STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087067	A. BUILDING: _____ B. WING _____	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVITA SENIOR LIVING AT ROLLING HILLS	629 S MAIZE COURT WICHITA, KS 67209

(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 Re-Licensure survey with complaint investigations 192094,192097, 192127, 192465, 192469, 192878, 193042, 195009, 196776, 196836, 196927, 197208, 197655, 197667, 197712, 197734 for the above named assisted living facility conducted on 02/02/26, 02/03/26, 02/04/26, and 02/05/26.	S 000		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (a) The facility reported a census of 66 residents (R). The sample included six residents and five focused record reviews. Based on observation, interview, and record review, the Administrator failed to ensure a Licensed Nurse (LN) provided or coordinated the provision of necessary health care services to meet the needs of two (R4 and R6) of six sampled residents who had a history of pressure ulcers and/or problems with	S3155		

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

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S3155	Continued From page 1 development of stasis ulcers. Findings included: - Review of R4's medical record revealed she moved into the facility on 07/01/25 with diagnoses of dementia and chronic leg ulcers. R4's "Functional Capacity Screen" dated 07/01/25 revealed she needed physical assistance with bathing, dressing, transfers, and toileting. She also needed physical assistance with management of her medications and could not manage her medical treatments. R4's "Negotiated Service Plan" (NSA) dated 07/02/25 identified qualified nursing staff will assist with activities of daily living and would administer all medications and medical treatments. R4's record included an amended NSA dated 08/11/25 that identified that she received wound services from a local medical company and received Home Health services from a local Home Health and Hospice company. R4's "Health Care Service Plan" (HCSP) dated 07/02/25 identified she required assistance with medication and medical treatment management. R4's Health Care Service plan lacked interventions related to the promotion of healing and prevention of recurrence of pressure ulcers which she had upon admission (bilateral heels and one on her left forth toe). R4 later developed a stasis ulcer identified related to peripheral vascular disease but her record lacked the	S3155		

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S3155	Continued From page 2 development of services to help promote healing and prevention of recurrence. Observation on 02/05/26 at 10:13 AM : Wound Care nurse in facility and removed dressing from right foot which revealed a oval shaped ulcer with off white eschar throughout. The Wound Nurse cleaned wound and used the mist machine and after that was completed there was more red tissue in the wound bed with less eschar. The wound measured 02.8 centimeters (cm) x 03.7cm which is significantly smaller than last week. Observation of her heel at this time is dry, did not have any type dressing, with indented area that is callused. Observation of her toes on her left foot revealed a tiny pinpoint scab on top of her fourth toe and a very small hourglass shaped purplish area slightly indented on the top of her second toe. Interview on 02/05/26 at 08:29 AM Administrative Nurse B reviewed R4's care plan and confirmed it should have included services related to healing and prevention of pressure ulcers and interventions related to her current stasis ulcer. The executive director failed to ensure a licensed nurse coordinated services to meet R4's needs related to pressure ulcers and stasis ulcers. - Review of R6's medical record revealed she moved into the facility on 06/15/12 with a diagnosis of low thyroid and epigastric pain. R6's "Functional Capacity Screen" dated 06/20/25 identified she needed physical assistance with management of medications and medical treatments.	S3155		

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S3155	Continued From page 3 R6's "Negotiated Service Agreement dated 06/20/25 identified qualified nursing staff to manage medications and medical treatments. R6's Health Care Service Plan dated 06/20/25 lacked services related to edema and the prevention of stasis ulcers. Review of R6's record included notes from the Home Health staff related to therapy and wound care. Interview on 02/25/26 at 12:39 PM Administrative Nurse B confirmed R6's HCSP should have included services related to the promotion of skin management related to her cellulitis and stasis ulcers. The executive director failed to ensure designated staff documented all incidents, symptoms or other indications of illness the action taken and results of that action.	S3155		
S3170 SS=D	26-41-204 (g) (h) Health Care Services (g) Skilled nursing care shall be provided in accordance with K.S.A. 39-923 and amendments thereto. (1) The health care service plan shall include the skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing each service. (2) The licensed nurse providing the skilled nursing care shall document the service and the outcome of the service in the resident ' s record. (3) A medical care provider ' s order for skilled nursing care shall be documented in the resident	S3170		

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S3170	Continued From page 4 ' s record in the facility. A copy of the medical care provider ' s order from a home health agency or hospice may be used. Medical care provider orders in the clinical records of a home health agency located in the same building as the facility may also be used if the clinical records are available to licensed nurses and direct care staff of the facility. (4) The administrator or operator shall ensure that a licensed nurse is available to meet each resident ' s unscheduled needs related to skilled nursing services. (h) A licensed nurse may provide wellness and health monitoring as specified in the resident ' s negotiated service agreement. (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice This REQUIREMENT is not met as evidenced by: KAR 26-41-204(g)(1)(2) The facility reported a census of 66 residents. The sample included six residents and five focused resident record reviews. Based on record review and interview the executive director failed to ensure designated staff included the skilled nursing service the care to be provided , the name of the nurse/agency providing the service and failed to have the licensed nurse document the service and outcome of the service in one (R4) of one	S3170		

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S3170	Continued From page 5 residents record who required a skilled nursing service. Findings include: - Review of R4's medical record revealed she moved into the facility on 07/01/25 with diagnoses of dementia and chronic leg ulcers. R4's "Functional Capacity Screen" dated 07/01/25 revealed she needed physical assistance with bathing, dressing, transfers, and toileting. She also needed physical assistance with management of her medications and could not manage her medical treatments. R4's "Negotiated Service Plan" (NSA) dated 07/02/25 identified qualified nursing staff will assist with activities of daily living and would administer all medications and medical treatments. R4's record included an amended NSA dated 08/11/25 that identified she received wound services from a local medical company and received Home Health services from a local Home Health and Hospice company. R4's "Health Care Service Plan" (HCSP) dated 07/02/25 identified she required assistance with medication and medical treatment management. R4's HCSP lacked revision to identify she required skilled nursing for IV antibiotics and who provided those services. R4's record included a physician's order dated 01/12/26 for insertion of a peripheral IV access for administration of Cefepime antibiotics.	S3170		

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S3170	Continued From page 6 Another physician's order dated 01/15/26 included orders for administration of Cefepime 2 grams twice a day through 01/27/26. Review of R4's January Medication Administration Record included facility staff nurse initials from 01/15/26 to 01/27/26 indicating they administered the IV antibiotics. R4's record included home health notes for administration of IV antibiotics on 01/15/26 through 01/20/26 in the AM and on 01/22/26 in the AM. It included notes for the PM administration on 01/16/26 through 01/18/26. The record lacked documentation of the home health nurse for administration of IV antibiotics twice daily. Interview on 02/05/26 at 01:13 PM Administrative Nurse B confirmed R4's HCSP did not identify she needed skilled nursing services for IV antibiotics which were administered by a local Home Health company and the home health nurse providing the service did not document administration of the IV medications in R4's medical record. The executive director failed to ensure R4's health care service plan included information that she required skilled nursing for IV antibiotics and the person providing the service documented the service and the outcome of the service in the resident's record.	S3170		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any	S3175		

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S3175	Continued From page 7 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 66 residents (R). The sample included six residents and five focused record reviews. Based on observation, interview and record review the administrator failed to ensure a licensed nurse completed an assessment for self-administration of medications for two (R6 and R8) of six sampled medications prior to self administering medications and annually. Findings included: - Review of R6's medical record revealed she moved into the facility on 06/15/12 with a diagnosis of low thyroid and epigastric pain.	S3175		

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S3175	Continued From page 8 R6's "Functional Capacity Screen" dated 06/20/25 identified she needed physical assistance with management of medications and medical treatments. R6's "Negotiated Service Agreement dated 06/20/25 identified qualified nursing staff to manage medications and medical treatments. It did not identify any medications the resident self-administered. Review of R6's Medication Administration Record for February 2026 indicated she self-administered Levothyroxine, Prevacid, FGuard, and Saline nasal spray. Observation on 02/04/26 at 2:39 PM R6 sat in her recliner and had a bottle of nasal spray on the table beside her chair. R6 said the facility staff gave her medications, but she administered the Saline nasal spray herself when she needed it. Review of R6's medical record did not have a self-administration assessment for medications completed since 06/13/2019. Interview on 02/05/26 at 12:37 PM Administrative Nurse B reported she did not think R6 was doing any of her own medications anymore but if she was, she should have an assessment completed every year. The executive director failed to ensure designated staff completed a Self-assessment for medication administration for R6.	S3175		

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S3175	Continued From page 9 - Review of R8's medical record revealed he moved into the facility on 12/08/23 with diagnosis of chronic kidney disease. R8's "Functional Capacity Screen" (FCS) dated 11/16/26 identified he was independent in administration of medications but needed physical assistance with medication treatments. R8's "Negotiated Service Agreement" dated 12/08/25 identified he self administered all medications except for two. Review of R8's medical record included a self-assessment for medication administration completed on 12/10/24. Observation on 02/05/26 at 09:03 AM resident opened the door to his room revealing he had multiple medications on the counter in his kitchen. He said he self-administered all of his own medications. Interview on 02/09/26 at 01:55 PM Administrative Nurse B confirmed R8 does most of his own medications and thought she had completed one when she did all his other assessments in November. Administrative Nurse B reviewed the record and confirmed the self-administration assessment was not completed. The executive director failed to ensure designated staff completed a self-administration assessment for R8 at least annually.	S3175		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications	S3186		

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S3186	Continued From page 10 (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (b) The facility reported a census of 66 residents (R). The sample included six residents and five focused record reviews. Based on observation, interview, and record review the executive director failed to ensure one (R6) of six sampled residents "Negotiated Service Agreement" included the selected medications the resident chose to self-administer. Findings included: - Review of R6's medical record revealed she moved into the facility on 06/15/12 with a diagnosis of low thyroid and epigastric pain. R6's "Functional Capacity Screen" dated 06/20/25 identified she needed physical assistance with management of medications and medical treatments.	S3186		

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S3186	Continued From page 11 R6's "Negotiated Service Agreement dated 06/20/25 identified qualified nursing staff to manage medications and medical treatments. It did not identify any medications the resident self administered. Review of R6's Medication Administration Record for February 2026 indicated she self administered Levothyroxine, Prevacid, FGuard, and Saline nasal spray. Observation on 02/04/26 at 02:39 PM R6 sat in her recliner and had a bottle of nasal spray on the table beside her chair. R6 said the facility staff give her medications, but she administered the Saline nasal spray herself when she needed it. Interview on 02/05/26 at 01:24 PM R6 sat at the dining room table finishing her lunch and she confirmed she also gave herself the medication for her thyroid, pointing to her throat. Interview on 02/05/26 at 12:37 PM Administrative Nurse B reported she did not think R6 was doing any of her own medications anymore but if she is it should be identified on the NSA. The executive director failed to ensure designated staff identified what select medications R6 chose to self-administer on her NSA.	S3186		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the	S3200		

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S3200	Continued From page 12 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: (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)(1) The facility reported a census of 66 residents (R). The sample included six residents and five focused record reviews. Based on interview and record review, the executive director failed to ensure only Licensed Nurses or Certified Medication Aides (CMA) administered and managed medications for R2, and R12. Findings included: - Review of Certified Medication Aide/Nurse Aide (CMA - CNA) I's Registry Confirmation revealed her Medication Aide certification was issued on 04/06/22 and became inactive on 04/06/24. It was not reactivated until 12/02/24. During this	S3200		

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S3200	Continued From page 13 time her CNA remained activated and she could have worked in the capacity as a CNA, but not as a CMA. Review of R2's Medication Administration Record (MAR) identified CNA I had administered medications to R2 from the months of May to November while her CMA certification had lapsed. Review of R12's MAR revealed CNA I administered R12 medications from September 2024 into November 2024. Review of the MAR revealed the last day CNA I administered medications while her CMA was lapsed was on 11/06/24 and started administering medications again on 12/02/24 when her CMA was reactivated. Interview on 02/02/26 at 02:40 PM Administrative Staff A confirmed CMA I had unknowing let her CMA lapse so as soon as it was identified she was taken off the medication cart and could work as a Certified Nurse Aide but not pass medications until her CMA was reactivated. The executive director failed to ensure medications the facility was responsible for administering were only administered by a Licensed Nurse or a Certified Medication Aide.	S3200		
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	S3261		

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S3261	Continued From page 14 results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 66 residents (R). The sample included six residents and five focused record reviews. Based on interview and record review the administrator failed to ensure two (R4 and R6) of six sampled residents record contained documentation of all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken. Findings included: - Review of R4's medical record revealed she moved into the facility on 07/01/25 with diagnoses of dementia and chronic leg ulcers. R4's "Functional Capacity Screen" dated 07/01/25 revealed she needed physical assistance with bathing, dressing, transfers, and toileting. She also needed physical assistance with management of her medications and could not manage her medical treatments. R4's "Negotiated Service Plan" (NSA) dated 07/02/25 identified qualified nursing staff will assist with activities of daily living and would administer all medications and medical treatments. R4's record included an amended NSA dated	S3261		

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AVITA SENIOR LIVING AT ROLLING HILLS	629 S MAIZE COURT WICHITA, KS 67209

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S3261	Continued From page 15 08/11/25 that identified that she received wound services from a local medical company and received Home Health services from a local Home Health and Hospice company. R4's "Health Care Service Plan" (HCSP) dated 07/02/25 identified she required assistance with medication and medical treatment management. R4's nursing progress notes included the following: 07/01/25- admitted with bilateral heel pressure ulcers. 07/04/25 - heel wound cleansed and covered with border gauze and home health will continue to provide wound care. The record lacked further documentation from facility nurse on the progression of R4's heel ulcers and her stasis ulcer. 01/29/26 - received order to discontinue PICC line (peripherally inserted central catheter -a form of intravenous access that can be used for a prolonged period of time) for IV antibiotic administration. R4's record lacked documentation by facility nurse of her heel ulcers and progress to healing or her current stasis ulcer. It lacked documentation of what the ulcers looked like, measurements and current treatment with results of treatment. The record also lacked Nurse follow up after the PICC line was removed to monitor for signs of bleeding or infection. Observation on 02/05/26 at 10:13 AM Wound Care nurse in facility and removed dressing from right foot which revealed a oval shaped ulcer with off white eschar throughout. The Wound	S3261		

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S3261	Continued From page 16 Nure cleaned wound and used the mist machine and after that was completed there was more red tissue in the wound bed with less eschar. The wound measured 02.8 centimeters (cm) x 03.7cm which is significantly smaller than last week. Observation of her heel at this time is dry, did not have any type dressing, with indented area that is callused. Observation of her toes on her left foot revealed a tiny pinpoint scab on top of her fourth toe and a very small dog bone shaped purplish area slightly indented on the top of her second toe. Interview on 02/05/26 at 08:31 AM Administrative Nurse B reported they do not have any type of skin condition reports the facility nurse completes and we just monitor according to the notes we can get from the Home Health Nurse. The executive director failed to ensure facility staff documented in R4's record the status of R4's pressure ulcers and stasis ulcer, treatment plan and results of the treatments and failed to follow up on the removal of R4's PICC line. - Review of R6's medical record revealed she moved into the facility on 06/15/12 with a diagnosis of low thyroid and epigastric pain. R6's "Functional Capacity Screen" dated 06/20/25 identified she needed physical assistance with management of medications and medical treatments. R6's "Negotiated Service Agreement dated 06/20/25 identified qualified nursing staff to manage medications and medical treatments.	S3261		

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S3261	Continued From page 17 Review of R6's record included notes from the home Health staff related to therapy and wound care. However, the facility nurse failed to document a description of R6's bilateral lower leg ulcers, edema or other indications of illness related to her ulcers and action taken to promote healing. Interview on 02/25/26 at 12:40 PM Administrative Nurse B reported they do not have any type of skin condition reports the facility nurse completes and we just monitor according to the notes we can get from the Home Health Nurse. The executive director failed to ensure designated staff documented all incidents, symptoms or other indications of illness the action taken and results of that action.	S3261		
S3290 SS=D	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site	S3290		

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S3290	Continued From page 18 supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(b)(2) The facility reported a census of 66 residents(R) with six residents sampled and five focused record reviews. Based on observation, interview, and record review the operator failed to ensure dietary staff had approved instructions from a resident's medical provider or a licensed dietitian for one (R11) of one focused resident reviews who had orders for a therapeutic diet. Findings included: - Review of the Resident Roster provided on 02/02/26 revealed four residents received a therapeutic diet but did not include R11 as receiving one. R11's medical record revealed she moved into the facility on 09/17/25 with a diagnosis of dysphagia (swallowing difficulty). R11's 'Functional Capacity Screen dated	S3290		

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S3290	Continued From page 19	S3290		

09/17/25 identified that she was independent in eating and had cognitive impairment.

R11's "Negotiated Service Agreement" (NSA)dated 09/17/25 identified dietary staff would prepare and serve three meals a day and identified she had trouble swallowing and staff needed to cut up meats into small pieces.

R11's "Amended NSA" dated 09/30/26 identified R11 had a change in her diet and needed to downgrade to a "soft, bitesize" diet. Staff were to continue with thin liquids and encourage her to take frequent drinks throughout the meal to aide in swallowing.

R11's health care service plan dated 09/17/25 identified she needed assistance with meal prep and included an update that her diet had been downgraded to "soft and bitesize".

Review of R11's physicians order dated 10/01/25 directed staff to provide a soft, bite sized diet, thin liquids, and encourage frequent drinks throughout the meal.

Observation on 02/03/26 at 11:45 AM -Dietary Staff C cut a riblet into small pieces putting them into a bowl and on the counter. Dietary Staff C reported this is the meat he would serve to R11.

Dietary Staff C left the area and Dietary Staff E proceeded to serve the meal. Dietary Staff E served R11 a BBQ riblet that was not cut up instead of the one Dietary Staff C had cut up for her.

Interview on 02/03/26 at 12:23 PM Dietary Staff

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S3290	Continued From page 20 D reported for a soft diet the sausage and BBQ riblet should have been ground. He reviewed the recipes, and reported he had instructions on the recipes for how to make a pureed diet but did not have instructions on how to prepare a "Soft" diet. The Executive Director failed to ensure dietary staff had instructions on how to prepare a "soft, bite size" diet to ensure R11 received a diet as ordered by the physician.	S3290		
S3298 SS=E	26-41-206 (d) Food Preparation (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. (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. (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. (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d)	S3298		

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S3298	Continued From page 21 The facility reported a census of 66 residents. Based on observation and interview, the Executive Director failed to ensure dietary staff prepared foods in a way to ensure flavor, appearance and maintain proper serving temperature of food. Findings included: - Observation on 02/03/26 at 11:45 AM revealed a steam table on the Memory Care side of the facility, containing pans of grits, spinach and BBQ riblets. The steam table was off and cold to touch. Dietary staff E stated Dietary staff D usually turns it on and should have turned it on earlier. Dietary staff E then proceeded to turn the steam table all the way up on high. On 02/03/26 at 12:04 PM surveyor could still hold her hand on the steam table without any difficulty. Dietary Staff C was not in the area and Dietary staff E reported Dietary Staff C is the one who temps the food. Dietary staff E proceeded to continue to serve residents food even though the steam table was cold to touch.. Surveyor check of food temperatures with Dietary staff E observing revealed: BBQ riblets - 99.0, Gritts 128.4, and spinach at 128.0 degrees Fahrenheit (F). Interview on 02/03/26 at 12:23 PM Dietary staff D reported the steam table is turned on prior to meal service so the food is hot, and it is supposed have a serving temperature of 135 degrees F. Review of the facility's "Monitoring Food Temperatures for Meal Service" guideline dated	S3298		

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S3298	Continued From page 22 03/26/25 revealed hot food items should be maintained at 135 degrees or above during holding and service. If a hot food item is found below 135 degrees F it will be reheated to 165 degrees F for at least 15 seconds before getting served. Review of the dietary guidelines for Americans 2005 recommends checking the internal temperature of cooked food to make sure food is cooked to and held at an appropriate temperature and to keep food out of the "danger zone" (40 degrees F to 140 degrees F) where bacteria can multiple rapidly. The executive director failed to ensure dietary staff served foods to ensure they maintained flavor, appearance, and proper serving temperature.	S3298		
S3310 SS=E	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	S3310		

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S3310	Continued From page 23 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 66 residents (R). The sample included six residents and review of five newly hired employees' records. Based on interview and record review the executive director 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 two of five newly hired employees. Findings included: Review of the following employee records revealed the following: - Certified Medication Aide F hired on 05/07/25 and her first day of work was 05/15/25. She did not receive a TB skin test until 06/19/25, 35 days after she started working. - Certified Nurse Aide/dietary staff H rehired on 02/23/25 and did not receive her initials TB skin test until 03/20/25, 26 days after her hire date. Interview on 02/02/25 at 04:54 PM Administrative Nurse B reported TB screen and skin testing is to be initiated in seven days when an employee starts work. Review of the facility's undated "Employee TB Testing" policy revealed all new employees will receive their first TB skin test within seven days	S3310		

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S3310	Continued From page 24 of employment. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new employee shall have an initial two-step TB skin test initiated within seven days of employment.	S3310		