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 _____ | 12/14/2023 |

| 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 |
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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of the licensure resurvey for the above named facility conducted on 12/13/23 and 12/14/23. | S 000 | | |
| S3280 SS=F | 26-41-104 (d) Disaster and Emergency Preparedness<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;<br>(2) education of each resident upon admission to the facility regarding emergency procedures;<br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R. 26-41-104 (d)(3)<br><br>The facility reported a census of 29 residents. Based on record review and interview the administrator failed to ensure a review of the facility's emergency management plan at least quarterly with all staff. | S3280 | | |

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

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| S3280 | Continued From page 1<br>Findings included:<br><br>- Record review of the facility provided document titled "Course Completion History" revealed the course was titled "Emergency Preparedness for Healthcare Providers". The report covered the "Due Date Range" 06/21/22 to 12/31/23. The course had been assigned to be completed on the following dates:<br><br>07/31/22<br>05/31/23<br>08/15/23<br><br>Interview on 12/13/23 at 10:50AM with Administrator B, she confirmed the "Course Completion History" for the required quarterly emergency preparedness training for all staff had not been assigned for the fourth quarter of 2022 and the first quarter of 2023.<br><br>The administrator failed to ensure a review of the facility's emergency management plan at least quarterly with all staff. | S3280 | | |
| S3310 SS=D | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(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;<br>(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<br>(c) Each administrator or operator shall ensure | S3310 | | |

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| S3310 | Continued From page 2<br>the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R. 26-41-207 (c)<br><br>The facility reported a census of 29 residents. The sample included 3 residents and 3 newly hired employees. Based on interview and record review the administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired "Certified Medication Aide" (CMA) C.<br><br>Findings included:<br><br>- Record review for newly hired CMA C revealed she began employment on 04/26/23. The employment record contained a document titled "Tuberculin Testing". The document revealed the first step of the required two step TB test was implanted on 04/26/23 and read negative on 04/28/23. The document lacked documentation for the required second step of the two step TB test.<br><br>Interview on 12/14/23 at approximately 10:45 AM with Administrator B confirmed newly hired CMA C TB testing document lacked documentation for the required second step of the two step TB test. | S3310 | | |

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| S3310 | Continued From page 3<br><br>The administrator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired CMA C. | S3310 | | |