STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023019	A. BUILDING: _____ B. WING _____	01/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER RIDGE RETIREMENT COMMUNITY	4851 HARVARD ROAD LAWRENCE, KS 66049

(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 with a complaints 171957 and 172147 at the above named Assisted Living conducted on 01/11/23 and 01/12/23.	S 000		
S3085 SS=F	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1)(2) The facility reported a census of 55 residents with three residents included in the sample and one abbreviated record review. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement"	S3085		

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

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S3085	Continued From page 1 (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for Resident (R)101, R102, and R103. Findings included: - R101's medical record revealed the resident moved into the facility on 03/02/22 with a diagnosis of vascular dementia. The 03/02/22 FCS identified R101 triggered for cognition, communication, and falls, unsteadiness. The 03/02/22 NSA did not address cognition, communication, falls, unsteadiness. On 01/18/23 at 04:17 PM Administrative Nurse B stated it was her understanding that if the FCS triggered for something the NSA should address those triggers. The undated "Negotiated Service Agreement And Health Service Plan (NSA/HSP)" policy documented, "It is the policy of the community to develop a written negotiated service agreement and Health Service Plan for each resident, based on the resident's functional...needs..." The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS. - R102's medical record revealed the resident moved into the facility on 06/20/22 with a diagnosis of Parkinson's Disease.	S3085		

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S3085	Continued From page 2 The 12/29/22 FCS identified R102 as having triggered for falls, unsteadiness. The 12/29/22 NSA did not address R102's trigger falls, unsteadiness. On 01/18/23 at 04:17 PM Administrative Nurse B stated it was her understanding that if the FCS triggered for something the NSA should address those triggers. The undated "Negotiated Service Agreement And Health Service Plan (NSA/HSP)" policy documented, "It is the policy of the community to develop a written negotiated service agreement and Health Service Plan for each resident, based on the resident's functional...needs..." The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS. -R103's medical record revealed the resident moved into the facility on 12/31/22 with a diagnosis of atherosclerotic heart disease. The 12/30/22 FCS identified R103 required physical assistance with transfers and toileting. The 12/30/22 NSA did not address R103's need for 2-3 staff assist with transfers and toileting. On 01/18/23 at 04:17 PM Administrative Nurse B stated it was her understanding that if the FCS triggered for something the NSA should address those triggers. The undated "Negotiated Service Agreement And	S3085		

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S3085	Continued From page 3 Health Service Plan (NSA/HSP)" policy documented, "It is the policy of the community to develop a written negotiated service agreement and Health Service Plan for each resident, based on the resident's functional...needs..." The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS.	S3085		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(2) The facility reported a census of 55 residents. The sample included three residents and one abbreviated record review. Based on observation, interview, and record review the	S3092		

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S3092	Continued From page 4	S3092		

operator failed to ensure the "Negotiated Service Agreement" (NSA) was revised following a significant change in condition for resident (R)104.

Findings included:

- R104's medical record revealed the resident moved into the facility on 11/21/22 with a diagnosis of chronic kidney disease.

The 11/21/22 "Functional Capacity Screen" (FCS) documented R104 required supervision with transfers and mobility.

Review of R104's records revealed the most current NSA was dated 11/21/22 and lacked any addendums.

The "Nurses Note" dated 12/01/22 at 03:05 PM documented, "Resident received her shower today. Bruising noted on left elbow and wound on left heel."

The "Nurses Note" dated 12/27/22 documented, "Resident seen by home health ...wound care to left heel pressure sore ... will see wound care center every 2 weeks."

On 01/12/23 at 10:47 AM R104 sat in her recliner in her room and had a dressing to her left heel with her sock and shoe off. R104 removed the dressing to her heel and revealed there was a sore.

On 01/12/23 at 02:16 PM Administrative Nurse B stated she had not updated the NSA since R104

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S3092	Continued From page 5 was admitted to the facility. The undated "Negotiated Service Agreement And Health Service Plan (NSA/HSP)" policy documented, "Each community will ensure the negotiated service agreement is reviewed and, if necessary revised according to the following requirements...Following any significant change in condition...The health care service plan shall include the skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing each service." The operator failed to ensure R104's NSA was reviewed and revised as needed following a significant change in condition.	S3092		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development 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 55 residents. The sample included three residents and one abbreviated record review. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for	S3101		

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S3101	Continued From page 6	S3101		

resident (R)101, and R102 was signed by all individuals involved in the development of the NSA.

Findings included:

- R101's medical record revealed the resident moved into the facility on 03/02/22 with a diagnosis of vascular dementia.

The 03/02/22 NSA documented a signature of the nurse who developed the NSA but was not signed by R101's DPOA or family member.

On 01/12/23 at 02:52 PM Administrative Nurse B stated that if NSAs are mailed she usually followed up to make sure the NSA was signed but she never received a signed copy of R101's NSA back from the family.

The undated "Negotiated Service Agreement And Health Service Plan (NSA/HSP)" policy documented, "Each individual involved in the development of the negotiated service agreement shall sign the agreement."

The operator failed to ensure R101's NSA was signed by all individuals involved in the development of the NSA.

- R102's medical record revealed the resident moved into the facility on 06/20/22 with a diagnosis Parkinson's Disease.

The 12/29/22 NSA documented signatures for the operator/administrator, the nurse who developed the NSA but was not signed by R102's

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S3101	Continued From page 7 DPOA or family member. On 01/12/23 at 02:52 PM Administrative Nurse B stated that if NSAs are mailed she usually followed up to make sure the NSA was signed but there were times when she did not get an NSA back from the family. The undated "Negotiated Service Agreement And Health Service Plan (NSA/HSP)" policy documented, "Each individual involved in the development of the negotiated service agreement shall sign the agreement." The operator failed to ensure R102's NSA was signed by all individuals involved in the development of the NSA.	S3101		
S3155 SS=E	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 55 residents.	S3155		

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S3155	Continued From page 8 The sample included three residents and one abbreviated record review. Based on observation, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for three of four sampled residents evidenced by the failure to complete and document an assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint for resident (R)104, and failed to record all incidents, symptoms, and other indications of illness or injury for R101 and R104 concerning pressure ulcers, and fall prevention for R101. Findings included: - R101's medical record revealed he into the facility on 03/02/22 with diagnosis of vascular dementia. The 03/02/22 "Functional Capacity Screen" (FCS) documented R101 required supervision with treatments and staff assistance with transfers and mobility. The 03/02/22 "Negotiated Service Agreement" (NSA) documented staff assisted R101 with treatments, transfers and mobility. The NSA did not address wound care for a pressure wound on his buttocks and did not include staff interventions to help prevent R101 from falling. Review of the physician orders revealed wound care orders dated 04/29/22 and 05/13/22 were in place for treatment of a pressure sore on R101's	S3155		

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S3155	Continued From page 9 left buttocks. The 05/05/22 "Assisted Living Wound Assessment" documented R101 had a facility acquired pressure wound to his left buttock. No measurements or documented. No other documentation was found for the assessment and treatment by facility staff of R101's pressure wound. Falls investigations were completed on 03/03/22, 03/07/22, 03/08/22, 03/12/22, undated fall in 03/22, 04/03/22, 04/13/22, 05/03/22, 05/10/22, and 05/23/22. No interventions were included or documented in R101's NSA or "Health Care Service Plan" (HCSP). On 01/12/23 at 01:10 PM Certified Medication Aide (CMA) E stated R101 fell frequently, and staff would find him on the floor when they did checks. CMA E did not know of any particular interventions put into place to help prevent R101 from falling. On 01/12/23 at 02:52 PM Administrative Nurse A stated R101 had quite a few falls when he attempted to transfer on his own. Administrative Nurse A stated the NSA and HCSP should address any wound care received. The undated "Wound Assessment, Prevention and Treatment" policy documented, "The RCC will monitor the condition of the wound and surrounding tissue (including size and appearance) and record the information on the Wound & Skin Assessment & Progress Report until the wound is healed."	S3155		

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S3155	Continued From page 10 The undated "Falls" policy documented, "Individualized care plan interventions will be developed for residents identified through assessment as being at fall risk. Those interventions will be reviewed and updated on a regular basis and if/when a fall occurs." The operator failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of R101's concerning pressure ulcers and falls. - R104's medical record revealed she moved into the facility on 11/21/22 with a diagnosis of chronic kidney disease. The 11/21/22 FCS failed to document the use of a bed cane and documented R104 required supervision with treatments. The 11/21/21 NSA did not identify R104 utilized a bed cane and did not address pressure wound treatment to her left heel. Review of R104's medical records failed to locate an assessment for the use of a bed cane. The 11/21/22 "Assisted Living Admission Assessment" documented, "No bed device in use." The "Assisted Living Wound Assessments" dated: 11/27/22, 11/30/22, 12/05/22, 12/12/22, 12/19/22 and 01/11/22 documented a left heel pressure wound was treated by the facility, home health and a wound clinic but did not include documentation of measurements of this wound to	S3155		

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S3155	Continued From page 11 indicate the improvement or worsening of the wound. On 01/12/23 at 10:47 AM there was a u-shaped bed cane observed to be properly attached to the right side of R104's bed. R104's sock and shoe were off and revealed a dressing to her left heel covering an open wound. On 01/12/23 at 12:01 PM Licensed Nurse F stated the facility staff, home health and a wound healing center provided treatment of R104's pressure wound to her left heel. On 01/12/23 at 02:16 PM Administrative Nurse B stated R104 came to the facility with a pressure wound to her left heel and stated the NSA should identify if the resident had a pressure wound and who was treating it. Administrative Nurse B stated she thought if open sores developed while at the facility they should be measured but if they came to the facility they did not measure them, and R104's current NSA did not describe the services provided and no addendum was completed for wound care. Administrative Nurse B stated R104 had a bed cane and should have had a bed rail assessment completed for the use of this bed cane. The undated "Side Rail Utilization" policy documented, "...The use of a bed cane...may be utilized to aid the resident with repositioning/transfers. Once it is determined that a transfer/positioning device should be utilized, the usage of the transfer/positioning device must be included in the NSA/Health Service Plan under "transfers."	S3155		

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S3155	Continued From page 12 The undated "Wound Assessment, Prevention and Treatment" policy documented, "The RCC will monitor the condition of the wound and surrounding tissue (including size and appearance) and record the information on the Wound & Skin Assessment & Progress Report until the wound is healed." The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R104 regarding the use of a bed assistive device and treatment of a pressure wound.	S3155		
S3170 SS=F	26-41-204 (g) (h) Health Care Services (g) Skilled nursing care shall be provided in accordance with K.S.A. 39-923 and amendments thereto. (1) The health care service plan shall include the skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing each service. (2) The licensed nurse providing the skilled nursing care shall document the service and the outcome of the service in the resident ' s record. (3) A medical care provider ' s order for skilled nursing care shall be documented in the resident ' s record in the facility. A copy of the medical care provider ' s order from a home health agency or hospice may be used. Medical care provider orders in the clinical records of a home health agency located in the same building as the facility may also be used if the clinical records are available to licensed nurses and direct care staff of the facility. (4) The administrator or operator shall ensure	S3170		

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S3170	Continued From page 13 that a licensed nurse is available to meet each resident ' s unscheduled needs related to skilled nursing services. (h) A licensed nurse may provide wellness and health monitoring as specified in the resident ' s negotiated service agreement. (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice This REQUIREMENT is not met as evidenced by: KAR 26-41-204(g)(2) The facility reported a census of 55 residents. The sample included three residents and one abbreviated record review. Based on observation, interview and record review the operator failed to ensure the licensed nurse who provided the skilled nursing care for pressure wounds documented the outcome of the service in the resident's record for resident (R)101, R103 and R104. Findings included: - R101's medical record revealed the resident moved into the facility on 03/02/22 with a diagnosis of vascular dementia. The 03/02/22 "Functional Capacity Screen" (FCS) identified R101 as not able to manage his	S3170		

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S3170	Continued From page 14	S3170		

own treatments.

The 03/02/22 "Negotiated Service Agreement" (NSA) documented staff managed treatments for R101.

The 05/05/22 "Assisted Living Wound Assessment" documented R101 had a facility acquired pressure wound to his left buttock.

No measurements were documented. Hospice and facility staff were identified as providers for wound management.

The 05/12/22 "Outpatient Service Documentation" documented hospice provided wound care to R101's left mid-gluteal are with a full thickness wound that measured 0.7 x 0.8 x depth unknown. No other wound measurements were found in R101's medical records.

On 01/12/23 at 02:52 PM Administrative Nurse B stated R101 had a couple of sores on his bottom initially thought to be pressure sores. Administrative Nurse B stated the NSA and care plan should address any wound care received and the wounds should be measured.

The undated "Wound Assessment, Prevention and Treatment" policy documented, "The RCC will monitor the condition of the wound and surrounding tissue (including size and appearance) and record the information on the Wound & Skin Assessment & Progress Report until the wound is healed."

The operator failed to ensure the licensed nurse who provided skilled nursing care for pressure

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PIONEER RIDGE RETIREMENT COMMUNITY	4851 HARVARD ROAD LAWRENCE, KS 66049

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wounds documented the care received and outcome of the treatments for R101.

- R103's medical record revealed the resident moved into the facility on 12/31/22 with a diagnosis of atherosclerotic heart disease.

The 12/30/22 FCS identified R103 as not able to manage his own treatments.

The 12/30/22 NSA documented staff managed treatments for R103.

The 01/03/23 "Assisted Living Wound Assessment" documented a left buttock stage two pressure wound that measured length- 1.5 centimeters (cm) x width- 1.5 cm. The wound was cleansed and dressed with Opti foam for protection.

The 01/11/23 "Assisted Living Wound Assessment" documented a community acquired sacral pressure wound that was improved. No measurements of the wound were documented.

No other subsequent measurements were found in R103's medical records.

On 01/12/23 at 10:38 AM R103 sat in his motorized scooter and was not able to off load his weight.

On 01/12/23 at 10:32 AM R103 stated he had an open sore on his bottom which staff treated and stated he was not able to offload his weight.

On 01/12/23 at 01:03 PM Certified Medication Aide (CMA) E stated R103 had a sore on his

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bottom and that home health came to dress the wound and the facility staff took care of it the rest of the time.

The undated "Wound Assessment, Prevention and Treatment" policy documented, "The RCC will monitor the condition of the wound and surrounding tissue (including size and appearance) and record the information on the Wound & Skin Assessment & Progress Report until the wound is healed."

The operator failed to ensure the licensed nurse who provided skilled nursing care for pressure wounds documented the care received and outcome of the treatments for R103.

- R104's medical record revealed the resident moved into the facility on 11/21/22 with a diagnosis of chronic kidney disease.

The 11/21/22 FCS identified R104 required supervision to manage her own treatments.

The 11/21/22 NSA did not mention R104 had a pressure wound and that her wounds were treated by facility staff, home health and a wound clinic.

The 11/30/22 "Assisted Living Wound Assessment" documented, "Left heel pressure, improving, wound management by Home Health and facility."

The 12/12/22 "Assisted Living Wound Assessment" documented, "Left heel pressure, no change in wound, wound management by Home Health. Home health viewed wound today.

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S3170	Continued From page 17 Home health nurse referred resident to wound healing center, waiting on order from PCP. Resident will see wound healing center and home health to improve wound." On 01/12/23 at 11:11 AM Administrative Nurse B and Licensed Nurse (LN) F arrived at R104's room to change dressing on her left heel. The wound was cleansed, ointment was applied to the wound and then a bordered gauze was applied over the wound. The wound was not measured at this time. On 01/12/23 at 02:16 PM Administrative Nurse B stated R104 came to the facility with a pressure wound to the left heel and should have been identified upon admission. Administrative Nurse B stated she thought if a resident developed open sores while at the facility staff should measure the wounds but if the resident admitted to the facility with wounds they did not measure them. The undated "Wound Assessment, Prevention and Treatment" policy documented, "The RCC will monitor the condition of the wound and surrounding tissue (including size and appearance) and record the information on the Wound & Skin Assessment & Progress Report until the wound is healed." The operator failed to ensure the licensed nurse who provided skilled nursing care for pressure wounds documented the care received and outcome of the treatments for R104.	S3170		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS	S3211		

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S3211	Continued From page 18 (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 55 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 five residents. Findings included: - Observation on 01/11/23 at 11:28 AM revealed the facility's second floor medication cart contained the following OTC medications which were not labeled with a resident's full name: Resident (R)105: One bottle of Equate Low Dose Aspirin One bottle of Spring Valley B12	S3211		

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S3211	Continued From page 19 R106: One bottle of Kroger Acetaminophen 500 milligrams (mg) One bottle of Spring Valley Melatonin 5 mg R107: One bottle of Kroger GentleLax R108: One bottle of Imodium A-D On 01/11/23 at 03:03 PM the facilities first floor medication cart contained the following OTC medications which were not labeled with a resident's full name: R109: One bottle of Naturenetics SuperiOmega One bottle Garden of Life Once Daily Women's Probiotics A policy for "Medication: Storage of Drugs and Biologicals" was provided by the facility on 01/11/23 but it did not address OTC medications. The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
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	S3280		

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S3280	Continued From page 20 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 55 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 the performance of quarterly reviews of the facility's emergency management plan with employees and residents and conducting an annual emergency evacuation drill. Findings included: - On 01/11/23 Administrative Staff A provided documentation of quarterly reviews of the emergency management plan with employees completed on 02/01/22, 04/12/22 and 07/12/22. There was no documentation of a review completed with employees in December of 2022.	S3280		

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S3280	Continued From page 21 Administrative Staff A also provided documentation of an annual emergency evacuation drill completed on 05/26/21 but did not have documentation that an evacuation drill was completed during 2022. On 01/11/23 at 01:09 PM Administrative Staff A stated she was not able to locate the emergency management plan quarterly review with employees for December 2022. On 01/12/23 at 08:58 AM Administrative Staff A stated an annual evacuation drill was not completed for 2022 due to weather constraints. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and failed to ensure an emergency evacuation drill was completed annually.	S3280		
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	S3310		

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This REQUIREMENT is not met as evidenced by:
KAR 26-41-207(c)

The facility reported a census of 55 residents. The sample included three residents and one abbreviated record review. Based on interview and record review for two residents and two 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. 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 06/22/22 with a diagnosis of Parkinson's Disease.

R102's medical record revealed she had the first step of the two-step TB skin test (TST) read on 06/25/22 and had the second step of the TST administered on 06/29/22 which was three days earlier than guidelines specified.

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."

The operator failed to ensure compliance with the department's tuberculosis guidelines for adult

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S3310	Continued From page 23 care homes adopted by reference in K.A.R. 26-39-105. - R103 moved into the facility on 12/31/22 with a diagnosis of atherosclerotic heart disease. Review of R103's medical record revealed he had the first step of the two-step TB skin test (TST) read on 01/04/23 and had the second step of the TST administered on 01/08/23 which was three days earlier than guidelines specified. The undated "Tuberculin Testing and Symptom Review" policy documented, " ...If the first skin test is read as not positive, a second skin test shall be administered within one (1) to three (3) weeks." 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) D was hired on 01/17/22. CMA D's TB Symptom Screening Questionnaire was completed on 07/25/22 which was approximately six months late. Certified Nurse Aide (CNA) C was hired on 08/28/22. CNA C's TB Symptom Screening Questionnaire was completed on 12/16/22 which was 110 days late. The 06/2013 "Tuberculosis (TB) Guidelines for	S3310		

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S3310	Continued From page 24 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." 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		