

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/05/2024
NAME OF PROVIDER OR SUPPLIER AVENUE 81		STREET ADDRESS, CITY, STATE, ZIP CODE 8055 METCALF AVE OVERLAND PARK, KS 66204		
(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 185361, 183146, and 182244, for the above named facility conducted on 02/05/24 and 02/06/24.	S 000		
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 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: KAR 26-41-207(c) The facility reported a census of 37 residents. The sample included 5 ("Residents" (R)'s 1, 2, 3, 4, 5), and 5 newly hired employees ("Certified Medication Aide's" (CMA)'s F and G, and "Certified Nurse Aide's" (CNA)'s H, I and J) . Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's "Tuberculosis" (TB) guidelines for adult care	S3310		

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

TITLE

(X6) DATE

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S3310	Continued From page 1 homes adopted by reference in KAR 26-39-105 for R3, CMA's F and G, and CNA's H, I and J. Findings included: - Review of CMA F's employee record revealed a hire date of 06/06/23 and the personnel record lacked evidence of the required two step TB testing being completed. Review of CMA G's employee record revealed a hire date of 12/07/23 and the personnel record lacked evidence of TB testing being completed. Review of CNA H's employee record revealed a hire date of 10/02/23 and the personnel record lacked evidence of TB testing being completed. Review of CNA I's employee record revealed a hire date of 10/16/23 and the personnel record lacked evidence of TB testing being completed. Review of CNA J's employee record revealed a hire date of 11/13/23 and the personnel record lacked evidence of TB testing being completed. - Record review for R3 revealed and admission date of 06/09/23 the electronic medical record revealed under the "Immunization" tab the first step of the two step was read on 06/10/23 with a negative result. The documented undated second step, was documented as "not eligible". Interview 02/06/23 at approximately 02:00 PM with Administrative Staff A and Administrative Licensed Nurse B confirmed that the personnel records lacked the required documentation that TB testing had been completed upon hire according to the department's guidelines, and	S3310		

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S3310	Continued From page 2 further confirmed the electronic record for R3 lacked the required second step TB test. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new resident or new employee shall receive a two-step TB skin test within seven days of residency employment. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 for R3, and newly hired CMA's F, G and CNA's H, I, and J .	S3310		