Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N014005	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY PLACE ASSISTED LIVING	722 LIBERTY STREET CLAY CENTER, KS 67432

(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 citation represents the findings of a licensure resurvey at the above named facility conducted on 10/03/23.	S 000		
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 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207 (c) The census totaled 14 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 4 staff (Licensed Nurse (LN) B, Certified Medication Aide (CMA) C, Certified Nurse Aide (CNA) D and Maintenance Staff E, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines.	S3310		

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

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S3310	Continued From page 1 Findings included: - Review of LN B's employee record revealed they hired onto the facility on 06/06/22. LN B's record lacked evidence of completion of a TB questionnaire upon hire. Review of CMA C's employee record revealed they hired onto the facility on 02/27/23. CMA C's record lacked evidence of completion of TB testing a TB questionnaire upon hire. Review of CNA D's employee record revealed they hired onto the facility on 06/05/23. CNA D's record lacked evidence of completion of a TB questionnaire upon hire. Review of Maintenance Staff E's employee record revealed they hired onto the facility on 10/10/22. Maintenance Staff E's record lacked evidence of completion of a TB questionnaire upon hire. Interview on 10/03/23 at 11:26 AM with Operator A confirmed TB questionnaires were not completed upon hire for LN B, CMA C, CNA D and Maintenance Staff E and further confirmed unable to locate TB testing 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		