

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2023
NAME OF PROVIDER OR SUPPLIER THE HEALTHCARE RESORT OF LEAWOOD - IRON HC		STREET ADDRESS, CITY, STATE, ZIP CODE 5401 W 143RD STREET LEAWOOD, KS 66224		
(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 represent the findings of a resurvey for the above named assisted living facility conducted on 10/25/23.	S 000		
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, 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 reported a census of 19 residents. The facility had a main kitchen where food was stored and prepared then transported to a satellite kitchen where food was served. Based on record review and interview the administrator failed to provide evidence of documentation of	S3298		

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

TITLE

(X6) DATE

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S3298	Continued From page 1 food temperatures to ensure potentially hazardous foods were served at safe temperatures for every meal. Findings included: Review of the food temperature logs for the month of October lacked evidence of documentation for two meals on 10/01/23 and for all three meals on 10/02/23, 10/07/23, 10/08/23, 10/09/23, 10/14/23, 10/18/23, 10/19/23, 10/20/23, and 10/21/23 which was 29 meals potentially hazardous foods were served. On 10/25/23 at approximately 09:12 AM Administrative Staff B confirmed the food temperature logs lacked evidence of documentation of food temperatures for several days in October. The facility's "Monitoring Food Temperatures for Meal Service" policy documented "Prior to serving a meal, food temperatures will be taken and documented for all hot and cold foods to ensure proper serving temperatures." The administrator failed to provide evidence of documentation of food temperatures to ensure potentially hazardous foods were served at safe temperatures for every meal in October.	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	S3310		

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S3310	Continued From page 2 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 19 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for all adult care homes adopted by reference in KAR 26-39-105 for Residents (R) 2, R2, R3, and five sampled staff. Findings included: - Record review for R1 revealed an admission date of 05/12/23 with diagnoses of blindness and hypertension. - R1's record lacked evidence of documentation a TB symptom screen was completed within seven days of admission. - Record review for R2 revealed an admission	S3310		

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S3310	Continued From page 3 date of 03/01/23 with diagnoses of epilepsy and atrial fibrillation. R2's record lacked evidence of documentation a TB symptom screen was completed within seven days of admission. - Record review for R3 revealed an admission date of 06/07/22 with diagnoses of leukemia and difficulty in walking. R3's record lacked evidence of documentation a TB symptom screen was completed within seven days of admission. - Administrative Nurse C's employee record revealed a hire date of 05/31/23. The employee record lacked evidence of documentation a TB symptom screen was completed within seven days of hire. Certified Nurse Aide (CNA) D's employee record revealed a hire date of 03/28/23. The employee record lacked evidence of documentation a TB symptom screen was completed within seven days of hire. Certified Medication Aide (CMA) E's employee record revealed a hire date of 08/15/23. The employee record lacked evidence of documentation a TB symptom screen was completed within seven days of hire. CMA F's employee record revealed a hire date of 01/31/23. The employee record lacked evidence of documentation a TB symptom screen was completed within seven days of hire.	S3310		

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S3310	Continued From page 4 CNA G's employee record revealed a hire date of 06/02/23. The employee record lacked evidence of documentation a TB symptom screen was completed within seven days of hire. The 07/2023 facility's "Guidelines for Tuberculosis Screening in Assisted Living Facility (ALF)" policy documented "Each new resident and new employee will have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of residency or employment or at the time of administration of the tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA)." On 10/26/23 at 01:33 PM Administrative Staff A confirmed the resident and employee records lacked evidence of documentation TB symptom screens were completed within seven days of admission or hire. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for all adult care homes adopted by reference in KAR 26-39-105.	S3310		