

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF SHAWNEE OPERATIONS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 16207 MIDLAND DRIVE SHAWNEE, KS 66217		
(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 represents the findings of a resurvey with attached complaint 192731 and 192435 at the above named assisted living facility conducted on 01/23/25 and 01/27/25.	S 000		
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: KAR 26-41-207(c) The facility reported a census of 44 residents with three residents included in the sample and five newly hired staff. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for one resident and five newly hired	S3310		

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

TITLE

(X6) DATE

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S3310	Continued From page 1 staff. Findings included: - Record review for Resident (R) 1 revealed an admission date of 02/23/24 with diagnoses of hepatic encephalopathy, depression, epilepsy, and diabetes mellitus type two. R1's record revealed the first step of the two-step TB skin test was administered 02/29/24 and the second step on 03/11/24. R1's record lacked evidence of documentation of the date each step was read. On 01/27/25 at approximately 02:52 PM Administrative Staff A confirmed R1's record lacked evidence of documentation of TB testing was completed according to the TB guidelines. - Review of Certified Nurse Aide (CNA) C's employee record revealed a hire date of 09/28/23. CNA C's first step of the two-step TB skin test was administered 08/08/24 (eleven months after hired), read 08/11/24, and the second step administered on 08/15/24. Her record lacked evidence of documentation of the date the second step was read. On 01/23/25 at 10:25 AM Administrative Staff A confirmed the staff record lacked evidence of documentation of TB testing was completed according to the TB guidelines. - Review of Certified Medication Aide (CNA) D's employee record revealed a hire date of	S3310		

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S3310	Continued From page 2 02/15/24. CNA D provided one step of TB skin testing from within six months prior to hire. Her record lacked evidence of documentation a second step was completed. On 01/23/25 at 10:25 AM Administrative Staff A confirmed the staff record lacked evidence of documentation of TB testing was completed according to the TB guidelines. - Review of CNA E's employee record revealed a hire date of 04/21/24. CNA E's first step of the two-step TB skin test was administered 05/29/24 (a month after hired) and read 06/01/24. On 01/23/25 at 10:25 AM Administrative Staff A confirmed the staff record lacked evidence of documentation of TB testing was completed according to the TB guidelines. - Review of CMA F's employee record revealed a hire date of 09/09/24. CMA F's first step of the two-step TB skin test was administered 11/19/24 (over two months after hired) and read 11/22/24. On 01/23/25 at 10:25 AM Administrative Staff A confirmed CMA F's record of TB testing was lost and then completed later which was outside the TB guidelines timeframe. - Review of CMA G's employee record revealed a hire date of 09/19/24.	S3310		

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S3310	Continued From page 3 CMA G's first step of the two-step TB skin test was administered 11/19/24 (two months after hired) and read 11/22/24. On 01/23/25 at 10:25 AM Administrative Staff A confirmed the staff record lacked evidence of documentation of TB testing was completed according to the TB guidelines. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee and each new resident shall receive a two-step TB skin test within seven days of employment or admission. The TB guidelines stated required documentation in the record must include date each TST was administered, date TST read, and results of each TST in millimeters of induration. A "TB" policy was requested which the facility failed to provide. The operator 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.	S3310		