Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N080004	A. BUILDING: _____ B. WING _____	08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING OF LYONS	502 S MILES STREET LYONS, KS 67554

(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 attached complaint (175401) at the above named facility conducted on 08/28/23.	S 000		
S3280 SS=E	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 by: KAR 26-41-104 (d) (4) The census equaled 12 residents. The sample included 3 residents and review of 5 employee records. Based on record review and interview, Operator A failed to ensure disaster and emergency preparedness by ensuring the performance an annual emergency drill with staff	S3280		

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

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S3280	Continued From page 1 and residents to include an evacuation of the residents to a secure location. Findings included: - Facility failed to perform an annual emergency drill since last survey conducted with all residents and the minimum number of staff on duty at one time that included an evacuation of all residents to a secure location. Interview on 08/28/23 at 12:50 PM with Operator A confirmed unable to locate a full evacuation completed with all residents and the minimum number of staff on duty at one time. Operator A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.	S3280		
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: K.A.R 26-41-207 (c) The census totaled 12 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 1 Resident (R)3 and 2 staff (Certified Medication Aide (CMA) B and CMA C), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R3's "Health Record" revealed she admitted to the facility on 06/10/23 and the record lacked evidence of TB testing upon admission. R3's first step TB test was completed on 07/25/23, approximately 6 weeks after being admitted to the facility. Record lacked evidence of the second step of TB testing completed. Review of CMA B's employee record revealed they hired onto the facility on 03/23/23. CMA B's record lacked evidence of completion of the second step of TB testing and a TB questionnaire upon hire. Review of CMA C's employee record revealed they hired onto the facility on 05/12/23. CMA C's record lacked evidence of completion of TB testing and a TB questionnaire upon hire. Interview on 08/28/23 at 01:34 PM with Operator	S3310		

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S3310	Continued From page 3 A confirmed TB testing was completed late on R3 and further confirmed the second step of TB testing was not completed. Electronic interview on 08/28/23 at 03:24 PM with Operator A confirmed unable to locate TB testing and a TB questionnaire completed upon hire for CMA C. The facility failed to ensure compliance with 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.	S3310		