| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N097003 | A. BUILDING: _____ B. WING _____ | 12/03/2025 |

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| FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC | 1630 SEWELL AVENUE COLBY, KS 67701 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of an annual resurvey with attached complaint (193424) at the above named facility conducted on 12/03/25. | S 000 | | |
| S3105 SS=D | 26-41-202 (j) Negotiated Service Agreement Outside Resource<br><br>(j) If a resident's negotiated service agreement includes the use of outside resources, the designated facility staff shall perform the following:<br>(1) Provide the resident, 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, with a list of providers available to provide needed services;<br>(2) assist the resident, if requested, in contacting outside resources for services; and<br>(3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202 (j) (3)<br><br>The facility reported a census of 25 residents. The sample included 3 residents. Based on record review and interviews for 1 of 3 sampled residents (R)2, Operator/ Certified Medication Aide (CMA) A failed to ensure designated facility staff monitored the services provided by outside resources and acted as an advocate for the | S3105 | | |

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

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| S3105 | Continued From page 1 | S3105 | | |

Resident.

Findings included:

- R2's "Medical Record" revealed she admitted to the facility on 07/15/20 with diagnoses of anxiety disorder, diabetes mellitus, atrial fibrillation, angina, hypokalemia and hyperlipidemia.

The "Resident Functional Capacity Screen" (FCS) dated 11/16/25 recorded the resident as independent with toileting, transfer and eating, required physical assistance with walk/ mobility and management of medications and treatments and was unable to perform bathing and dressing. The FCS further recorded R2 had impaired memory/ recall and used a walker and wheelchair for ambulation.

The "Negotiated Service Agreement" (NSA) dated 11/16/25 recorded R2's outside provider provided bathing, facility staff provided supervision as needed with walk/ mobility and medication management was provided by staff daily.

This NSA included an outside provider, "description (home health), agency name, and payment source."

The "Resident Plan of Care" dated 11/06/25 recorded R2's outside provide full assisted with bathing, resident was independent with dressing but required one person assist for anything below the knees, independent with toileting with noted skin issues, independent with transferring with a walker, wheelchair or stand pivot transfer,

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| S3105 | Continued From page 2<br>independent to ambulate in room and self-propelled wheelchair while out of room and was independent with eating in her room. . The "Resident Plan of Care" recorded facility staff managed R2's medications but further listed medications R2 kept in her room to self-administer. The "Resident Plan of Care" recorded R2's outside provider for home health services provided wound care.<br><br>Interview on 12/03/25 at 10:26 AM with Licensed Nurse (LN) B confirmed the facility had no notes from outside provider home health visits for R2 at this time and further confirmed home health services were providing wound care and bathing to R2.<br><br>Interview on 12/03/25 at 11:51 AM with LN B confirmed no documentation completed by facility for R2's wounds to left lower foot.<br><br>Interview on 12/03/25 at 01:14 PM with LN B confirmed she had not observed wound care performed for R2 by home health during visits.<br><br>The facility failed to provide a policy for monitoring of outside providers.<br><br>Operator/ CMA A failed to ensure designated facility staff monitored the services provided by outside resources and acted as an advocate for the Resident. | S3105 | | |
| S3171 SS=E | 26-41-204 (i) Health Care Services Standards of Practice<br><br>(i) All health care services shall be provided to residents by qualified staff in accordance with | S3171 | | |

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| S3171 | Continued From page 3<br>acceptable standards of practice.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41 204 (i)<br><br>The census equaled 25 residents. The sample included 3 residents. Based on record review and interview, Operator/ Certified Medication Aide (CMA) A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice, which met the needs of 2 record review Residents (R)2 and R3.<br><br>Findings included:<br><br>- R2's "Medical Record" revealed she admitted to the facility on 07/15/20 with diagnoses of anxiety disorder, diabetes mellitus, atrial fibrillation, angina, hypokalemia and hyperlipidemia.<br><br>The "Resident Functional Capacity Screen" (FCS) dated 11/16/25 recorded the resident as independent with toileting, transfer and eating, required physical assistance with walk/ mobility and management of medications and treatments and was unable to perform bathing and dressing. The FCS further recorded R2 had impaired memory/ recall and used a walker and wheelchair for ambulation.<br><br>The "Negotiated Service Agreement" (NSA) dated 11/16/25 recorded R2's outside provider | S3171 | | |

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| S3171 | Continued From page 4 | S3171 | | |

provided bathing, facility staff provided supervision as needed with walk/ mobility and medication management was provided by staff daily. The "NSA" further recorded R2 received home health services from an outside provider.

The "Resident Plan of Care" dated 11/16/25 recorded R2's outside provide full assisted with bathing, resident was independent with dressing but required one person assist for anything below the knees, independent with toileting with noted skin issues, independent with transferring with a walker, wheelchair or stand pivot transfer, independent to ambulate in room and self-propelled wheelchair while out of room and was independent with eating in her room. . The "Resident Plan of Care" recorded facility staff managed R2's medications but further listed medications R2 kept in her room to self-administer. The "Resident Plan of Care" recorded R2's outside provider for home health services provided wound care.

Review of home health's "skilled nursing wound care" notes obtained 12/08/25 and dated 11/20/25 recorded, "Wounds addressed this visit: wound 3- location- left 2nd toe, wound 4- location- left great toe, wound 5- location- left medical lower extremity, wound 6- location- left lateral lower extremity proximal, wound 7- location- left lower extremity lateral distal ...wound care notes: Cleansed all open areas with wound cleanser et 4x4's. Patted dry. Triad paste applied to wounds et peri wounds. Drawex wrapped from dorsal et plantar toes to tibial plateau. Super absorber applied over dorsal et plantar toes et medial et lateral leg. Secured with coban 2 lite compression system. Donned

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| S3171 | Continued From page 5 | S3171 | | |

diabetic gripper sock."

Review of R2's medical record revealed no skin assessments or progress notes related to skin issues by a licensed facility nurse completed.

Observation on 12/03/25 at 01:09 PM in R2's room revealed a dressing to her left foot. R2 stated home health services provided wound care three times a week.

Interview on 12/03/25 at 11:51 AM with Licensed Nurse (LN) B confirmed no documentation completed by facility for R2's wounds to left lower foot.

Interview on 12/03/25 at 01:14 PM with LN B confirmed she had not observed wound care performed for R2 by home health during visits.

- Record review for R3 revealed an admission date of 09/06/24 with diagnoses of atrial fibrillation, hyperlipidemia and hypertension.

Review of R3's "Resident Functional Capacity Screen" (FCS) dated 09/06/25 recorded the resident was unable to manage her medications.

Review of the resident's "Negotiated Service Agreement" dated 09/06/25 recorded the facility staff administered medications as ordered.

Review of the resident's "Resident Plan of Care" dated 09/06/25 recorded the facility managed R3's medication as ordered.

Review of R3's "Medication Administration Record November 2025" recorded Digoxin 250

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| S3171 | Continued From page 6<br>micrograms by mouth every day for atrial fibrillation. Medication signed off as administered 11/01/25 through 11/07/25.<br><br>Review of R3's "Medication Administration Record November 2025" recorded Digoxin 125 micrograms by mouth every day for atrial fibrillation. Medication signed off as administered 11/09/25 through 11/29/25.<br><br>Signed physician orders dated 12/18/24 recorded, "Digoxin (cardiac glycoside) 250 microgram take 1 tablet by mouth once daily"<br><br>Interview on 12/03/25 at 01:41 PM with LN B confirmed R3 admitted to the facility on 09/06/24 and a Digoxin level was not obtained until 11/06/25. LN B further stated R3's Digoxin level should be checked every three months and confirmed R3's Digoxin level was toxic when drawn on 11/06/25.<br><br>Operator/ CMA A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice, which met the needs of 2 record review Residents (R)2 and R3. | S3171 | | |
| S3211 SS=D | 26-41-205 (g) (3) OVER THE COUNTER DRUGS<br><br>(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 | S3211 | | |

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| S3211 | Continued From page 7<br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205 (g) (3)<br><br>The census totaled 25 residents. The sample included 3 residents. Based on observation and interview for 2 non-sampled Residents (R)4 and R5, Operator/ Certified Medication Aide (CMA) 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.<br><br>Findings included:<br><br>- Observation on 12/03/25 at 10:03 AM with Operator/ CMA A revealed two locked medication carts in a locked medication room of the facility. The following over the counter medications were noted without first and last names:<br><br>For R4, the cart contained one bottle of AREDS 2 Eye Pills and one bottle of Multivitamins,<br>For R5, the cart contained one bottle of Lutein (eye health supplement).<br><br>Interview on 12/03/25 during observation of the medication cart with Operator/ CMA A confirmed | S3211 | | |

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| S3211 | Continued From page 8<br>the above listed medications were without full first and last name for R4 and R5.<br><br>Interview on 12/03/25 at 10:20 AM with Licensed Nurse (LN) B confirmed the above listed medications were without full first and last names for R4 and R5 and further confirmed all over the counter medications were to be labeled with full names.<br><br>The facility failed to provide a policy and procedure for labeling over the counter medications.<br><br>Operator/ CMA 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 | | |
| S3215 SS=F | 26-41-205 (h) Medication Storage<br><br>(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.<br>(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 | S3215 | | |

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| S3215 | Continued From page 9<br>biologicals.<br>(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.<br>(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.<br>(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205 (h) (4)<br><br>The facility reported a census of 25 residents. Based on observation, interview, and record review, Operator/ Certified Medication Aide (CMA) A failed to ensure staff stored Tuberculin solution properly to ensure it was not accidentally administered beyond the manufacturers recommended date of expiration, which had the potential to affect all residents.<br><br>- Observation during the initial tour on 12/03/25 at 10:03 AM with Operator/ CMA A revealed a locked medication room in the facility. The medication room revealed a medication fridge, which contained one opened bottle of tuberculosis (TB) solution inside an opened pharmacy labeled box. The pharmacy label was | S3215 | | |

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| S3215 | Continued From page 10<br>dated "10/02/24" with expiration dated "10/02/25". The TB solution bottle, nor pharmacy labeled box, had no open date on it. The solution was accessible to staff for administration.<br><br>Interview on 12/03/25 at 10:20 AM with Licensed Nurse (LN) B confirmed the TB solution had no open date and further confirmed the pharmacy label was dated "10/02/24" with an expiration date of "10/02/25".<br><br>Tuberculin manufacturer guidelines directions for storage include to date the tuberculin vial when opening and discard it after 30 days.<br><br>Operator/ CMA A failed to ensure staff stored the tuberculin solution, so it was not accidentally administered beyond the manufacturers or pharmacy' recommended date of expiration, which had the potential to affect all residents. | S3215 | | |
| S3225 SS=F | 26-41-205 (l) Medication Regimen Review Frequency<br><br>(l) Medication regimen review. A licensed 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. | S3225 | | |

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| S3225 | Continued From page 11<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205 (l)<br><br>The facility reported a census of 25 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 2 of 3 sampled Residents, (R)2 and R3.<br><br>Findings included:<br><br>- Record review for R2 revealed an admission date of 07/15/20 with diagnoses of anxiety, angina, hypokalemia, atrial fibrillation, diabetes mellitus and hyperlipidemia.<br><br>Review of R2's "Resident Functional Capacity Screen" (FCS) dated 11/16/25 recorded the resident required physical assistance with management of medications.<br><br>Review of the resident's "Negotiated Service Agreement" dated 11/16/25 recorded the facility staff provided medication management daily.<br><br>Review of the resident's "Resident Plan of Care" dated 11/16/25 recorded facility staff provided medication management and R2 kept some medications at bedside.<br><br>Review of R2's record lacked evidence a medication regimen review was completed since 11/21/24. | S3225 | | |

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| S3225 | Continued From page 12<br><br>- Record review for R3 revealed an admission date of 09/06/24 with diagnoses of atrial fibrillation, hyperlipidemia and hypertension.<br><br>Review of R3's "Resident Functional Capacity Screen" (FCS) dated 09/06/25 recorded the resident was unable to manage her medications.<br><br>Review of the resident's "Negotiated Service Agreement" dated 09/06/25 recorded the facility staff administered medications as ordered.<br><br>Review of the resident's "Resident Plan of Care" dated 09/06/25 recorded the facility managed R3's medication as ordered.<br><br>Review of R3's record lacked evidence a medication regimen review was completed since 11/21/24.<br><br>Interview on 12/03/25 at 12:32 PM with Licensed Nurse (LN) B confirmed no pharmacist reviews were conducted on any residents living in the facility since 11/21/24.<br><br>Facility's "Medication Administration" policy (no date) recorded, "A licensed pharmacist shall conduct a medication regimen review at least quarterly (Calendar year 1st quarter Jan thru March, 2nd quarter April thru June, 3rd Quarter July thru September and 4th quarter October thru December) for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition."<br><br>The facility failed to ensure a licensed | S3225 | | |

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| S3225 | Continued From page 13<br>pharmacist conducted a quarterly medication regimen review for 2 of 3 sampled Residents, (R)2 and R3. | S3225 | | |
| S3298 SS=E | 26-41-206 (d) Food Preparation<br><br>(d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.<br>(1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.<br>(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used.<br>(3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-206 (d)<br><br>The census equaled 25 residents. Based on record review, interview and observation for all residents living in the facility and receiving meal services, Operator/ Licensed Nurse (LN) A failed to ensure the facility staff served food at the proper temperature. | S3298 | | |

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|---|---|---|---|
| | N097003 | A. BUILDING: _____ B. WING _____ | 12/03/2025 |

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| FAIRVIEW ESTATES RETIREMENT COMMUNITY, INC | 1630 SEWELL AVENUE COLBY, KS 67701 |

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| S3298 | Continued From page 14<br>Findings included:<br><br>- During the initial tour on 12/03/25 at 09:56 AM, facility food temperature monitoring logs were requested in the kitchen.<br><br>Record lacked breakfast, lunch and supper food temperatures for the following dates: 10/11/25, 10/12/25, 10/18/25, 10/19/25, 10/26/25 and 10/28/25.<br><br>Record lacked breakfast, lunch and supper food temperatures for the following dates: 11/02/25, 11/03/25, 11/16/25, 11/22/25, 11/23/25, 11/26/25, 11/28/25, 11/29/25, 11/30/25.<br><br>Observation on 12/03/25 at 12:00 PM revealed residents eating lunch time meal in the dining room.<br><br>Electronic interview on 12/08/25 at 03:57 PM with Operator/ CMA A confirmed the food temperature monitoring log for October 2025 and November 2025 were not completed at each meal.<br><br>2005 Dietary Guidelines for Americans records the best way to tell if meat, poultry and egg dishes are cooked safely is to use a food thermometer.<br><br>Facility's "Food Storage and Preparation Policy" (no date) recorded, "All meat, fish, and poultry will be properly cooked before being served."<br><br>For all residents of the facility, Operator/ CMA A failed to ensure facility staff served food at the proper temperature. | S3298 | | |

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| S3299 SS=E | 26-41-206 (e) (1) Facility Food Storage<br><br>(e) Food storage. Facility staff shall store all food under safe and sanitary conditions.<br>(1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-206 (e)<br><br>The census equaled 25 residents. The sample included 3 residents. Based on record review, interview and observation for all residents living in the facility and receiving meal services, Operator/ Certified Medication Aide (CMA) A failed to ensure the facility staff stored all food under safe and sanitary conditions.<br><br>Findings included:<br><br>- During the initial tour on 12/03/25 at 09:40 AM with Operator/ CMA A revealed a storage room containing two stand-up freezers and two refrigerators/ freezer combos, all containing food for resident use.<br><br>Observation of the facility kitchen on 12/03/25 at 09:56 AM with Operator/ CMA A revealed one refrigerator/ freezer combo, one refrigerator and one freezer.<br><br>On 12/03/25 at 12:55 PM, ten documents titled "Refrigerator Temperatures November 2025" | S3299 | | |

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| S3299 | Continued From page 16<br>were obtained from Operator/ CMA A. The temperature logs lacked evidence of which corresponding refrigerator, freezer or refrigerator/ freezer it belonged to.<br><br>Review of a "Refrigerator Temperatures November 2025" log revealed the following dates were missing:<br>11/11/25, 11/12/25, 11/13/25 and 11/29/25.<br><br>Review of a "Refrigerator Temperatures November 2025" log revealed the following dates were missing:<br>11/03/25, 11/04/25, 11/05/25, 11/06/25, 11/07/25, 11/09/25, 11/10/25, 11/11/25, 11/12/25, 11/13/25, 11/14/25, 11/17/25, 11/18/25, 11/19/25, 11/20/25, 11/22/25 and 11/29/25.<br><br>Review of a "Refrigerator Temperatures November 2025" log revealed the following dates were missing:<br>11/03/25, 11/04/25, 11/05/25, 11/06/25, 11/11/25, 11/12/25, 11/13/25, 11/17/25, 11/18/25, 11/19/25, 11/20/25, 11/22/25, 11/25/25, 11/26/25, 11/27/25 and 11/29/25.<br><br>Review of a "Refrigerator Temperatures November 2025" log revealed the following dates were missing: 11/01/25, 11/02/25, 11/03/25, 11/05/25, 11/06/25, 11/10/25, 11/11/25, 11/12/25, 11/13/25, 11/17/25, 11/18/25, 11/19/25, 11/20/25, 11/25/25, 11/26/25, 11/27/25 and 11/29/25.<br><br>Review of a "Refrigerator Temperatures November 2025" logs revealed the following dates were missing: 11/01/25, 11/02/25, 11/03/25, 11/05/25, 11/06/25, 11/10/25, 11/11/25, 11/12/25, 11/13/25, 11/17/25, 11/18/25, 11/19/25, | S3299 | | |

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| S3299 | Continued From page 17<br>11/20/25, 11/24/25, 11/25/25, 11/26/25, 11/27/25 and 11/29/25.<br><br>Review of three of the "Refrigerator Temperatures November 2025" logs revealed the following dates were missing: 11/01/25, 11/02/25, 11/03/25, 11/05/25, 11/06/25, 11/10/25, 11/11/25, 11/12/25, 11/13/25, 11/17/25, 11/18/25, 11/19/25, 11/20/25, 11/22/25, 11/25/25, 11/26/25, 11/27/25 and 11/29/25.<br><br>Interview on 12/03/25 with Operator/ CMA A confirmed the refrigerator logs were not completed daily and further confirmed the refrigerator logs were not labeled with an identifier of which refrigerator, freezer or refrigerator/ freezer combo it was corresponding to in the facility. Operator/ CMA A confirmed the facility had ten refrigerators and freezers and only had eight logs for November 2025.<br><br>Observation on 12/03/25 at 12:00 PM revealed residents eating lunch time meal in the dining room.<br><br>2005 Dietary Guidelines for Americans records hot food must be maintained at a temperature of 140 degrees Fahrenheit or above, cold foods at 40 degrees Fahrenheit or below.<br><br>Facility's "Food Storage and Preparation Policy" (no date) recorded, "[Facility name] shall store, prepare, display, serve, or transport food and drink in a manner to prevent it from contamination. Perishable food shall be covered and stored at such temperatures as to protect it from spoilage. The facility will maintain potentially hazardous food and drink at safe | S3299 | | |

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| S3299 | Continued From page 18<br>temperatures, at or below 45 degrees Fahrenheit (45 F), except during preparation and services."<br><br>For all residents of the facility, Operator/ CMA A failed to ensure facility staff stored all food under safe and sanitary conditions. | S3299 | | |
| S3310 SS=F | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(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;<br>(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<br>(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<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R 26-41-207 (c)<br><br>The census totaled 25 residents. The sample included 3 residents and review of 4 newly hired staff. Based on record review and interview for 3 of 4 sampled staff (Certified Medication Aide (CMA) C, Certified Nurse Aide (CNA) D and Dietary Staff E, the facility failed to ensure compliance with the State Agency's tuberculosis | S3310 | | |

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| S3310 | Continued From page 19<br>(TB) guidelines.<br><br>Findings included:<br><br>- Review of CMA C's employee record revealed they hired onto the facility on 10/01/25. CMA C's record lacked completion of the 2-step TB testing upon hire.<br><br>- Review of CNA D's employee record revealed they hired onto the facility on 05/20/25. CNA D's record lacked completion of the 2-step TB testing upon hire.<br><br>- Review of Dietary Staff E's employee record revealed they hired onto the facility on 11/24/25. Dietary Staff E's record lacked evidence the first step of TB testing was initiated within 7 days<br><br>Interview on 12/03/25 at 01:57 PM with Operator/CMA A confirmed a 2-step TB test was not completed upon hire for CMA C.<br><br>Interview on 12/03/25 at 02:02 PM with Operator/CMA A confirmed the first step of TB testing was not initiated for Dietary Staff E.<br><br>Interview on 12/03/25 at 02:08 PM with Operator/CMA A confirmed a 2-step TB test was not completed upon hire for CNA D.<br><br>Facility's "Tuberculosis Testing" policy (no date) recorded, "Each new resident and new employee shall receive a two-step TST or IGRA for Mycobacterium tuberculosis within 7 days of residency or employment." | S3310 | | |

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| S3310 | Continued From page 20<br>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 | | |
| S9999 | Final Observations<br><br>K.S.A. 39-928<br><br>Upon receipt of an application for license, the licensing agency with the approval of the state fire marshal shall issue a license if the applicant is fit and qualified and if the adult care home facilities meet the requirements established under this law. A license, unless sooner suspended or revoked, shall remain in effect upon filing by the licensee, and approval by the licensing agency and the state fire marshal or their duly authorized agents, of an annual report upon such uniform dates and containing such information in such form as the licensing agency prescribes and payment of an annual fee. It shall be posted in a conspicuous place in the adult care home.<br><br>scope and severity of F.<br><br>Findings included:<br><br>- Department records revealed the facility failed to file and pay the 2023, 2024 and 2025 annual renewal licensing fees.<br><br>Observation on 12/03/25 at 09:15 AM revealed the facility license located at the front entrance on a table. | S9999 | | |

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| S9999 | Continued From page 21<br><br>Interview on 12/03/25 at 09:38 AM with Operator A stated she was unaware of any missed license renewal but would contact the facility owner.<br><br>The facility failed to file and pay the 2023, 2024 and 2025 annual renewal licensing fees to the department and post the license in a conspicuous place as required by KSA 39-928. | S9999 | | |