Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N040005	A. BUILDING: _____ B. WING _____	C 06/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWTON PRESBYTERIAN MANOR	1200 E 7TH STREET NEWTON, KS 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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #165513 at the above named Assisted Living conducted on 06/08/22 - 06/09/22.	S 000		
S3280 SS=E	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) The facility reported a census of 31 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents.	S3280		

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

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S3280	Continued From page 1 Findings included: Review of the "Resident Council Minutes" revealed the following emergency preparedness topics were reviewed with residents: 01/18/22 - severe weather /tornadoes, fire 02/15/22 - chemical spills 03/22/22 - water, electricity, natural gas leak, explosion 04/26/22 - loss of electricity 05/17/22 - severe weather/earthquakes The topics of flood and missing persons were not reviewed with residents. Review of the "Safety Committee Agenda" revealed the following emergency preparedness topics were reviewed with staff: 01/13/22 - fire 02/08/22 - severe weather 03/10/22 - nothing dealing with emergency preparedness 04/14/22 - tornado Review of the RELIAS "Emergency Preparedness Newton" staff computer training revealed lack of training for the subjects of flood, natural gas leak, and explosion. Interview on 06/09/22 at 4:25 PM Administrative Staff A stated emergency preparedness and disaster plan reviews should be conducted with assisted living staff on a quarterly basis and should include all the necessary subjects. The facility failed to ensure disaster and emergency preparedness by failing to perform quarterly reviews of the emergency management plan with employees and residents.	S3280		

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S3310	Continued From page 2	S3310		
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 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 31 residents. The sample included three residents and one focused record review. Based on interview and record review for three residents and four new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis 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 include: - Review of four newly hired staff records revealed the following:	S3310		

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S3310	Continued From page 3 Licensed Nurse C hired on 01/12/21 did not have a two-step Tuberculosis (TB) skin test started until 03/25/21 which was 65 days past due according to TB guidelines. Certified Nurse Aide D hired on 02/17/21 did not have a two-step TB skin test started until 04/27/21 which was 62 days past due according to TB guidelines. Certified Medication Aide E hired on 09/29/21 did not have a two-step TB skin test started until 01/11/22 which was 66 days past due according to TB guidelines. Review of the TB guidelines for adult care homes June 2013 revealed each new employee shall receive a two-step Mycobaterium tuberculosis skin test within seven days of employment. On 06/09/22 at 04:45 PM Administrative Staff B stated it was her expectation that all newly hired staff would have a two-step TB skin test within seven days of being hired. The May 10, 2022 "Immunization- Tuberculosis (TB) Testing For Employee Volunteer and Resident" policy documented, "Two-step TB skin test for new employees: Testing should be performed within seven (7) days of employment/admission ...repeat skin test anytime in the next seven (7) to twenty-one (21) days ..." The operator failed to ensure the compliance with the departement's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		