STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N029004	A. BUILDING: _____ B. WING _____	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILL TOP HOUSE	505 W ELM BUCKLIN, KS 67834

(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 04/30/24 and 05/01/24.	S 000		
S 110 SS=E	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: 0110 KAR 26-39-103(c)(1)(B) The facility reported a census of six residents. Based on interview and record review the administrator failed to ensure resident (R)102 and R103 was informed, both orally and in writing of	S 110		

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

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S 110	Continued From page 1 the current rate for the level of care and services to be provided. Findings included: - R102 was admitted to the facility on 04/01/22. Review of R102's medical records failed to locate documentation that she was informed of the rate she would be charged for the level of care and services to be provided by the facility. On 05/01/24 at 04:07 PM Administrative Staff A stated that R102's admission agreement was not completely scanned into the medical records to include the rates. The administrator failed to ensure R102 was informed both orally and in writing of the current rate for the level of care and services to be provided to her by the facility. - R103 was admitted the facility on 10/19/23. Review of R103's medical records failed to locate documentation that he was informed of the rate he would be charged for the level of care and services to be provided by the facility. On 05/01/24 at 04:07 PM Administrative Staff A stated that R103's admission agreement was not completely scanned into the medical records to include the rates. The administrator failed to ensure R103 was informed both orally and in writing of the current rate for the level of care and services to be provided to him by the facility.	S 110		

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S 230	Continued From page 2	S 230		
S 230 SS=E	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: 0230 KAR 26-39-102(b) The facility reported a census of six residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure the resident or the resident's legal representative was informed, in writing, of the state statutes related to advance medical directives for resident (R)101 and R102. Findings included:	S 230		

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S 230	Continued From page 3 - R101 admitted to the facility on 03/26/23. Review of R101's medical records revealed lacked documentation that information on advance medical directives was provided upon admission to the facility. On 05/01/24 at 02:46 PM Administrative Nurse C stated R101 was considered a "Full Code" according to physician orders but staff did not provide R101 with information for a "do not resuscitate" (DNR) upon admission. The administrator failed to ensure information concerning advance medical directives was provided upon admission to the facility. -R102 admitted to the facility on 04/01/22. Review of R102's medical records revealed lacked documentation that information on advance medical directives was provided upon admission to the facility. On 05/01/24 at 03:05 PM Administrative Nurse C stated R102 was considered a "Full Code" according to physician orders but staff did not provide R102 with information for a "do not resuscitate" (DNR) upon admission. The administrator failed to ensure information concerning advance medical directives was provided upon admission to the facility.	S 230		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate	S3082		

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S3082	Continued From page 4 d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: 3082 KAR 26-41-201(d) The facility reported a census of six residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure the cognition and mobility appliance device sections were completed on the "Functional Capacity Screen" (FCS) for resident (R)103. Findings included: - R103's medical record revealed he moved into the facility on 10/19/23 with a diagnosis of dementia. Review of the 10/19/23 FCS revealed the cognition and mobility appliance device sections were not completed. On 05/01/24 at 03:31 PM Administrative Nurse C acknowledged the cognition section and mobility sections of R103's FCS were not completed. The administrator failed to ensure R103's FCS was fully completed.	S3082		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement	S3085		

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S3085	Continued From page 5 (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: 3085 KAR 26-41-202(a)(1) The facility reported a census of six residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)101 and R103. Findings included: - R101's medical record revealed she moved into the facility on 03/26/24.	S3085		

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S3085	Continued From page 6 The 03/26/24 FCS identified R101 was independent with transfers and mobility and was at risk for falls. The 03/26/24 NSA did not address what service needs staff provided for concerning R101's risk for falls. On 05/01/24 at 01:00 PM R101 was alert and oriented and had a wheelchair next to her while she sat at her dining room table. On 05/01/24 at 01:49 PM "Certified Medication Aide" (CMA B stated R101 had a fall since admitting to the facility but did not think R101 used a wheelchair unless she unless she started using one after her fall. On 05/01/24 at 02:46 PM Administrative Nurse C stated R101's NSA did not address falls which triggered on her FCS. The administrator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R103's medical record revealed he moved into the facility on 10/19/23. The 10/19/23 FCS identified R103 triggered for impaired vision and hearing. The 10/19/23 NSA did not address what services staff provided R103 concerning his impaired vision and hearing. On 04/30/24 at 04:00 PM R103 walked independently in the hallway without the use of a	S3085		

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S3085	Continued From page 7 walker. R103 did not wear eyeglasses and seemed to have adequate hearing. On 05/01/24 at 01:46 PM CMA B stated the R103 used hearing aids and thought the night shift took them out at night and placed them on a charger. On 05/01/24 at 03:31 PM Administrative Nurse C stated R103's NSA did not address either impaired hearing or impaired vision. The administrator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS, his service needs, and preferences.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: 3092	S3092		

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S3092	Continued From page 8 KAR 26-41-202(d)(2) The facility reported a census of six residents. The sample included three residents. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101 and R103 were revised when services provided were either initiated or discontinued. Findings included: - R101's medical record revealed she moved into the facility on 03/26/24 with a diagnosis of weakness. The 03/26/24 "Functional Capacity Screen" (FCS) identified R101 was independent with transfers and walking/mobility and used a walker. The 03/26/24 NSA identified R101 did not need assistance with transfers and walking/mobility. 04/21/24 "Health Status Note" documented R101 could use a walker in her room and a wheelchair outside of room. On 05/01/24 at 01:00 PM R101 sat at a table in her apartment with a wheelchair next to her. On 05/01/24 at 02:46 PM Administrative Nurse C stated R101 started physical therapy services on 03/27/24 but an addendum to her NSA was not completed. Administrative Nurse C stated R101 started using a wheelchair after she had a fall, but this was not added to her NSA. The administrator failed to ensure R101's NSA was revised when she started physical therapy	S3092		

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S3092	Continued From page 9	S3092		

services and started using a wheelchair after a fall.

- R103's medical record revealed he moved into the facility on 10/19/23 with a diagnosis of benign prostatic hyperplasia with lower urinary tract symptoms.

The 10/19/23 FCS identified R103 was independent with toileting and was continent of urine.

The 10/19/23 NSA documented care staff provided catheter care until it was discontinued.

Review of R103's medical record revealed an order dated 03/27/24 for physical therapy evaluation and treatment.

Review of R103's medical record revealed a discharge communication from physical therapy services dated 04/26/24.

On 04/30/24 at 04:00 PM R103 walked independently in the hallway and did not use a urinary catheter.

On 05/01/24 at 03:31 PM Administrative Nurse C stated R103 had a urinary catheter upon admission and services for catheter care were included on his admission NSA but the NSA was not revised when the catheter was discontinued. Administrative Nurse C stated R103's NSA was not amended when he started and when he finished physical therapy services.

The administrator failed to ensure R103's NSA was revised when he started physical therapy services, when he stopped physical therapy services and when his urinary catheter was

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S3092	Continued From page 10 discontinued.	S3092		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: 3175 KAR 26-41-205(a)(1) The facility reported a census of six residents. The sample included three residents. Based on interview and record review the administrator failed to ensure resident (R)101's medical record contained documentation of a completed medication self-administration assessment for Colace (stool softener). Findings included:	S3175		

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S3175	Continued From page 11 -R101's medical record revealed she moved into the facility on 03/26/24. The 03/26/24 "Functional Capacity Screen" (FCS) identified R101was independent with medications. The 03/26/24 "Negotiated Service Agreement" (NSA) documented R101 self-administered her medications. The NSA lacked documentation R101 self-administered Colace, but staff administered as needed (PRN) medications. 03/26/24 Physician Order for Colace 100 milligrams (mg), give one capsule by mouth one time a day for constipation unsupervised self-administration. On 05/01/24 at 02:46 PM Administrative Nurse C stated facility staff administered PRN medications and the resident self-administered a stool softener. Administrative Nurse C stated she did not complete a medication self-administration assessment for the use of Colace. The administrator failed to ensure a medication self-administration assessment was completed for R101's use of a stool softener.	S3175		
S3201 SS=D	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared;	S3201		

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	N029004	A. BUILDING: _____ B. WING _____	05/01/2024

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S3201	Continued From page 12 (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: 3201 KAR 26-41-205 (d)(3)(C) The facility reported a census of six residents. The sample included three residents. Based on observation, record review and interview the administrator failed to ensure that "Licensed Nurses" (LN) and "Certified Medication Aides" (CMA) administered resident's medication the facility was responsible for according to professional standards of practice for one of three residents. This included the failure to remain with the resident (R)102 until she ingested her medication. Findings included: - R102's medical record revealed she was admitted to the facility on 04/01/22. R102's "Functional Capacity Screen" (FCS) dated	S3201		

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S3201	Continued From page 13 09/06/23 revealed she needed physical assistance with management of medications and had no cognitive impairment. R102's "Negotiated Service Agreement (NSA) dated 09/06/23 revealed staff administered her medications. On 05/01/24 at 01:02 PM an observation was made of numerous empty pill cups left on R102's table and one pill cup had several tablets of Tylenol in it. On 05/01/24 at 03:05 PM Administrative Nurse C stated facility staff brought R102 her medications and there was an order from the medical provider that stated staff could leave R102's medications on her table if she refused to take them at the time staff brought them to her. The administrator failed to ensure facility LN's and CMA's administered R102's medications according to standards of practice when they failed to remain with R102 until her medication was ingested.	S3201		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall	S3211		

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S3211	Continued From page 14 place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: 3211 KAR 26-41-205 (g)(3) The facility reported a census of six residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over the counter (OTC) medications for seven residents. Findings included: - Observation on 04/30/24 at 03:28 PM revealed the facility's medication cart contained the following OTC medications which were not labeled with a resident's full name: Resident (R)103: One bottle of Spring Valley Vitamin D3 One bottle of GeriCare Stool Softener R104: One bottle of Equate Allergy Relief R105: Two bottles of GeriCare Calcium 600 +D The administrator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		

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	N029004	A. BUILDING: _____ B. WING _____	05/01/2024

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S3213	Continued From page 15	S3213		
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: 3213 KAR 26-41-205 (g)(2) The facility reported a census of six residents. Based on observation the administrator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - Observation on 04/30/24 at 03:00 PM revealed the facility's medication cart contained the following prescription medications which were not labeled with a resident's full name: Resident (R)104: Four bottles of Fluticasone Propionate Nasal Spray R103: Three bottles of Nystatin Oral Suspension One bottle of Polyethylene Glycol One tube of Diclofenac Sodium Topical Gel Two bottles of Bausch and Lomb PreserVision	S3213		

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	N029004	A. BUILDING: _____ B. WING _____	05/01/2024

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HILL TOP HOUSE	505 W ELM BUCKLIN, KS 67834

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S3213	Continued From page 16 AREDS2 R105: One bottle of Good Neighbor Pharmacy Earwax Removal Eight tubes of Triamcinolone Acetonide Cream 0.025 percent R102: Two bottle of Systane Lubricant Eye Drops Two spray bottles of Astepro Allergy One bottle of Fluticasone Propionate Nasal Spray The administrator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and	S3215		

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S3215	Continued From page 17 self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: 3215 KAR 26-41-205(h)(1) The facility reported a census of six residents. Based on observation and interview, the administrator failed to ensure medications were stored in accordance with state laws and regulations. Findings included: - Observation on 04/30/24 at 03:28 PM the medication cart contained the following medications that were not labeled with a resident's name or kept in a pill cup without identification as to what the medication was and who it belonged to: A medication cup with a dark blue and white capsule.	S3215		

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S3215	Continued From page 18 One bottle of GeriCare Regular Strength Aspirin 325 milligrams (mg.) with no name. One pill cup with an unidentified red tablet possibly Ferrous Sulfate Enteric-Coated tablets 324 mg. On 04/30/24 at 03:45 PM "Certified Medication Aide" (CMA) B stated she did not know who the unmarked medication bottles belonged to. On 05/01/24 at 03:58 PM Administrative Nurse C stated it was her expectation that all over the counter medications and prescription medications be labeled with the full name of the resident and medications should not be popped into medication cups for later administration. The administrator failed to ensure medications were securely stored to ensure only licensed nurses and medication aides had access to stored medications.	S3215		
S3280 SS=E	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	S3280		

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S3280	Continued From page 19 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: 3280 KAR 26-41-104(d)(3) The facility reported a census of six residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's "emergency management plan" (EMP) with staff and residents. Findings included: - On 05/01/24 review of the documentation of quarterly reviews of the EMP with staff and residents revealed that the information reviewed with staff did not include explosions and there was no documentation provided to show quarterly reviews of the EMP were completed for the fourth quarter of 2022 and the first and second quarter of 2023. On 05/01/24 at 02:13 PM Administrative Staff A stated she was not able to find the missing resident quarterly reviews. The administrator failed to ensure the completion of quarterly reviews covering all of the required items of the emergency management plan with	S3280		

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S3280	Continued From page 20 employees and residents.	S3280		
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 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: 3310 KAR 26-41-207(c) The facility reported a census of six residents. Based on record review and interview the administrator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Resident (R)101 admitted to the facility on 03/26/24.	S3310		

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S3310	Continued From page 21 Review of medical records revealed R101 did not have a TB Symptom Screen Questionnaire or a two-step TB skin test (TST) completed upon admission to the facility. On 05/01/24 at 02:46 PM Administrative Nurse B stated she could not locate an admission TB symptom screening questionnaire or a two-step TST completed for R101. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of residency ...Each new resident ...shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency ..." The administrator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - R102 admitted to the facility on 04/01/22. Review of medical records revealed R102 did not have a TB Symptom Screening Questionnaire completed annually since admitting to the facility. On 05/01/24 at 03:05 PM Administrative Nurse C stated annual TB symptom screening questionnaires were not completed for R102. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen ..." The administrator failed to ensure the compliance	S3310		

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S3310	Continued From page 22 with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - R103 admitted to the facility on 10/19/23. Review of medical records revealed R103 did not have a TB Symptom Screening Questionnaire or a two-step TST completed upon admission to the facility. On 05/01/24 at 03:31 PM Administrative Nurse C stated she believed a TB symptom screening questionnaire or a two-step TST was not completed for R103 upon admission to the facility. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen ..." The administrator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		