STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N074003	A. BUILDING: _____ B. WING _____	09/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHILLIPS COUNTY RETIREMENT CENTER	EAST HWY 36, PO BOX 628 PHILLIPSBURG, KS 67661

(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 a resurvey at the above named facility conducted on 09/20/22.	S 000		
S3299 SS=E	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (e) The census equaled 18 residents. The sample included 3 residents and 1 focused record review resident. Based on record review, interview, and observation for all residents receiving meal services, Administrator A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 09/20/22 at 09:29 AM revealed a kitchen. Observation of the freezer revealed the following foods, which were not sealed or dated: one plastic bag of bacon and one plastic bag of sausage.	S3299		

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

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S3299	Continued From page 1 Observation of the refrigerator revealed the following foods, which were not labeled or dated: five plastic squeeze bottles containing salad dressing and two plastic squeeze bottles containing mustard. Observation on 09/20/22 at 12:20 PM revealed 18 residents at dining room table eating lunch time meal provided by facility. Facility's "Food Preparation and Handling Policy" (no date) recorded, "Food items will be received, checked, dated with receiving date and "use-by" date, and stored properly as soon as delivery is completed." For all residents receiving meal services, Administrator A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		
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	S3310		

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S3310	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-41-207 (c) The census totaled 18 residents. The sample included 3 residents, 1 focused record review resident and review of 4 newly hired employees. Based on record review and interview for 2 Residents (R) 106 and R621 and 4 Staff (Certified Medication Aide (CMA) B, CMA C, Non-Certified Staff D and Non-Certified Staff E), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R106's "Health Record" revealed she admitted to the facility on 07/30/21 and the record lacked completion of an annual TB questionnaire for 2022. R621's "Health Record" revealed she admitted to the facility on 08/06/22 and the record lacked completion of a TB questionnaire upon admission. CMA B's "Employee Record" revealed a hire date of 02/07/22. CMA B's TB questionnaire lacked signatures and date of completion. CMA C's "Employee Record" revealed a hire date of 05/27/21. CMA C's record lacked evidence of the second step of the TB testing completed upon hire.	S3310		

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S3310	Continued From page 3	S3310		

Non-Certified Staff D's "Employee Record" revealed a hire date of 06/22/21. Non-Certified Staff D's TB questionnaire lacked signatures and date of completion.

Non-Certified Staff E's "Employee Record" revealed a hire date of 05/15/22. Non-Certified Staff E's record lacked evidence of TB testing and completion of a TB questionnaire upon hire.

Interview on 09/20/22 at 11:10 AM with Administrator A confirmed TB questionnaires for CMA B and Non-Certified Staff D lacked dates and signatures.

Interview on 09/20/22 at 12:31 PM with Administrator A confirmed unable to locate R106's annual TB questionnaire and R621's admission TB questionnaire.

Electronic interview on 09/21/22 at 08:39 AM with Administrator A confirmed unable to locate TB testing upon hire for CMA C and Non-Certified Staff E.

The facility's "Two-Step Tuberculosis Skin Testing" policy (no date) recorded, "A two-step tuberculin skin test will be utilized to establish baseline test results for residents upon admission and staff upon hire."

The facility failed to follow the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.