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	N092003	A. BUILDING: _____ B. WING _____	07/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNPORCH OF SMITH COUNTY	920 E KANSAS AVE SMITH CENTER, KS 66967

(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 an initial survey with a complaints (170492 and 170478) at the above named facility conducted on 07/22/24.	S 000		
S3090 SS=F	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (c) The census totaled 13 residents. The sample included 3 residents. Based on interview and record review for 3 sampled Residents (R)1, R2 and R3, Administrator/ Licensed Nurse (LN) A failed to ensure the development of an initial negotiated service agreement upon admission. Findings included: - Record review for R1 revealed an admission date of 01/25/23 with diagnoses of hypertension, hypothyroidism, spinal stenosis and sick sinus syndrome. The "Resident Functional Capacity Screen" (FCS) dated 02/01/24 recorded the resident as independent with bathing, dressing, toileting, transfer, walk/mobility, eating, and management of medications and was unable to perform management of treatments. The FCS further	S3090		

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

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S3090	Continued From page 1	S3090		

recorded R1 was usually continent, hard short- and long-term memory impairment, impaired memory/ recall, impaired decision making, was usually understandable/ usually understood, was at risk for falls/ unsteadiness and had impaired vision and hearing. R1 used a walker for ambulation.

Record lacked completion of a negotiated service agreement.

Record lacked completion of a health care service plan.

- Record review for R2 revealed an admission date of 04/12/24 with diagnoses of type 2 diabetes mellitus, hypertension, hypothyroidism and hyperlipidemia.

The "Resident Functional Capacity Screen" (FCS) dated 04/04/24 recorded the resident as independent with dressing, toileting, transfer, walk/mobility and eating, and unable to perform bathing and management of medications and treatments. The FCS further recorded R2 was usually continent, had impaired decision making, and was at risk for falls/ unsteadiness. R2 used a walker for ambulation.

Record lacked completion of a negotiated service agreement.

Record lacked completion of a health care service plan.

- Record review for R3 revealed an admission date of 06/11/24 with diagnoses of hypertension, cognitive communication deficit and dysphagia.

The "Resident Functional Capacity Screen" (FCS)

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S3090	Continued From page 2 dated 06/11/24 recorded the resident as independent with toileting, transfer, walk/mobility and eating, required physical assistance with bathing and was unable to perform management of medications and treatments. The FCS further recorded R3 had a urinary catheter, hard short- and long-term memory impairment, impaired memory/ recall, impaired decision making, was sometimes understandable/ sometimes understood, was at risk for falls/ unsteadiness and had impaired vision and hearing. R3 used a walker and wheelchair for ambulation. Record lacked completion of a negotiated service agreement. Record lacked completion of a health care service plan. Interview on 07/22/24 at 02:44 PM with Administrator/ LN A confirmed an admission negotiated service agreement was not completed for R1, R2 and R3. Facility's "Assisted Living Policies and Procedures" (no date) recorded, "4. The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan." Administrator/ LN A failed to ensure the development of an initial negotiated service agreement upon admission for R1, R2 and R3.	S3090		
S3156 SS=F	26-41-204 (b) Health Care Services (b) If the functional capacity screening indicates	S3156		

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S3156	Continued From page 3	S3156		

that a resident is in need of health care services, a licensed nurse, in collaboration with the resident, the resident ' s legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, shall develop a health care service plan to be included as part of the negotiated service agreement.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-204 (b)

The facility reported a census of 13 residents. The sample included 3 residents. Based on record review and interview for 3 of 3 sampled Residents (R)1, R2 and R3, Administrator/ Licensed Nurse (LN) A failed to ensure that designated facility staff developed a health care service plan as part of the negotiated service agreement.

Findings included:

- Record review for R1 revealed an admission date of 01/25/23 with diagnoses of hypertension, hypothyroidism, spinal stenosis and sick sinus syndrome.

The "Resident Functional Capacity Screen" (FCS) dated 02/01/24 recorded the resident as independent with bathing, dressing, toileting, transfer, walk/mobility, eating, and management of medications and was unable to perform management of treatments. The FCS further recorded R1 was usually continent, hard short-

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S3156	Continued From page 4	S3156		

and long-term memory impairment, impaired memory/ recall, impaired decision making, was usually understandable/ usually understood, was at risk for falls/ unsteadiness and had impaired vision and hearing. R1 used a walker for ambulation.

Record lacked completion of a negotiated service agreement.

Record lacked a Health Care Service Plan for needs/ preferences of the resident.

- Record review for R2 revealed an admission date of 04/12/24 with diagnoses of type 2 diabetes mellitus, hypertension, hypothyroidism and hyperlipidemia.

The "Resident Functional Capacity Screen" (FCS) dated 04/04/24 recorded the resident as independent with dressing, toileting, transfer, walk/mobility and eating, and unable to perform bathing and management of medications and treatments. The FCS further recorded R2 was usually continent, had impaired decision making, and was at risk for falls/ unsteadiness. R2 used a walker for ambulation.

Record lacked completion of a negotiated service agreement.

Record lacked a Health Care Service Plan for needs/ preferences of the resident.

- Record review for R3 revealed an admission date of 06/11/24 with diagnoses of hypertension, cognitive communication deficit and dysphagia.

The "Resident Functional Capacity Screen" (FCS) dated 06/11/24 recorded the resident as

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S3156	Continued From page 5 independent with toileting, transfer, walk/mobility and eating, required physical assistance with bathing and was unable to perform management of medications and treatments. The FCS further recorded R3 had a urinary catheter, hard short- and long-term memory impairment, impaired memory/ recall, impaired decision making, was sometimes understandable/ sometimes understood, was at risk for falls/ unsteadiness and had impaired vision and hearing. R3 used a walker and wheelchair for ambulation. Record lacked completion of a negotiated service agreement. Record lacked a Health Care Service Plan for needs/ preferences of the resident. Interview on 07/22/24 at 02:44 PM with Administrator/ LN A confirmed a Health Care Service Plan was not completed for R1, R2 and R3. Facility's "Assisted Living Policies and Procedures" (no date) recorded, "2. If the functional capacity screening indicates that a resident is in need of health care services, a licensed nurse, in collaboration with the resident, the resident's legal representative, the case manager, and, if agreed to by the resident or resident's legal representative, the resident's family, shall develop a health care service plan to be included as part of the negotiated service agreement." Administrator/ LN A failed to ensure the licensed nurse developed a health care service plan to be included as part of the negotiated service agreement for R1, R2 and R3.	S3156		

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S3175	Continued From page 6	S3175		
S3175 SS=E	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: KAR 26-41-205 (a) (1) The census equaled 13 residents. The sample included 3 residents. Based on record review, interview and observation for 2 sampled Residents (R)1 and R2, the facility failed to ensure a licensed nurse (LN) performed an assessment for residents who self-administered some or all of their medications. Findings included: - The "Resident Roster" obtained on 07/22/24 from LN B identified five residents as self-	S3175		

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administering medications and identified two residents as requiring insulin by injection.

- Record review for R1 revealed an admission date of 01/25/23 with diagnoses of hypertension, hypothyroidism, spinal stenosis and sick sinus syndrome.

Review of resident's current "Functional Capacity Screen" dated 02/01/24 recorded the resident was independent with management of medications and was unable to perform management of treatments.

Review of resident's record lacked a negotiated service agreement.

Review of resident's record lacked a health care service plan.

Review of R3's record lacked evidence a licensed nurse performed a self-administration of medication assessment.

Observation and interview on 07/22/24 at 02:20 PM in R1's room revealed a pill planner containing R1's medications on the kitchen counter. R1 confirmed she self- administered all of her medications.

- Record review for R2 revealed an admission date of 04/12/24 with diagnoses of type 2 diabetes mellitus, hypertension, hypothyroidism and hyperlipidemia.

The "Resident Functional Capacity Screen" (FCS) dated 04/04/24 recorded the resident as unable to perform management of medications and treatments.
Record lacked completion of a negotiated service

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S3175	Continued From page 8 agreement. Review of resident's record lacked a health care service plan. Review of R2's July 2024 "Medication Administration Record" (MAR) revealed the following, "NovoLOG Injection Solution inject 10 unit subcutaneously one time a day related to type 2 diabetes mellitus ...CMA [Certified Medication Aide] is to only supervise correct dose that elder is giving" signed off by a CMA (including CMA D) once a day from 07/01/24 through 07/09/24, "NovoLOG Injection Solution inject 12 unit subcutaneously one time a day related to type 2 diabetes mellitus ...CMA is to only supervise correct dose that elder is giving" signed off by a CMA (including CMA D) once a day from 07/10/24 through 07/21/24, "Tresiba FlexTouch subcutaneous solution pen-injector 100 unit/ ml (milliliter) inject 21 unit subcutaneously one time a day related to type 2 diabetes mellitus ...CMA will only check dose elder is giving" signed off by a CMA (including CMA E and CMA F) once a day from 07/09/24 through 07/21/24, "Tresiba FlexTouch subcutaneous solution pen-injector 100 unit/ ml (milliliter) inject 24 unit subcutaneously one time a day related to type 2 diabetes mellitus ...CMA will only check dose elder is giving" signed off by a CMA (including CMA E and CMA F) once a day from 07/01/24 through 07/08/24, "NovoLOG Injection Solution inject 8 unit subcutaneously two times a day related to type 2 diabetes mellitus ...CMA is to only supervise correct dose that elder is giving" signed off by a CMA (including CMA D) twice daily from 07/01/24 through 07/22/24,	S3175		

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S3175	Continued From page 9 NovoLOG Injection Solution inject as per sliding scale ... subcutaneously three times a day related to type 2 diabetes mellitus ...CMA is to only supervise correct dose that elder is giving" signed off by a CMA (including CMA D) three times daily from 07/01/24 through 07/21/24. Review of R2's record lacked evidence a licensed nurse performed a self-administration of medication assessment. Observation on 07/22/24 at 11:35 AM in R2's room revealed CMA C prepare and dial R2's NovoLOG Injection Solution pen and R2 self-injected the insulin in her abdomen. Interview on 07/22/24 at 02:45 PM with LN B confirmed record lacked a self-administration assessment for R1 to self-administer her medications and R2 to self-inject her insulin. Facility's "Self-Administration of Medications" policy dated 02/21 recorded, "1. As part of the evaluation comprehensive assessment, the interdisciplinary team (IDT) assesses each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident ... 3. If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan. The decision that a resident can safely self-administer medications is reassessed periodically based on changes in the resident's medical and/or decision-making status." The facility failed to ensure a licensed nurse performed an assessment for R1, who self-administered her medications and R2, who self-injected her insulin.	S3175		

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S3202 SS=F	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) (4) The facility reported a census of 13 residents. The sample included 3 residents. Based on record review, interview and observation for 1 sampled Residents (R)2 and 1 non-sampled Resident (R)5 requiring insulin by injection, Administrator/ Licensed Nurse (LN) A failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse. Findings included: - The "Resident Roster" obtained on 07/22/24 from LN B identified two residents as receiving insulin by injection (R2 and R5). - Record review for R2 revealed an admission date of 4/12/24 with diagnosis of type 2 diabetes mellitus. Review of resident's current "Functional Capacity Screen" dated 04/04/24 recorded the resident	S3202		

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S3202	Continued From page 11 was unable to perform management of medications and treatments. Review of resident's record lacked a negotiated service agreement. Review of resident's record lacked a health care service plan. Review of R2's July 2024 "Medication Administration Record" (MAR) revealed the following, "NovoLOG Injection Solution inject 10 unit subcutaneously one time a day related to type 2 diabetes mellitus ...CMA [Certified Medication Aide] is to only supervise correct dose that elder is giving" signed off by a CMA (including CMA D) once a day from 07/01/24 through 07/09/24, "NovoLOG Injection Solution inject 12 unit subcutaneously one time a day related to type 2 diabetes mellitus ...CMA is to only supervise correct dose that elder is giving" signed off by a CMA (including CMA D) once a day from 07/10/24 through 07/21/24, "Tresiba FlexTouch subcutaneous solution pen-injector 100 unit/ ml (milliliter) inject 21 unit subcutaneously one time a day related to type 2 diabetes mellitus ...CMA will only check dose elder is giving" signed off by a CMA (including CMA E and CMA F) once a day from 07/09/24 through 07/21/24, "Tresiba FlexTouch subcutaneous solution pen-injector 100 unit/ ml (milliliter) inject 24 unit subcutaneously one time a day related to type 2 diabetes mellitus ...CMA will only check dose elder is giving" signed off by a CMA (including CMA E and CMA F) once a day from 07/01/24 through 07/08/24, "NovoLOG Injection Solution inject 8 unit subcutaneously two times a day related to type 2	S3202		

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S3202	Continued From page 12	S3202		

diabetes mellitus ...CMA is to only supervise correct dose that elder is giving" signed off by a CMA (including CMA D) twice daily from 07/01/24 through 07/22/24,
NovoLOG Injection Solution inject as per sliding scale ... subcutaneously three times a day related to type 2 diabetes mellitus ...CMA is to only supervise correct dose that elder is giving" signed off by a CMA (including CMA D) three times daily from 07/01/24 through 07/21/24.

Observation on 07/22/24 at 11:35 AM in R2's room revealed CMA C prepare and dial R2's NovoLOG Injection Solution pen and R2 self-injected the insulin in her abdomen.

Review of sampled personnel records on 07/22/24 recorded the following CMAs recently hired, competency exams for dialing insulin pens were requested.
CMA C, hire date 07/23/20
CMA D, hire date 09/19/19
CMA E, hire date 04/17/22
CMA F, hire date 05/14/24

Interview on 07/22/24 at 12:16 PM with LN B confirmed competencies for CMAs to dial insulin pens were not completed for CMA C, CMA D, CMA E and CMA F.

The facility failed to provide a policy on CMAs dialing insulin pens.

Administrator/ LN A failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents without an assessment for competency

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S3202	Continued From page 13 by a licensed nurse.	S3202		
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 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: KAR 26-41-205 (g) (3) The census totaled 13 residents. The sample included 3 residents. Based on observation and interview for 2 sampled Residents (R)2 and R3 and 1 non-sampled resident R4, Administrator/ Licensed Nurse (LN) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation on 07/22/24 at 10:39 AM with Administrator/ LN A revealed a locked medication room in the facility. The following over the counter	S3211		

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(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
S3211	Continued From page 14 medications were noted without first and last names: For R2, the cart contained one bottle of All Day Allergy Relief, one bottle of Vitamin D3 (dietary supplement), one bottle of Ibuprofen (nonsteroidal anti-inflammatory drug) and one bottle of Tylenol (pain reliever/ fever reducer), For R3, the cart contained one bottle of Miralax (laxative), one bottle of Acidophilus (probiotic), one bottle of Vitamin C (dietary supplement) and one bottle of Aspirin (nonsteroidal anti-inflammatory drug and blood thinner), For R4, the cart contained one bottle of All Day Allergy Relief. Interview on 07/22/24 with Administrator/ LN A confirmed the above listed medications were without full first and last names for R2, R3 and R4. Facility's "Medication Labeling and Storage" policy dated 02/23 recorded, "Medication Labeling: 1. Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices." Administrator/ LN A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
S3225 SS=D	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist shall conduct a medication regimen	S3225		

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	N092003	A. BUILDING: _____ B. WING _____	07/22/2024

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S3225	Continued From page 15 review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (l) The facility reported a census of 13 residents, with 3 residents included in the sample. Based on record review and interview, the facility failed to ensure a licensed pharmacist conducted a quarterly medication regimen review for 1 Residents, (R)1, when the resident self-administered her medication. Findings included: - Record review for R1 revealed an admission date of 01/25/23 with diagnoses of hypertension, hypothyroidism, spinal stenosis and sick sinus syndrome. Review of resident's "Functional Capacity Screen" dated 02/01/24 recorded the resident was independent with management of medications. The record lacked a negotiated service agreement.	S3225		

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S3225	Continued From page 16 The record lacked a health care service plan. Review of R1's record lacked evidence any medication regimen reviews were completed since admission on 01/25/23. Interview and observation on 07/22/24 at 02:20 PM with R1 in her room revealed a medication pill planner on the kitchen counter. R1 confirmed she self- administered her medications. Interview on 07/22/24 at 01:40 PM with LN B confirmed no pharmacist reviews were completed quarterly for R1. The facility failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for R1 who self-administered her medications.	S3225		
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 at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S3280		

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S3280	Continued From page 17 This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (d) (3) The census equaled 13 residents. The sample included 3 residents and review of 4 newly hired employee records. Based on record review and interview, Administrator/ Licensed Nurse (LN) A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents and staff. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents. Review on 07/22/24 of the facility's quarterly reviews of the emergency management plan with residents and staff revealed the following reviews completed: 02/24 and 05/01/24. The facility failed to provide documentation regarding emergency management plan reviews completed quarterly with residents and staff in 2022 and 2023. Interview on 07/22/24 at 12:10 PM with Administrator/ LN A confirmed unable to locate quarterly reviews of the emergency management plan completed with residents and staff in 2022 and 2023.	S3280		

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S3280	Continued From page 18 The facility failed to provide a policy on quarterly reviews of the emergency management plan. Administrator/ LN A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with residents and staff.	S3280		
S3299 SS=E	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (e) The census equaled 13 residents. The sample included 3 residents. Based on interview and observation for all residents receiving meal services, Administrator/ Licensed Nurse (LN) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 07/22/24 at 10:31 AM revealed a kitchen. Observation of freezer 1 in the pantry revealed the following foods, which were not sealed: one plastic bag containing hamburger patties and one	S3299		

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S3299	Continued From page 19 plastic bag contained chicken nuggets. Observation of freezer 2 in the pantry revealed the following foods, which were not sealed: one plastic bag containing egg omelets. Interview on 07/22/24 with Administrator/ LN A confirmed the above listed food items were not sealed. Electronic interview on 07/23/24 at 04:14 PM with Administrator/ LN A confirmed all 13 residents eat at the facility. Facility's "Food Receiving and Storage" policy dated 11/22 recorded, "Refrigerated/Frozen Storage: 1. All foods stored in the refrigerator or freezer are covered, labeled and dated ("use by" date)." For all residents receiving meal services, Administrator/ LN A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		
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	S3310		

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S3310	Continued From page 20 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 census totaled 13 residents. The sample included 3 residents and review of 4 newly hired employee. Based on record review and interview for 3 of 3 sampled residents (R)1, R2 and R3, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R1's "Health Record" revealed she admitted to the facility on 01/25/23 and the record lacked completion of TB testing and a TB questionnaire within 7 days of admission. R2's "Health Record" revealed she admitted to the facility on 04/12/24 and the record lacked completion of TB testing and a TB questionnaire within 7 days of admission. R3's "Health Record" revealed he admitted to the facility on 06/11/24 and the record lacked completion of TB testing and a TB questionnaire within 7 days of admission. Interview on 07/22/24 at 02:40 PM with LN B confirmed R1, R2 and R3 did not receive TB testing and a TB questionnaire upon admission. Facility's "tuberculosis, Screening Residents for" policy dated 08/19 recorded, "6. Screening of new	S3310		

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S3310	Continued From page 21 admissions or readmissions for tuberculosis infection and disease is in compliance with State regulations." The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		