

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/26/2023
NAME OF PROVIDER OR SUPPLIER PARK MEADOWS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5901 WEST 107TH STREET OVERLAND PARK, KS 66207		
(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 the licensure resurvey with attached complaint numbers 183092, 183055, 182582, 179071, 178733, 175979, 174450, and 174350, for the above named facility conducted on 10/24/23, 10/25/23, and 10/26/23.	S 000		
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 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: K.A.R. 26-41-104 (d) (3) The facility reported a census of 57 residents. Based on interview and record review the administrator failed to ensure a quarterly review	S3280		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3280	Continued From page 1 of the facility's emergency management plan was reviewed quarterly with all employees and residents. Findings included: - Interview on 10/25/23 at 04:24 PM with Administrator A, he stated the emergency preparedness training is provided at the time of hire and annually to all employees. He stated that recently they have implemented emergency preparedness training upon admission for newly admitted residents that included instructions to the residents in case of a fire. He confirmed they had not provided the quarterly training to residents or staff since his time of hire on 02/13/23. 10/26/23 Record review of the facility provided Emergency Preparedness binder revealed the fire/evacuation drills were current and a topics page which included the following topics: fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, and missing residents. The administrator failed to ensure a quarterly review of the facility's emergency management plan was reviewed quarterly with all employees and residents.	S3280			
S3310 SS=D	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	S3310			

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S3310	Continued From page 2 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 facility reported a census of 57 residents. The sample included 3 residents and 5 newly hired staff. Based on interview and record review the administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for two of the five newly hired employees, "Certified Nurse Aide" (CNA) C, and "Certified Medication Aide" (CMA) D. Findings included: - Record review for newly hired "Certified Nurse Aide" (CNA) C, revealed she started employment on 09/24/23. The employee record contained a form from a local lab dated 01/08/23 and confirmed a negative "vitro diagnostic test for the detection of effector "T" cells that respond to stimulation by Mycobacterium TB antigens"	S3310		

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S3310	Continued From page 3 (T-Spot). The record lacked a negative T-spot or a negative two step TB skin test within seven days of employment. Record review for "Certified Medication Aide" (CMA) D, revealed she began employment on 03/06/23. The employee record contained a document from her prior assisted living facility titled "Resident and Employee TB test Acknowledgement". It revealed step one was administered on 01/09/23 and read negative on 01/11/23. Step two was administered on 01/26/23 and the read date lacked any documentation of the second step reading. The record lacked a negative one step TB skin test within seven days of employment. The administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		