administration of medication.

Findings included:

- Record review for Resident #119 revealed admission on 1-21-15 with diagnoses Hypertension, Gastroesophageal Reflux Disease, Osteoarthritis of the knee and Irritable Bowel Syndrome.

The Functional Capacity Screen dated 1-26-17 recorded resident independent with management of medications and required supervision of management of treatments.

The Negotiated Service Agreement dated 1-17-17 stated facility staff will administer medications per physician orders. The NSA lacked documentation of change in medication management.

The record lacked documentation of an assessment of the resident's ability to self-administer medication by a licensed nurse.

The record contained a physician communication form dated 12-14-17 which stated, "(resident) would like to manage his/her own medications. He/she was able to demonstrate the ability to read orders, labels and directions. Mini Mental State Examination 30 out of 30. Can we have an

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S3175	Continued From page 9 order for him/her to self manage medications?" The request lacked a signature by a licensed nurse. The order stated "Resident may self-manage medication and store in own apartment." The order was signed by the physician. Interview on 1-17-18 at 10:55 am with Administrative Staff B and Certified Staff C confirmed the resident takes medications independently and further confirmed the record lacked documentation of as assessment of the resident's ability to self administer medications by a licensed nurse. Certified Staff C reported the resident began self-administering medications in December of 2017 on the date of the signed physician's order. For Resident #119, the operator failed to ensure a licensed nurse had performed and documented an assessment of resident's ability to safely self-administer medications before the resident initially began self-administration of medication..	S3175		
S3227 SS=D	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall	S3227		

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S3227	Continued From page 10 seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l)(2) The facility reported a census of 34 residents with 5 of these residents residing in the special care unit. The sample included 3 residents and two focus review residents. Based on record review and interview for 1 (#118) of 3 sampled residents with a variance on the Medication Regimen Review, the licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident's regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident's medical care provider. The licensed nurse failed to seek a response from the medical care provider upon discovery of a variance identified in the medication regimen review. Findings included: - Record review for Resident #118 revealed admission on 1-27-17 with diagnoses Brain Injury, Ventricular Bigeminy, Hyperlipidemia, Abdominal Aortic Aneurysm, Myocardial Infarction, and post Coronary Artery Bypass Graft. The Functional Capacity Screen dated 1-27-17 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care	S3227		

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S3227	Continued From page 11 Service Plan (NSA/HCSP) dated 3-22-17 recorded facility staff (Registered Nurse, Licensed Practical Nurse and Certified Medication Aide) will administer medications. Consultant Pharmacist's Medication Regimen Reviews revealed the following: On 2-9-17: "Aspirin? (needs) diagnosis" On 5-4-17: "Diagnosis" On 8-14-17: "Diagnosis" On 11-10-17: "As above" Review of the Medication Administration Record for January 2018 revealed all routine medications lacked an indication (diagnosis) for use with the exception of Furosemide given for edema. The record lacked documentation of physician notification of the pharmacist's request for a diagnosis (indication for use of medication) for the resident's medications for the above dates of review. Interview on 1-17-18 at 3:19 pm with Certified Staff C upon review of the resident's current MAR, confirmed all of the routine medications listed on the MAR (except for Furosemide for edema) lacked a diagnosis or indication for use which indicated the physician had not been notified of the consulting pharmacist's requests to provide them. For Resident #118, the licensed nurse failed to seek a response from the medical care provider upon discovery of a variance identified in the medication regimen review.	S3227		
S3248 SS=E	26-41-102 (d) Staff Qualifications Employee Records	S3248		

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S3248	Continued From page 12 (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1)(2) The facility reported a census of 34 residents with 5 of these residents residing in the special care unit. The sample included 3 residents and two focus review residents. The facility identified 26 employees hired since last resurvey, with 3 certified staff, 1 non-certified staff and 1 licensed staff reviewed. Based on record review and	S3248		

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S3248	Continued From page 13 interview for 1 (Certified Staff F) of 3 certified staff, 1 (Staff A) of 1 licensed administrative staff reviewed, the operator failed to ensure the employee records contained documentation of evidence of licensure or certification for each employee performing a function that required specialized education or training; and supporting documentation for criminal background checks pursuant to K.S.A. 39-970 and amendments thereto on or before date of hire. Findings included: - Certified staff F (date of hire 1-11-18): the record contained a registry check performed on 1-11-18. The record lacked documentation submission of a criminal background check on or before date of hire. - Licensed Administrative Staff A (date of hire 12-13-17): The record lacked documentation of licensure verification. Interview on 1-17-18 at 12:35 pm with Administrative Staff B confirmed the employee records lacked documentation of submission of a criminal background check and licensure verification for the above employees. For Certified Staff F and licensed Administrative Staff A, the operator failed to ensure the employee records contained documentation of evidence of licensure for an employee performing a function that required specialized education or training; and supporting documentation for criminal background check pursuant to K.S.A. 39-970 and amendments thereto on or before date of hire.	S3248		

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S3261	Continued From page 14	S3261		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 34 residents with 5 of these residents residing in the special care unit. The sample included 3 residents and two focus review residents. Based on record review and interview for 1 (#118) of 3 sampled residents, the operator failed to ensure documentation of all incidents, symptoms and other indications of illness or injury including the date, time of occurrence, action taken and results of the action. Findings included: - Record review for Resident #118 revealed admission on 1-27-17 with diagnoses Brain Injury, Ventricular Bigeminy, Hyperlipidemia, Abdominal Aortic Aneurysm, Myocardial Infarction, and post Coronary Artery Bypass Graft. The Functional Capacity Screen dated 1-27-17 recorded resident required physical assistance with bathing and dressing. Independent with toileting, transfers, walking/mobility and eating; and unable to perform management of medications and treatments. Current	S3261		

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	N046066	A. BUILDING: _____ B. WING _____	01/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLACKHAWK ASSISTED LIVING	22550 S FRANKLIN STREET SPRING HILL, KS 66083

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S3261	Continued From page 15	S3261		

problems/risks included falls/unsteadiness, impaired vision and impaired decision-making.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 1-27-17 recorded services for staff assistance with bathing, dressing, and medication administration. Resident independent with transfers, and ambulates with a four-wheeled walker. The NSA identified resident to be at risk for falls but lacked interventions to address fall risk.

Nurse's Notes revealed entries from 1-27-17 to 6-21-17. The record lacked documentation after 6-21-17 and thereby lacked documentation of a fall experienced in December 2017, including actions taken and results of those actions.

Interview on 1-17-18 at 3:00 pm with Administrative Staff B stated the resident ambulated outside with his/her walker for exercise. Sometime in December, he/she was informed that Resident #118 had "fallen out front" and the fall was witnessed by an outside provider who was coming to the facility. The resident was sent to the hospital to be checked due to possibly hitting his/her head. After being seen, he/she was sent back to the facility. About a week later, resident's family member took him/her to the hospital to be checked due to "constipation" and they found a compression fracture of indeterminate age. Resident #118 "had cement put in" and is currently in rehabilitation.

Interview on 1-17-18 at 3:10 pm with Certified Staff C confirmed the resident experienced a fall in December 2017 and confirmed the record lacked documentation of the incident in the paper chart. Stated he/she would check the electronic record. Upon checking the electronic record was

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S3261	Continued From page 16 unable to locate any notes regarding the incident. Confirmed the electronic record lacked documentation of the fall. Stated resident was sent to the emergency room to be checked and returned to the facility. Confirmed the record lacked reports from the hospital. Stated he/she would call the hospital to see if they would fax records. For Resident #118, the record lacked documentation of an incident (fall outside in parking lot) which resulted in an injury; including date and time of the incident, actions taken and results of the actions.	S3261		
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	S3280		

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S3280	Continued From page 17 by: KAR 26-41-104(d)(3) The facility reported a census of 34 residents with 5 of these residents residing in the special care unit. The sample included 3 residents and two focus review residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents and 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. Findings included: - Review on 1-17-18 around 2:35 pm of the facility's emergency management plan revealed the plan lacked documentation of quarterly review with residents and employees and performance of an evacuation drill. Documentation revealed an employee sign in sheet for a review of Disaster Preparedness on 9-29-17. There were no further reviews documented. Facility unable to provide any further documentation of review with residents and employees or documentation of evacuation of the residents to a secure location. Interview on 1-17-18 around 12:00 pm with Administrative Staff A confirmed the facility lacked documentation of quarterly review of the emergency management plan with staff and residents and evacuation since last survey. Stated records only go back to June 2017 and an inservice was performed in December 2017 which was uploaded to the facility electronic system. Review of the electronic record failed to	S3280		

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S3280	Continued From page 18 show documentation of quarterly review of the emergency management plan and evacuation with employees and residents. The facility failed to provide a policy regarding performance of an annual evacuation drill and quarterly review of the emergency management plan with residents and employees. For all residents and employees, the operator failed to ensure emergency preparedness by ensuring quarterly review of the emergency management plan with all staff and residents and performance of an emergency drill that included evacuation of the residents to a secure location.	S3280		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.	S3298		

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S3298	Continued From page 19 This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 34 residents with 5 of these residents residing in the special care unit. The sample included 3 residents and two focus review residents. The operator failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature as evidenced by observation and interview and affecting all residents. Findings included: - Observation during entrance tour on 1-16-18 at 12:56 pm of kitchen revealed an open metal serving cart with "salad bar" ingredients which included an uncovered plastic container of cottage cheese, a large metal bowl of lettuce covered by plastic wrap and labeled/dated, two squeeze bottles of salad dressing, covered container of beets and sliced cheese in a Ziploc bag. Requested food temperature logs. Temperature of the cottage cheese was 44 degrees Fahrenheit per surveyor's thermometer. Interview on 1-16-18 at 12:58 pm of Certified Staff D stated he/she had not been taking food temperatures as he/she was unable to find a food temperature log book and confirmed the logs were incomplete and unavailable. Stated he/she thought the temperature for cold food to be "about 40" degrees Fahrenheit. Confirmed the salad bar ingredients were not sitting on ice and had "been out about 45 minutes". Policies provided by Administrative Staff A via email lacked specific food temperature ranges	S3298		

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S3298	Continued From page 20 when serving and instructions for maintaining appropriate food temperatures at all times. The policies further lacked instructions for monitoring and recording of hot and cold food temperatures. For all residents, the operator failed to ensure food shall be served at the proper temperature.	S3298		
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: KAR 26-41-207(c) The facility reported a census of 34 residents with 5 of these residents residing in the special care unit. The sample included 3 residents and two focus review residents. Based on record review and interview for 5 (Certified Staff E, F, H; Non-Certified Staff G. Administrative Staff A) of 5 sampled staff and 1 (#116) of 3 sampled	S3310		

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S3310	Continued From page 21 residents the operator failed to ensure the home's compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Personnel record review on 1-17-18 at 12:15 pm with Administrative Staff D revealed the following: Non-Certified Staff G with date of hire 10-5-16: The record lacked documentation of a 2-step TB skin test. Certified Staff E with date of hire 6-30-17: The record lacked documentation of a 2-step TB skin test. Certified Staff F with date of hire 1-11-18: The record lacked documentation of a 2-step TB skin test. Certified Staff H with date of hire 5-19-17: The record lacked documentation of a 2-step TB skin test. Administrative Staff A with date of hire 12-13-17: The record lacked documentation of a 2-step TB skin test. Interview on 1-17-18 at 12:35 pm with Administrative Staff B regarding TB skin testing stated, "I don't have it." Confirmed the above records lacked documentation of TB skin testing or chest x-ray in accordance with the department's tuberculosis guidelines. Certified Staff C stated there will be a staff meeting on 1-22-18 and all current employees will be tested.	S3310		

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S3310	Continued From page 22 - Resident record review for Resident #116 revealed admission on 12-4-17. The record lacked documentation of a chest x-ray to rule out TB. On the resident's physician "Office Clinic Notes" dated 12-1-17, recorded resident had a history of "TB-Tuberculosis." Interview on 1-16-18 at 3:10 pm with Administrative Staff B and Certified Staff C confirmed the record lacked documentation of a 2-step TB skin test or chest x-ray to rule out TB. For Certified Staff E, F, H, Non-Certified Staff G, Administrative Staff A and Resident #116, 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.	S3310		