STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N078009	A. BUILDING: _____ B. WING _____	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUHLER SUNSHINE HOME	400 S BUHLER ROAD BUHLER, KS 67522

(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 Re-Licensure Survey for the above named Assisted Living facility conducted on 5/01/24.	S 000		
S5165 SS=E	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(e) The facility reported a census of 22 residents (R) . Based on interview and record review for three of three newly hired Certified Medications Aides (CMA) , the operator failed to ensure the delegated nursing procedure for monitoring blood glucose via glucometer for each CMA was completed by a licensed nurse under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto prior to them checking a resident's blood sugar. . Findings included: - Review of employee records for Certified Medication Aide (CMA) B, CMA C, and CMA D lacked evidence of a licensed nurse delegation for the checking of a resident's blood sugar via glucometer.	S5165		

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

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S5165	Continued From page 1 Review of R6 Medication Administration Record from September 2023 to May 2024 revealed CMA B, CMA C, and CMA D all documented they had checked his blood sugars. Interview on 05/01/24 at 01:23 PM Certified Medication Aide G reported when she started the CMA who oriented her trained her how to check blood sugars and later had a skills fair later on where we did it. Interview on 05/01/24 at 01:57 PM Administrative Staff E reported she and Administrative Staff F were not able to find the delegation training forms for the three newly hired CMAs. The operator failed to ensure certified medication aides were properly trained on the procedure monitoring blood glucose.	S5165		
S5230 SS=F	26-42-207 (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; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		

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S5230	Continued From page 2 This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c) The facility reported a census of 22 residents(R). The sample included three residents and three newly hired staff. Based on interview and record review for three of three newly hired staff, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of the three newly hired employee files revealed the following: Certified Medication Aide (CMA) B, hired on 08/08/23 had a TB symptom screen completed on 08/08/23 but did not have a two-stop TB skin test within seven days of hire. CMA C, hired on 01/24/24 did not have a TB symptom screen completed upon hire and did not receive a TB skin test within seven days of hire. CMA D hired on 12/28/23 had a blank TB symptom screen in her file and did not have a two step TB skin test completed within seven days of hire. On 05/01/24 at 01:57 Administrative Staff E reported she had looked and did not have TB skin testing for all three of the CMAs. Review of the "Tuberculosis (TB) Guidelines for	S5230		

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S5230	Continued From page 3 Adult Care Homes" June 2013 revealed each new resident and new employee shall have an initial TB symptom screen that includes the components of the TB questionnaire within seven days of residency or employment. Each new resident or new employee shall receive a two-stop skin test within seven days of residency or employment unless specific conditions are met. The administrator failed to ensure three of three newly hired staff completed TB symptom screens and TB skin testing in accordance with TB guidelines to ensure the facility remained in compliance of infection control guidelines.	S5230		