Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B096017	A. BUILDING: _____ B. WING _____	12/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOY HOME	419 N PACIFIC OXFORD, KS 67119

(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 the licensure resurvey for the above named facility conducted on 12/22/25.	S 000		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' 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: K.A.R. 26-42-104 (d) (3) The facility reported a census of 9 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview, the Operator failed to ensure a review at least quarterly with staff and residents of the home's emergency management plan. Findings included:	S5215		

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

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S5215	Continued From page 1 - Record review of the facility provided binder titled "In-service" revealed a document titled "Sign-in Sheet" dated 01/22/25 with the topic of "Review Emergency Procedures". The "In-Service" binder lacked documentation of a quarterly review of the home's emergency management plan with all staff. Interview on 12/22/25 at approximately 10:30 AM with Operator A confirmed the home's emergency management plan was only reviewed annually for 2025 with staff. Review of the facility binder titled "Fire" revealed on 06/04/25 the residents performed a full evacuation and the home's emergency management plan was reviewed with residents. Interview on 12/22/25 at approximately 10:30 AM with Operator A confirmed the home's emergency management plan was only reviewed annually for 2025 with residents. The Operator failed to ensure a review at least quarterly with staff and residents of the home's emergency management plan.	S5215		
S5230 SS=D	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;	S5230		

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S5230	Continued From page 2 (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: K.A.R. 26-42-207 (c) The facility reported a census of 9 residents. The sample included 3 "Residents'" (R)'s and 5 newly hired employees. Based on record review and interview the Operator failed to ensure the home's compliance with the department's "Tuberculosis" (TB) guidelines adopted by reference in K.A.R. 26-39-105 for newly hired "Certified Nurse Aide" (CNA) B. Findings included: - Record review for CNA B revealed she began her employment on 06/25/25. Review of the facility provided documents from her personnel record revealed CNA B had a one step TB skin test dated 02/27/25 that read negative. CNA B's personnel record lacked documentation of a one step TB skin test being performed within 1 to 7 days of employment. Interview on 12/22/25 at approximately 10:30 AM with Operator A confirmed CNA B's personnel	S5230		

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S5230	Continued From page 3 record lacked documentation of the required one step TB skin test being performed withing one to 7 days of employment. The Operator failed to ensure the home's compliance with the department's TB guidelines adopted by reference in K.A.R. 26-39-105 for newly hired CNA B.	S5230		