| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N085010 | A. BUILDING: _____ B. WING _____ | 09/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE SALINA FAIRDALE | 2251 E CRAWFORD SALINA, KS 67401 |

| (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<br><br>The following citation is the result of a Licensure Resurvey at the above named Assisted Living Facility in Salina, Kansas on 9/28/16 and 9/29/16. Complaints #106046 and #104508 also investigated. | S 000 | | |
| S3248 SS=E | 26-41-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following documentation:<br>(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;<br>(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;<br>(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<br>(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.<br><br>This REQUIREMENT is not met as evidenced by: | S3248 | | |

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

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| S3248 | Continued From page 1<br>KAR 26-41-102(d)<br><br>The facility census equalled 38. The sample included three Residents. The facility identified 27 employees hired since the last Resurvey with five of these reviewed. Based on interviews and reviews of records, for four of four certified staff reviewed (#A, #B, #C, and #D), the Operator failed to ensure employee records contained supporting documentation for criminal background checks pursuant to K.S.A. 39-970 and amendments thereto.<br><br>Findings included:<br><br>- Review of employee records on 9/29/16 at 9:40am with Operator (Executive Director) #H revealed the following:<br><br>#A - Certified Nurse Aide - hired 9/19/16 - no supporting documentation of a request for criminal background check<br><br>#B - Certified Medication Aide - hired 8/16/16 - no supporting documentation for criminal background check<br><br>#D - Certified Medication Aide - hired 6/13/16 - no supporting documentation for criminal background check<br><br>#E - Certified Nurse Aide - hired 5/04/16 - no supporting documentation for criminal background check<br><br>On 9/29/16 at 10:50am, Executive Director #H confirmed no criminal background documentation available... stated I went on line and completed process to have email registered... will have to | S3248 | | |

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|---|---|---|---|---|
| S3248 | Continued From page 2<br>wait 24 hours to do checks... had not done that process.<br><br>The Operator failed to ensure employee records contained supporting documentation for criminal background checks on #A, #B, #D, and #E. | S3248 | | |