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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint (#175691, 175634, 170039, 165043, 164724, 164158, 163330, 161518, 169015, 173469 at the above named Residential Health Care Facility conducted on 11/21/22, 11/22/22, 11/28/22 and 11/29/22.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(1) The facility reported a census of 37 residents. The sample included three residents and two abbreviated record reviews. Based on interview, and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for resident (R)101 at least once every 365 days. Findings included:	S3081		

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

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S3081	Continued From page 1 - R101's medical record revealed the resident moved into the facility on 02/19/19 with a diagnosis of Alzheimer's Disease. The most current FCS available in R101's medical records was dated 03/19/21 with no documentation to show a FCS was completed since this date. On 11/29/22 at 10:12 AM Licensed Nurse (LN) A stated an FCS should be completed annually or with a significant change in resident status. LN A stated she was not able to locate an FCS for R101 for the year 2022. The operator failed to ensure designated staff completed a FCS for R101 at least once every 365 days.	S3081		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.	S3092		

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S3092	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(1) The facility reported a census of 37 residents. The sample included three residents and two abbreviated record reviews. Based on interview, and record review the operator failed to ensure designated staff completed a "Negotiated Service Agreement" (NSA) for resident (R)101 at least once every 365 days. Findings included: - R101's medical record revealed the resident moved into the facility on 02/19/19 with a diagnosis of Alzheimer's Disease. The most current NSA available in R101's medical records was dated 03/19/21 with no documentation to show an NSA was completed since this date. On 11/29/22 at 10:12 AM Licensed Nurse (LN) A stated an NSA should be completed annually or with a significant change in a resident's condition. LN A stated she was not able to locate an NSA for R101 for the year 2022. The operator failed to ensure designated staff completed an NSA for R101 at least once every 365 days.	S3092		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development	S3101		

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S3101	Continued From page 3 of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 37 residents. The sample included three residents and two abbreviated record reviews. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)102, and R105 was signed by all individuals involved in the development of the NSA to include the nurse responsible for the development of the NSA. Findings included: - R102's medical record revealed the resident moved into the facility on 03/04/22 with a diagnosis of delirium. The 11/16/22 NSA lacked signatures for the resident's legal representative and the nurse who developed the NSA. On 11/29/22 at 09:36 AM Licensed Nurse (LN) B stated she was not aware she should have signed the NSA but after reviewing the state regulations acknowledged the NSA should be	S3101		

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S3101	Continued From page 4 signed by all individuals involved in the development of the NSA. The operator failed to ensure R102's NSA was signed by all individuals involved in the development of the NSA. - R105's medical record revealed the resident moved into the facility on 06/25/21. The undated NSA documented signatures for the resident's guardian and the operator but was not signed by the nurse who developed the NSA. On 11/29/22 at 09:54 AM LN B stated she was not aware she should have signed the NSA but after reviewing the state regulations acknowledged the NSA should be signed by all individuals involved in the development of the NSA. The operator failed to ensure R105's NSA was signed by all individuals involved in the development of the NSA.	S3101		
S3156 SS=E	26-41-204 (b) Health Care Services (b) If the functional capacity screening indicates that a resident is in need of health care services, a licensed nurse, in collaboration with the resident, the resident ' s legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, shall develop a health care service plan to be included as part of the negotiated service agreement.	S3156		

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S3156	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-41-204(b) The facility reported a census of 37 residents. The sample included three residents and two abbreviated record reviews. Based on observation, record review and interview, the operator failed to ensure the "Negotiated Service Agreement" (NSA) contained a description of the health care services to be provided for Resident (R)102 and R104 concerning the use of a bed assistive device. Findings included: -R102's medical record documented he moved into the facility on 03/04/22 and had a diagnosis of delirium. R102's "Functional Capacity Screen" (FCS) dated 11/16/22 revealed he was unable to perform transfers. R102's NSA dated 11/16/22 did not record the use of a bed rails and there was no addendum that identified R102 used the devices. A "Siderail Assessment" was completed on 11/17/22. On 11/29/22 at 10:38 AM R102 slept in his room in a hospital bed with half side rails properly attached on each side of his bed that were within	S3156		

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S3156	Continued From page 6	S3156		

guidelines.

On 11/29/22 at 10:52 AM Certified Medication Aide (CMA) stated R102 had bed rails in use to assist with staff rolling him over in bed.

On 11/29/22 at 09:36 AM Licensed Nurse (LN) B stated R102 used bedrails as provided by hospice and stated R102 was able to get out of his bed with the bedrails in place if he wanted to.

The facility failed to develop a health care service plan and NSA to include R102's use of bed rails.

- R104's medical record documented she moved into the facility on 04/30/21with a diagnosis of osteoarthritis.

R104's FCS dated 04/30/22 revealed she required physical assistance from staff for transfers.

R104's NSA dated 04/30/22 and the Health Care Service Plan (HCSP) did not mention the use of a bed assistive device.

Observation on 11/29/22 at 09:13 AM revealed a U-shaped bedrail on the right-hand side of the bed.

On 11/29/22 at 10:52 AM CMA C stated R104 had a bed assist device on her bed which she used to help roll over in bed or to sit up.

On 11/29/22 at 09:43 AM LN B stated the use of a bed assist device should be listed in the care plan.

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S3156	Continued From page 7 The facility failed to develop a health care service plan and NSA to include R104's use of bed assistive devices.	S3156		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 37 residents with three residents included in the sample and two abbreviated record reviews. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care service plan (HCSP) for Resident (R)102 and R104. Findings included: - R102's medical record revealed the resident moved into the facility on 03/04/22 and had a diagnosis of delirium. R102's most recent NSA was completed on 11/16/22 and did not identify the nurse	S3165		

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S3165	Continued From page 8 responsible for the implementation and supervision of the HCSP. On 11/29/22 at 09:36 AM Licensed Nurse B stated there was a space on the NSA to identify the nurse responsible for the implementation of the HCSP and this should be filled out. The operator failed to ensure the NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan for R102. - R104's medical record revealed the resident moved into the facility on 04/30/21 with a diagnosis of osteoarthritis. R104's most recent NSA was completed on 04/30/22 and did not identify the nurse responsible for the implementation and supervision of the HCSP. On 11/29/22 at 09:43 AM LN B stated there was a space on the NSA to identify the nurse responsible for the implementation of the HCSP and this should be filled out. The operator failed to ensure the NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan for R104.	S3165		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a	S3186		

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S3186	Continued From page 9	S3186		

licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(b)

The facility reported a census of 37 residents. The sample included three residents and two focused record reviews. Based on interview, and record review the operator failed to ensure the Negotiated Service Agreement (NSA) identified the selected medication resident (R)101 administered herself.

Findings included:

- R101's medical record revealed the resident moved into the facility on 02/19/19 with a diagnosis of Alzheimer's Disease.

The 03/19/21 Functional Capacity Screen (FCS) documented R101 required physical assistance with medication administration.

The 03/19/21 NSA documented the facility administered all of R101's medications and did not identify R101 self-administered insulin or that staff primed and dialed the dose on her insulin

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S3186	Continued From page 10 flex pen prior to giving the pen to R101 to self-administer. On 11/28/22 at 12:56 PM R101 stated staff prepared her insulin and gave it to her to self-administer On 11/28/22 at 01:54 PM Certified Medication Aide (CMA) D stated CMA staff dialed-up the insulin pen and gave it to R101 to self-administer. 11/29/22 at 10:12 AM Licensed Nurse (LN) B stated the NSA should address R101 self-administered her insulin. The operator failed to ensure designated staff included select medications R101 self-administered in the NSA.	S3186		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.	S3211		

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S3211	Continued From page 11 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 37 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over-the-counter (OTC) medications for seven residents. Findings included: - Observation on 11/11/22 at 09:22 AM revealed the facility's north hall medication cart contained the following OTC medications which were not labeled with a resident's full name: Resident (R)106: One bottle of Spring Valley Vitamin D3 One bottle of Spring Valley Vitamin B- Complex R107: One bottle of Aspirin 81 milligrams (mg) R108: One bottle of One A Day Multivitamin/Multimineral R109: One bottle of MiraLAX R110: One bottle of Spring Valley Saw Palmetto 450 mg One bottle of Spring Valley Omega-3 500 mg. One bottle of Nature Made D3	S3211		

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S3211	Continued From page 12 The north hall medication cart also contained one bottle of Acetaminophen 325 mg with no resident identification. The facility's south/west hall medication cart contained the following OTC medications which were not labeled with a resident's full name: R111: One bottle of Equate Clearlax The south/west hall medication cart also contained one bottle of Vitafusion Calcium and one bottle of Spring Valley Calcium 600 mg with no resident identification. The facility's medication room contained the following OTC medications which were not labeled with a resident's full name: R113: One box of Mucinex DM R110: One bottle of Spring Valley Omega-3, 500 mg Two boxes of Mucinex DM R112: One container of Trelegy Ellipta inhaler One bottle of fluticasone spray The medication room had numerous other OTC medications in resident bins that were not marked with the resident's full name. Interview on 11/22/22 at 10:04 AM Licensed Nurse B stated it was her understanding that resident medications should be marked with the resident's full name.	S3211		

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S3211	Continued From page 13 The operator failed to ensure all OTC medications were labeled with the resident's full name.	S3211		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of	S3215		

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S3215	Continued From page 14 expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205-(h) The facility reported a census of 37 residents. Based on observation and interview, the operator failed to ensure resident medications were stored in accordance with each manufacturer's recommendations. Findings included: - Observation on 11/22/22 at 10:00 AM the facility's medication room had a refrigerator with an opened box with an unsealed vial of Tubersol (TB) that was not marked with the opened date. The box, product insert and the vial of Tubersol itself contained instructions that a vial of Tubersol which has been entered and in use for 30 days should be discarded. The medication room also contained an inhaler of Trelegy Ellipta (COPD) for R112 that did not have the date the product was opened marked on the inhaler packaging. The product insert documented the following: "Safely throw away Trelegy Ellipta in the trash 6 weeks after you open the tray or when the counter reads "0", whichever comes first. Write the date you open the tray on the label on the inhaler."	S3215		

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S3215	Continued From page 15 On 11/22/22 at 10:04 AM after showing Licensed Nurse (LN) B the instructions for storage of the vial of Tubersol and inhaler of Trelegy Ellipta, LN B acknowledged these medications should have been dated when they were opened. The operator failed to ensure medications were stored in accordance with each manufacturer's recommendations.	S3215		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (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.	S3248		

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S3248	Continued From page 16	S3248		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-102(d)(1)(4)

The facility reported a census of 37 residents. Based on interview and record review, the operator failed to ensure four of five newly hired employees records included evidence of timely verification with the nurse aide registry was completed and failed to ensure one of five newly hired employees had a criminal background check completed.

Findings included:

- Review of employee files conducted on 11/22/22 revealed the following:
Certified Medication Aide (CMA) E hired on 10/18/21. The "Kansas Nurse Aide Registry Certification Verification Look Up" had a date of 11/02/21which was 15 days after CMA E was hired.

CMA F hired on 09/27/21. The "Kansas Nurse Aide Registry Certification Verification Look Up" had a date of 11/02/21which was 36 days after CMA F was hired.

CMA G hired on 04/12/22. The "Kansas Nurse Aide Registry Certification Verification Look Up" had a date of 05/30/22 which was 48 days after CMA G was hired.

Certified Nurse Aide (CNA) H hired on 06/25/21.

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S3248	Continued From page 17 The "Nurse Aide Registry Confirmation Notice" did not have a date on which the registry was checked. On 11/22/22 at 11:30 AM Administrative Staff A stated she tried to get newly hired staff nurse aide registry checks completed upon hire. The operator failed to ensure timely verifications of the nurse aide registry checks were completed. - Review of employee files conducted on 11/22/22 revealed the following: CMA F hired on 09/27/21. There was no record of a criminal background check through the Kansas Bureau of Investigations completed. On 11/22/22 at 11:30 AM Administrative Staff A stated she tried to get newly hired staff criminal background checks completed upon hire. The operator failed to ensure criminal background checks were completed.	S3248		
S3270 SS=F	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;	S3270		

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S3270	Continued From page 18 (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)(3, 5, 6, 7) The facility reported a census of 37 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure the disaster and emergency plan include all required items. Findings included: - On 11/29/22 review of documentation of the emergency management plan revealed it did not include information concerning severe weather, explosion, natural gas leak and lack of water service. On 11/29/22 at 12:20 PM Administrative Staff A acknowledged that after reviewing the state regulations that not all of the required items were included in the facility's emergency management plan. The operator failed to ensure the emergency management plan included all of the required items.	S3270		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

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S3280	Continued From page 19 (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 by: KAR 26-41-104(d)(3)(4) The facility reported a census of 37 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. Findings included: - On 1130/22 Administrative Staff A provided documentation for emergency management plan reviews but this information failed to identify	S3280		

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S3280	Continued From page 20 in-services with staff included information concerning the emergency management plan and were not completed on a quarterly basis. No documentation was provided concerning quarterly reviews with residents. On 11/30/22 at 11:55 AM, Administrative Staff A stated she has completed reviews of the emergency management plan with staff but the subject matter was limited to fire and tornado and she did not have staff sign they attended the reviews. Administrative Staff A stated she has not completed quarterly reviews of the emergency management plan with the residents. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff.	S3280		
S3290 SS=F	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site	S3290		

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S3290	Continued From page 21 supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(b)(1) The facility reported a census of 37 residents. Based on record review and interview the operator failed to ensure a dietetic services supervisor or licensed dietician provided scheduled on-site supervision for the dietary department of the facility. Findings included: - On 11/21/22 at 03:47 PM during the entrance conference meeting Administrative Staff A stated she has not had a licensed dietician for about six months and has not had any success in hiring a replacement. The operator failed to ensure a dietetic services supervisor or licensed dietician provided scheduled on-site supervision for the dietary department.	S3290		

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S3296	Continued From page 22	S3296		
S3296 SS=F	26-41-206 (c) (1) Dietary Services Weekly Menu (c) (1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(c)(1) The facility reported a census of 37 residents. Based on record review and interview the operator failed to ensure menu plans were available to each resident on at least a weekly basis which affected all residents. Findings included: - On 11/21/22 at 03:46 PM Administrative Staff A stated the meal plans were not posted on a weekly basis as they should be. The operator failed to menu plans were made available to each resident on at least a weekly basis.	S3296		
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,	S3298		

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S3298	Continued From page 23 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility had a census of 37 residents. All 37 residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature. Findings included: - On 11/29/22 at 11:24 AM Dietary staff I stated staff obtained foods temperatures prior to serving to residents but stated staff did not always have the time to log these when they were busy. Review of food temperature logs provided by Dietary Staff I revealed that food temperatures were logged in the past, but they were not consistently filled out on a daily basis. According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or	S3298		

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S3298	Continued From page 24 higher and cold foods must be maintained at an internal temperature of 41 F or below. The operator failed to ensure food items were served at the proper temperature.	S3298		
S3310 SS=F	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 37 residents. The sample included three residents and two abbreviated record reviews. Based on interview and record review for three residents and five new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R.	S3310		

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S3310	Continued From page 25 26-39-105. This failure effected all residents who lived in the assisted living facility. Findings included: - Resident (R)102 moved into the facility on 03/04/22 with a diagnosis of delirium. Review of R102's medical record revealed the first step of the two-step TB skin test (TST) was read on 03/07/22. The second step of the TST was administered on 03/11/22 which was three days too early. The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "If the first TST is read as not positive, a second TST shall be administered within 1- 3 weeks." On 11/29/22 at 12:40 PM Licensed Nurse (LN) B acknowledged that after reviewing the "Tuberculosis (TB) Guidelines for Adult Care Homes" that the second step of the TST given to R102 was too early. The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - R105 moved into the facility on 06/25/21. Review of R105's medical record lacked evidence the resident had a TB Screening Questionnaire completed upon returning to the facility on 10/16/22 after a four-day hospitalization.	S3310		

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S3310	Continued From page 26 The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident shall have a TB Symptom Screen Questionnaire completed upon return from a hospitalization ..." On 11/29/22 at 12:40 PM Licensed Nurse (LN) B acknowledged that after reviewing the "Tuberculosis (TB) Guidelines for Adult Care Homes" that a TB Symptom Screening Questionnaire should have been completed for R105 upon returning to the facility after being hospitalized. The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Review of five newly hired employee files revealed the following: Review of facility personnel records revealed: Certified Medication Aide (CMA) E was hired on 10/18/21 and lacked evidence a TB Symptom Screening Questionnaire was completed and did not have the first step of her TST administered until 12/08/21 which was 49 days late. CMA F was hired on 09/27/21 but did not have the first step of her TST administered until 12/08/21 which was 65 days late. CMA G was hired on 04/12/22 and lacked evidence a TB Symptom Screening Questionnaire was completed. Licensed Nurse (LN) B was hired on 12/08/21	S3310		

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S3310	Continued From page 27 and lacked evidence a TB Symptom Screening Questionnaire and a TST was completed. Certified Nurse Aide H was hired on 06/25/21 but lacked evidence a TB Symptom Screening Questionnaire was completed. She also had the first step of her TST administered on 07/09/21 which was seven days late. Her second step of the TST was administered on 07/16/21 which was three days too early. The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each ...new employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of ...employment ...Each new ...employee shall receive a two-step TST ...within 7 days of ...employment ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." For five of five newly hired employee records reviewed, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		