Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B037001	A. BUILDING: _____ B. WING _____	05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON EUREKA LLC	1820 E RIVER STREET EUREKA, KS 67045

(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 an intitial certification survey for the above named Home Plus facility conducted on 05/12/25.	S 000		
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. This REQUIREMENT is not met as evidenced by: 5320 KAR 26-42-207(c) The facility reported a census of zero residents at the time of the initial certification survey. Based on interview and record review of closed charts and personel records, 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.	S5230		

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

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S5230	Continued From page 1 Findings included: - Resident (R)103 was admitted to the facility on 03/01/25 with a diagnosis of dementia. Review of R103's medical records revealed she was hospitalized from 03/04/25 to 03/14/25 and again from 04/13/25 to 04/23/25. No "Tuberculosis Symptom Screen Questionnaire" was completed upon returning to the facility. On 05/12/25 at 2:29 PM Administrative Staff A stated she was not aware a TB Screening Questionnaire needed to be completed after a resident returned from a hospitalization. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident shall have a TB Symptom Screen Questionnaire completed upon return from a hospitalization or a therapeutic leave." 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. - Review of four newly hired staff records revealed the following: Certified Medication Aide B's employee record revealed a hire date of 04/08/25. The two-step TB Skin Test (TST) was read on 04/11/25 and the second step TST was administered on 04/15/25 which was three days early. "Certified Nurse Aide" (CNA) C's employee record revealed a hire date of 04/03/25. The	S5230		

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S5230	Continued From page 2 initial TST was read on 04/18/25 and the second step TST was administered on 04/22/25 which was four days early. CNA D's employee record revealed a hire date of 03/01/25. The initial TST was read on 03/04/25 and the second TST was administered on 03/10/25 which was one day early. Licensed Nurse E was hired on 03/01/25. The initial TST was read on 03/04/25 and the second TST was administered on 03/08/25 which was three days early. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." 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.	S5230		
S5315 SS=F	26-42-205 (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 home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store	S5315		

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S5315	Continued From page 3 controlled medications managed by the home 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 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 home. (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: 5315 KAR 26-42-205(h)(4) The facility reported a census of zero residents at the time of the initial certification survey. The sample included one closed record review. Based on observation and interview, the operator failed to ensure resident medications were stored in accordance with each manufacturer's recommendations. Findings included:	S5315		

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S5315	Continued From page 4 - Observation on 05/12/25 at 12:30 PM the facility's medication room had a refrigerator with an opened box with an unsealed vial of tuberculin that lacked an opened date. The box, product insert and the vial of tuberculin itself contained instructions that a vial of tuberculin which has been entered and in use for 30 days should be discarded. On 05/12/25 at 12:35 PM Administrative Staff A stated the opened vial of tuberculin was used for both residents and staff and acknowledged the vial was not dated as to when it was opened. The operator failed to ensure medications were stored in accordance with each manufacturer's recommendations.	S5315		