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	N016003	A. BUILDING: _____ B. WING _____	05/20/2025

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THE MEADOWS	1201 MARTINDALE BURLINGTON, KS 66839

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S 000	INITIAL COMMENTS The following represents the findings of a Re-Licensure survey for the above named Assisted Living facility conducted on 05/19/25 and 05/20/25.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This	S 225		

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

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S 225	Continued From page 1 information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(3) The facility reported a census of 23 residents(R). The sample included three residents and one focused record review. Based on interview and record review for one (R4) of three sampled residents revealed the operator failed to have evidence of completing a written admission agreement with R4 or her legal representative when she moved into the facility for a Respite stay. Findings included: - Review of R4's medical record revealed she moved into the facility on 01/15/25 with a diagnosis of diabetes mellitus type II.	S 225		

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S 225	Continued From page 2 R4's record included the following admission information all dated 10/11/24: "Media Release, Door Closure, & Policies Reviewed"; "Consent to Release Confidential Information"; "Admission Checklist; "2025 Non-Residential Rates and Service Levels": "Resident Annual TB Assessment". The record failed to include an admission agreement that described in detail the services the resident would receive, and specific obligations of the resident related to Respite Care admission. Interview on 05/20/25 at 01:45 PM Administrative Nurse A stated she thought admission information for Respite care was good for six months. Administrative Nurse A looked through R4's chart and confirmed it did not include an admission agreement. Review of the facility's "Respite Policy" dated 04/24 revealed prior to move-in the resident or legal responsible person will be provided an "Admission Residency Agreement" and "Respite Care Addendum". The operator failed to ensure at the time of admission, a written agreement was executed with R4 or her legal representative.	S 225		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (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	S3085		

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S3085	Continued From page 3 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: KAR 26-41-202(a)(1) The facility reported a census of 23 residents (R) with three sampled residents. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" for one (R3) of three sampled residents described the services they received based on their "Functional Capacity Screen" and service needs. Findings included: - Review of the resident roster provided by Administrative Licensed Nurse B on 05/19/25 revealed R3 required assistance of two staff for transfers. Record review for R3s "Electronic Medical Record" (EMR) revealed he moved into the facility on 12/03/22 with a diagnosis of heart disease and neoplasm (tumor) of the prostate.	S3085		

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S3085	Continued From page 4 R3's "Functional Capacity Screen" (FCS) dated 04/22/25 identified he was unable to participate in transfers or walking/mobility. R3's "Negotiated Service Plan" (NSA) dated 04/22/25 identified staff may use a mechanical lift for transfers, and he required assistance of two or more people for cares. It also identified his family had been staying with him. The NSA failed to identify how R3 would exit the facility in an emergency since he required total assistance with exiting. Interview on 05/19/25 at 01:48 PM Administrative Nurse B reported from about 09:00 PM to 06:00 AM there is only one certified staff in the facility. Interview on 05/20/25 at 01:38 PM Licensed Nurse C confirmed the NSA did not include that family was available to assist with transferring and helping R3 exit the facility if needed. The executive director failed to ensure designated staff completed R3s NSA based on service needs identified in his FCS related to his inability to participate in transfers or walking/mobility.	S3085		
S3125 SS=D	26-41-203 (c) Respite Care Services c) Respite care services. Any administrator or operator of an assisted living facility or residential health care facility may provide respite care services to individuals who meet the facility's admission and retention criteria on a short-term basis if the administrator or operator ensures that the following conditions are met:	S3125		

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S3125	Continued From page 5 (1) Written policies are developed and procedures are implemented for the provision of respite care services. (2) All the requirements for admission of a resident to an assisted living facility or residential health care facility are met for an individual admitted for respite care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-203(c)(1) The facility reported a census of 23 residents. The sample included three residents (R). Based on record review and interview, the executive director failed to ensure the appropriate policy for Respite Care to ensure the provision of services to individuals who meet the facility's admission criteria on a short-term basis. Findings included: - During entrance review on 05/19/25 at 01:40 PM Administrative Nurse A reported the facility provided respite care services and one resident, R4 currently received Respite Services. - Review of R4's medical record revealed she moved into the facility on 01/15/25 with a diagnosis of diabetes mellitus type II. She had lived at the facility from 01/15/25 to current, a little over 4 months without a leave of absence and received Respite Care services. Interview on 05/20/25 at 02:16 PM Administrative Nurse A and Licensed Nurse B reported they had met with R4's legal representative about	S3125		

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S3125	Continued From page 6 admitting her long stay but wanted to continue to pay and be admitted as a respite care resident. Administrative Nurse A reported she did not realize respite care could only be for less than 30 days. Review of the facility's "Respite Policy" dated 04/24 revealed respite care could be used at the level ordinarily provided for permanent residents to a person for a scheduled, planned, limited period. KAR 26-39-100 (mmm) - Definitions identified "Respite Care" as the provision of services to a resident on an intermittent basis for periods of fewer than 30 days at any one time". The Executive Director failed to ensure the development of policies and procedures for the provision of respite care services for R4.	S3125		
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.	S3175		

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S3175	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 23 residents (R). The sample included three residents. Based on observation, interview, and record review, the operator failed to ensure a licensed nurse completed an assessment for self-administration of medications for one (R4) of three sampled residents before she checked her own blood sugar and self-administered insulin. Findings included: - Review of R4's medical record revealed she moved into the facility on 01/15/25 with a diagnosis of diabetes mellitus type II. R4's "Functional capacity Screen" dated 01/15/25 identified R4 needed physical assistance with management of her medications and medical treatments. R4's "Negotiated Service Agreement" dated 01/15/25 identified facility staff administered her medications and medical treatments. R4's record included a self-administration assessment for medications dated 10/11/24 from a prior respite stay at the facility.	S3175		

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S3175	Continued From page 8 Observation on 05/20/25 at 11:40 AM resident came walking down the hall using her four wheeled walker. She walked to the exam room stating this is where they give insulin. R4 got her Librae scanner out of her walker and scanned the device which read 182. Certified Medication Aide (CMA) H wrote down the reading and then handed R4 the needle to put on the insulin pen. R4 opened the needle and screwed it onto the pen, dialed it to 10, wiped her abdomen with an alcohol pad, and then self injected the insulin. Interview on 05/20/25 at 03:12 PM Licensed Nurse C looked in R4's record and confirmed she had not completed a self-administration for R4 to be able to safely and accurately check her own blood sugar and self-administer her insulin upon admission to the facility. . The operator failed to ensure a Licensed Nurse assessed R4 for her ability to safely and accurately check her blood sugar and self-administer her insulin upon admission to the facility.	S3175		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met:	S3200		

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S3200	Continued From page 9 (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) The facility reported a census of 23 residents (R). The sample included three residents. Based on record review and interview one (R4) three sampled residents, the operator failed to ensure staff administered all medications in accordance with a medical care provider's written order. Findings included: - Review of R4's medical record revealed she moved into the facility on 01/15/25 with a diagnosis of diabetes mellitus type II. R4's "Functional capacity Screen" dated 01/15/25 identified R4 needed physical assistance with management of her medications and medical treatments. R4's "Negotiated Service Agreement" dated 01/15/25 identified facility staff administered her medications and medical treatments. Review of R4's January Medication Administration Record revealed staff	S3200		

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S3200	Continued From page 10 administered the following medications upon admission to the facility: Advanced Probioticc-14 Oral Capsule daily. Celecoxib (nonsteroidal anti-inflammatory) 200 milligrams (mg) daily. Cephalexin (antibiotic) tablet 500mg 1 tabled daily. Insulin Glargine 40 units at bedtime staff dial up pen and hand to R4 to administer. Sennosides (stool softener) 25 mg daily. Simvastatin (lower bad cholesterol) 40mg tablet at bedtime. Fiasp Injection (insulin) 8 units before meals, staff dial pen and then hand to resident for her to give. The record lacked signed medical provider orders for staff to administer the above medications. Interview on 05//20/25 at 03:11 PM Licensed Nurse C reported normally she gets the discharge order summary with discharged medications on it. Licensed Nurse C looked through R4's record and confirmed it did not include medical provider orders for medications when she moved in from the hospital on 01/15/25. The operator failed to ensure the Nurse obtained physicians orders for R4's medications, to ensure staff administered medications according to the medical provider's orders.	S3200		
S3225 SS=D	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed	S3225		

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S3225	Continued From page 11 pharmacist shall conduct a medication regimen 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 23 residents (R). The sample included three residents. Based on record review and interview the operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for one (R4) of three sampled residents who had the facility administer their medications. Findings included: -- Review of R4's medical record revealed she moved into the facility on 01/15/25 with a diagnosis of diabetes mellitus type II. R4's "Functional capacity Screen" dated 01/15/25 identified R4 needed physical assistance with management of her medications and medical treatments.	S3225		

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S3225	Continued From page 12 R4's "Negotiated Service Agreement" dated 01/15/25 identified facility staff administered her medications and medical treatments. Review of R4's electronic and paper record lacked evidence of completing a pharmacy review since she moved into the facility on 01/15/25. Interview on 05/20/25 at 03:17 PM Licensed Nurse C confirmed she had not put R4 on the list for pharmacy reviews or the Medication Administration Record to the pharmacist for review. The operator failed to ensure pharmacy reviews were completed quarterly for R4, whose medications were administered by facility staff.	S3225		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 23 residents(R). The sample included three residents. Based on interview and record review the operator failed to ensure three (R3, R4, R5) of three sampled	S3261		

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S3261	Continued From page 13	S3261		

residents record contained documentation of all incidents, symptoms, and other indications of illness or injury, including the date, what action taken, and the results of action taken.

Findings included:

- Record review for R3's "Electronic Medical Record" (EMR) revealed he moved into the facility on 12/03/22 with a diagnosis of heart disease and neoplasm (tumor) of the prostate.

R3's "Functional Capacity Screen" (FCS) dated 04/22/25 identified he needed physical assistance with bathing, dressing, and toileting and was unable to participate in transfers or walking/mobility. He also needed physical assistance with management of his medications.

R3's "Negotiated Service Plan" (NSA) dated 04/22/25 identified facility staff would assist R3 with activities of daily living and administration of medications.

R3's nursing progress notes included the following:
10/11/24 - New orders for nebulizer treatment, prednisone (steroid) and doxycycline (antibiotic) after going to see the medical provider due to having productive cough and shortness of air. The record lacked follow-up as to results of initiating the new medications.
12/08/24 - Resident again reported he felt "wheezy" in the mornings and staff encouraged him to try as needed breathing treatments.
12/09/24- Resident again complained of congestion and cough reported he used a humidifies over the weekend and it helped. Will

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S3261	Continued From page 14	S3261		

notify physician in am.
12/10/24 - Resident requested to have his breathing treatments scheduled after breakfast and supper for a few days.
The record lacked follow-up and reassessment of R3's lungs after treatments were scheduled.
01/13/25 - New orders for Prednisone and Z-pack (antibiotic).
The record lacked any symptoms of why the medications were initiated or results of administration.
02/3/25 - Resident with edema to both feet, ankles, and shins and has diminished lung sounds with an increased weight of seven pounds. New Order for Lasix 40 g for four days.
02/10/25 - Edema has worsened and he is now unable to wear slippers of ted hose, physician informed.
02/10/25 - Appointment make to see physician on 02/11/25.
The record lacked any further documentation of R3 going to see the physician, were they any new orders or treatments related to his increased edema.

Interview on 05/20/25 at 01:39 PM Licensed Nurse C reported she tries to document in the resident records weekly but should if something happens, she when make a note them but acknowledged she is not very good and getting it all done. Reviewed R3's notes with Licensed Nurse C and she confirmed she needed to get better about following up on when something happened.

The operator failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury, what action was

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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
S3261	Continued From page 15 taken, and the results of action taken. - Review of R4's medical record revealed she moved into the facility on 01/15/25 with a diagnosis of diabetes mellitus type II. R4's "Functional capacity Screen" dated 01/15/25 identified R4 needed physical assistance with bathing and management of her medications and medical treatments. It also identified she had a risk for falls. R4's "Negotiated Service Agreement" dated 01/15/25 identified facility staff would assist with bathing and administered her medications and medical treatments. R4 also received PT and OT through the hospital. Review of R4's nursing progress notes revealed the following: 01/15/25 -She had a fall without any injuries and was educated to keep shoes on and make sure wheelchair barks are on wen getting in and out. The record lacked follow-up post fall. 02/5/25 - New order for Cipro (antibiotic) and Iron after medical provider reviewed labs. Record lacked documentation of symptoms for need of antibiotic and follow-up on the results of medication administration. 02/13/25 - Urine analysis was obtained because resident reported she still was not feeling well. 02/17/25 - Record noted she has had more than one fall related to missing the chair and sitting on the floor. The record lacked documentation of any additional falls. 03/17/25 - "This was at time of fall" and included a set of vitals but lacked documentation of her	S3261		

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	N016003	A. BUILDING: _____ B. WING _____	05/20/2025

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having a nurse assessment or a fall.
03/19/25 - The record identified she had a positive antigen test (test used to test for COVID).
The record lacked documentation of symptoms related to COVID and any treatment initiated due to testing positive for COVID.

Interview on 05/20/25 at 03:19 PM Licensed Nurse C reported she try's to document falls in the Nurses notes if it happens when she is in the building otherwise she sometimes forgets. While interviewing Licensed Nurse C, Administrative Nurse A looked in R4's record to identify why someone documented on 02/17/25 that R4 had more than one fall. Administrative licensed nurse reported in the Risk Management part of the record R4 had a fall on 01/15/25, 01/24/25, 01/31/24, 02/13/25, 03/15/25 and 03/29/25. Licensed Nurse A reported all of the falls were non-injury falls and confirmed they should be documented in the nursing progress notes as part of the resident's record.

The operator failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury, what action taken, and the results of action taken.

- R5's medical record revealed he moved into the facility on 01/16/23 with diagnosis of Parkinson's disease.

R5's "Functional Capacity Screen dated 04/28/25 revealed he needed physical assistance with bathing dressing and medication administration, and he was at risk for falls.

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R5's 'Negotiated Service Agreement" dated 04/28/25 revealed facility staff assisted R5 with bathing, dressing and administration of medications.

Review of R5's nursing progress notes revealed the following:
10/01/24 - resident complaining of cough and has appointment to see physician today.
10/02/24 - received new orders for Prednisone (steroid) and Z-Pack (antibiotic) for bronchitis
The record lacked follow-up of the results of the medications.
10/22/24 - Resident continues to have a cough and felt like his chest rattled and his voice was hoarse. He requested Nyquil and said he has never really gotten over it from the last round of medications a few weeks ago. will make appointment with physician today.
10/23/24- Medication Administration Record Note - Levaquin ordered for seven days.
The record lacked documentation of getting a new order for Levaquin and follow-up on the results from administration.
11/19 /24 - Unna boot removed and new order for Doxycycline (antibiotic) for seven days.
The record lacked follow-up on results of antibiotic medication.
11/26/24 - returned from having bilateral knee injections due to knee pain and continues with cold and cough symptoms. New order for Cefdinir (antibiotic)
The record lacked follow on results of antibiotic treatment.
12/31/24 - resident complained of not feeling well and having a moist cough, shortness of air at times and wheezing - breathing treatment done. Breathing treatments scheduled for three times a

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day for one week because he forgets to ask for them as needed.
01/06/25 - Medical provider in facility and ordered Cefdinir for congestion and cloudy urine. The record lacked follow-up documentation of results antibiotic administration.
02/12/25 - New order for Levaquin (Antibiotic) for seven days.
02/17/24 - New order to Discontinue Levaquin and set up IV outpatient antibiotics at hospital. The record lacked follow-up documentation of results of IV antibiotic medication administration.
03/25/25 - Resident not feeling well and went to emergency room and was admitted for pneumonia and congestive heart failure.
03/27/25 - Returned from hospital -continues to cough at times but has for several weeks and will be on antibiotics and prednisone for five days.
03/31/25 - said he fell in the parking lot at the bank and called EMS. He refused to go to hospital and when returned to facility he was having left hip pain and went to the emergency room.
04/01/25 - reported he had hip fracture.
05/16/25 - Fell in his room and when staff arrived, he proceeded to get himself up off the floor into his recliner.
The record lacked follow-up documentation post fall.

Interview on 05/20/25 at 05/18 PM Licensed Nurse C acknowledged she needs to get better at documentation in the resident's record.

The operator failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury, what action taken, and the results of action taken.

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S3280 SS=F	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 23 residents. Based on record review and interview for all employees and all residents, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with all facility staff and residents. Findings included: - Review of the resident council minutes provided by Administrative Nurse A on 05/20/25	S3280		

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S3280	Continued From page 20 at 12: 45 AM included the resident's emergency plan information in the front of the notebook and monthly notes. The notes revealed the following: 01/23/24 and 03/28/24 documented the emergency management plan was read but there were only four residents present in January meeting and eight present in March. 6/20/24 and 9/26/24 failed to identify staff reviewed the emergency management plan. 12/12/24 included the review of the emergency management plan and a typed response to the meeting, including the emergency management plan was provided to all residents. 03/11/25 documented the emergency management plan was read but there were only six residents present. The minutes only included evidence for 12/12/24 to show the emergency management plan was provided to all residents for review. - Review of the employee meeting agendas revealed the operator had monthly meetings and staff only documented review of emergency plans on 11/26/24 which included tornado and fire reviews. The records failed to include evidence of emergency management plan reviews with employees. Interview on 05/20/25 at 12:25 PM Administrative Nurse A confirmed the record did not include evidence the emergency management plan had been reviewed quarterly with all residents and all staff. For Employees and Residents, the operator failed to ensure the eight required emergencies were reviewed quarterly.	S3280		

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S3310	Continued From page 21	S3310		
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: K.A.R 26-41-207(c) The facility reported a census of 23 residents (R). The sample included three residents and review of five newly hired employee files. Based on interview and record review for four of five newly hired employees, the operator failed to ensure the facility remained in compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of five newly hired employee files revealed the following:	S3310		

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S3310	Continued From page 22 Certified Medication Aide D hired on 06/04/24 failed to have a TB symptom screen completed within seven days of hire date. Dietary Staff E hired on 06/10/24 failed to have a TB symptom completed within seven days of hire date. Certified Nurse Aide F hired on 10/8/24 had a TB symptom screen completed on 12/18/23, more than six months prior to hire date and had one TB skin test completed on 12/19/24, more than two months after hire date and did not receive a second TB skin test. Certified Nurse Aide G hired on 04/22/25 failed to have a TB symptom screen completed within seven days of hire date. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 directed that each new employee shall have an initial TB symptom screen that includes the components of the "Tuberculosis Symptoms Screen Questionnaire" within seven days of employment. Each new employee shall receive a two-step skin test (or other appropriate testing) within seven days of employment unless specific conditions are met. The operator failed to ensure the facility remained in compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 related to newly hired employees.	S3310		