STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N021008	A. BUILDING: _____ B. WING _____	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF ABILENE ASSISTED LIVING	1102 N VINE STREET ABILENE, KS 67410

(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 with attached complaint (198442) at the above named facility conducted on 04/07/26.	S 000		
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) (4) The census equaled 32 residents. The sample included 3 residents and review of 5 newly hired employee records. Based on record review and interview, Administrator A failed to ensure disaster and emergency preparedness by	S3280		

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

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S3280	Continued From page 1	S3280		

ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with all residents and performance of an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.

Findings included:

- Review on 04/07/26 of the facility's "Resident Council Minutes" revealed the following emergency management plan reviews with residents:
On 04/08/25, documentation revealed nine residents reviewed the plan,
On 08/12/25, documentation revealed thirteen residents reviewed the plan,
On 10/14/26, documentation revealed ten residents reviewed the plan,
On 01/06/26, documentation revealed nine residents reviewed the plan.

Interview on 04/07/26 at 01:14 PM with Certified Medication Aide (CMA) D confirmed record lacked documentation the emergency management plan was reviewed every quarter with all residents.

Review on 04/07/26 of the facility's "Enlivant Disaster Drill Documentation" revealed a fire drill was conducted on 03/25/26 at 10:30 AM, residents were evacuated from the community in ten minutes. Record lacked where the fire originated, where residents and staff evacuated, how many residents participated and how many staff participated.

Interview on 04/07/26 at 11:49 AM with

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S3280	Continued From page 2 Administrator A confirmed the annual fire evacuation lacked documentation of where the fire originated, where residents and staff evacuated and how many residents and staff participated in the evacuation drill. Electronic interview on 04/08/26 at 11:18 AM with Administrator A confirmed the census on 04/08/25 was 32, the census on 08/12/25 and 10/14/25 was 27 and the census on 01/06/26 was 30. Administrator A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with all residents and performance of an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.	S3280		
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	S3310		

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S3310	Continued From page 3	S3310		

This REQUIREMENT is not met as evidenced by:
K.A.R 26-41-207 (c)

The census totaled 32 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 1 of 3 sampled Residents (R)2 and 1 of 5 sampled staff (Certified Nurse Aide) (CNA) C, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines.

Findings included:

- R2's "Health Record" revealed she was admitted to the facility on 04/09/25. R2's first step of TB testing was administered on 03/25/25. R2's record lacked completion of the second step of TB testing.

CNA C's "Employee Record" revealed a hire date of 09/30/25. CNA C's record lacked completion of a two-step TB skin test upon hire.

Interview on 04/07/26 at 03:01 PM with Administrator A and Licensed Nurse (LN) B confirmed the second step of TB testing was not completed for R2 and further confirmed they were unable to locate the 2-step TB skin test completed upon hire for CNA C.

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

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S3310	Continued From page 4 residents.	S3310		