STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N040002	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARAMOUNT COMMUNITY LIVING AND REHAB INC	200 SW 14TH , NEWTON, Kansas, 67114

(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) COMPLETION DATE
S0000	INITIAL COMMENTS The following represent the findings of a resurvey for the above-named Assisted Living facility conducted on 04/13/26.	S0000		
S3050 SS = F	Ombudsman CFR(s): 26-41-101 (k) (k) Ombudsman. Each administrator or operator shall ensure the posting of the names, addresses, and telephone numbers of the Kansas department on aging and the office of the long-term care ombudsman with information that these agencies can be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the facility. The administrator or operator shall ensure that this information is posted in an area readily accessible to all residents and the public. This LICENSURE REQUIREMENT is NOT MET as evidenced by: 3050 KAR 26-41-101(k) The facility reported a census of 10 residents. Based on observation the operator failed to ensure a copy of the ombudsman contact information was posted in a common area for residents and the public to examine. Findings included: - On 04/13/25 at approximately 11:00 AM during the initial tour of the facility a copy of the ombudsman information was not located. On 04/13/25 at approximately 11:30 AM Administrative Staff A stated the ombudsman information was not posted on a wall but instead was included in the "Survey Results and Public Information Notebook." Administrative Staff A stated the "Survey Results and Public Information Notebook" was supposed to be kept at	S3050		

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

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S3050 SS = F	Continued from page 1 the front reception desk but was unable to locate it. The operator failed to ensure a copy of the ombudsman information was available in a common area for residents and any other individuals wishing to examine them.	S3050		
S3055 SS = F	Survey Report CFR(s): 26-41-101 (l) (l) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a public area to residents and any other individuals wishing to examine survey results. This LICENSURE REQUIREMENT is NOT MET as evidenced by: 3055 KAR 26-41-101(l) The facility reported a census of 10 residents. Based on observation and interview the operator failed to ensure a copy of the most recent survey report was available in a public area for residents and any other individuals for examination. Findings included: - On 04/13/25 at approximately 11:00 AM during the initial tour of the facility a copy of the most recent survey results was not located. On 04/13/25 at approximately 11:00 AM Administrative Staff A stated the survey results were kept in the "Survey Results and Public Information Notebook" which was supposed to be kept at the front reception desk but Administrative Staff A was unable to locate this notebook. The operator failed to ensure staff kept the most recent survey results in an area available in a public area for anyone to review.	S3055		
S3310 SS = F	Infection Control Policies CFR(s): 26-41-207 (b) (5-6) (c) (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in	S3310		

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S3310 SS = F	Continued from page 2 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: 3310 KAR 26-41-207(c) The facility reported a census of 10 residents. The sample included three residents. Based on interview and record review for three residents, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility. Findings included: - Resident (R)101 moved into the facility on 05/09/24 with a diagnosis of dementia. Review of R101's medical record documented the first step of the two-step "TB Skin Test" (TST) was administered 82 days late on 08/06/24. R101's medical record lacked documentation of a TB symptom screen questionnaire completed upon admission to the facility. On 04/13/26 at 02:20 PM Administrative Staff A confirmed R101's two-step TST was administered late and stated she expected this would have been completed earlier. Administrative Staff A stated she was unable to locate a completed TB symptom screen questionnaire for R101. The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident…shall have an initial TB symptom screen…within 7 days of residency…Each new resident…shall have a two-step TST…within 7 days of residency…"	S3310		

Kansas State Department of Health

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S3310 SS = F	Continued from page 3 The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		