

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N047002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/30/2017
NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 607 COURT PLACE LAKIN, KS 67860		
(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 an Assisted Living Licensure Resurvey.	S 000		
S 040 SS=F	26-39-101 (h) Change of Resident Capacity (h) Change of resident capacity. Each licensee shall submit a written request for any proposed change in resident capacity to the department. The effective date of a change in resident capacity shall be the first day of the month following department approval. This RULE: is not met as evidenced by: The facility census totaled 32 residents. Based on observation, interview, and record review, the facility failed to apply for a license capacity change when their census increased from 30 (currently licensed for) to 32 residents. Findings included: - Review of the current census record on 5/24/17 revealed a census of 32 residents. Based on information provided by the Kansas Department of Aging and Disability Services Licensure Specialist, the facility's license capacity was for 30 beds since 10/21/13. Review of the facilities license, dated 12/2/13, revealed the facility was currently had a licensed capacity of 30 residents. Interview with licensed nursing staff D on 5/25/17 at 9:17 AM revealed the facility housed 32 residents since 5/10/17.	S 040		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 040	Continued From page 1 Interview with administrative staff C on 5/24/17 at 9:28 AM revealed he/she did not know how many beds the facility was licensed for and confirmed the facility currently housed 32 residents. The facility failed to provide a policy regarding licensed capacity, as requested on 5/24/17. The facility failed to maintain the census within the current capacity and apply for a license capacity change when their census increased over the current capacity.	S 040		
S 640 SS=F	28-39-158(g) SANITARY CONDITIONS (2) The facility shall store, prepare, display, distribute, and serve foods to residents, visitors and staff under sanitary conditions. (A) The facility shall keep potentially hazardous foods at a temperature of 45oF or 7oC or lower, or at a temperature of 140oF or 60oC or higher. (B) The facility shall provide each mechanically refrigerated storage area with a numerically scaled thermometer, accurate to +plus or -minus 3oF or 1.5oC, which is located to measure the warmest part of the storage area and is easily readable. (C) The facility shall keep frozen food frozen and shall store the food at a temperature of not more than OoF. This REQUIREMENT is not met as evidenced by: The facility census totaled 32 residents. Based on	S 640		

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S 640	Continued From page 2 observation, interview, and record review, the facility failed to discard expired food from the main kitchen and failed to monitor facility refrigerator/freezer temperatures in the kitchen. These failures had the potential to affect all residents at the facility. Findings included: - Observation on 5/22/17 at 8:09 AM revealed a full cookie bin of individually wrapped cookies next to the walk-in freezer in the dry storage area of the kitchen. Inside were eight cookies past the expiration date of October 2016. Dietary staff E confirmed this. Record review on 5/22/17 at 9:00 AM revealed the following refrigerators/freezers had no recorded temperature readings for the dates listed: Baker's refrigerator on May 6, 20, and 21, 2017; refrigerator by the stove on May 6, 20, 21, 2017; storage room refrigerator on May 6, 20, 21, 2017; Baker's freezer on May 6, 20, and 21, 2017; and storage room freezer on May 6, 7, 20, and 21, 2017. Record review of the Food Code, United States Public Health Services/Food and Drug Administration (FDA) 2013 stated on page 503, "FDA continues to recommend that food establishments limit the cold storage of time/temperature control for safety foods (a food that requires time/temperature control for safety to limit pathogenic micro-organism growth or toxic formation) , ready-to-eat foods to a maximum temperature of 41 degrees F." During an interview with dietary staff F on 5/25/17 at 10:44 AM revealed he/she expected staff to remove expired foods and dispose of them and	S 640		

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S 640	Continued From page 3 perform and record refrigerator/freezer temperatures. Per the facility's undated policy on kitchenettes and pantries, food service staff were to rotate stock and remove outdated items and check the temperatures of the refrigerators/freezers in kitchenettes or pantries daily. The facility failed to remove food that had exceeded its expiration date and monitor/record daily refrigerator/freezer temperatures.	S 640		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.	S3248		

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S3248	Continued From page 4 This REQUIREMENT is not met as evidenced by: The facility census totaled 32 residents. Based on interview, and record review, the facility failed to complete nurse aide registry checks for direct care staff E and ensure he/she did not have prior findings of having abused, neglected, or exploited a resident in an adult care home by submitting a criminal record check prior to allowing staff E to provide care to the residents in the facility. Findings included: - Review of direct care staff D's record indicated the facility checked Kansas Nurse Aid Registry on 2/19/16 along with a background check through the Kansas Department of Aging and Disability Services (KDADS). There were no findings on the KDADS background check, indicating direct care staff D had not been found guilty of abuse, neglect, or exploitation of an elder in the State of Kansas. Interview with administrative staff A on 5/24/17 at 10:18 AM revealed direct care staff D was re-hired to the facility on 1/26/16 (staff D left his/her prior employment with the facility on 5/16/15) and his/her first day providing care to the resident's was 2/14/16, 5 days prior to the background and registry check. Interview with administrative nursing staff B on 5/24/17 at 4:51 PM revealed he/she did not know the checks were not performed prior to the direct care staff providing resident care.	S3248		

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S3248	Continued From page 5 Review of the policy entitled Criminal Background Checks, last revised on 08/2011, revealed the criminal background check would be submitted within 30 days of the new employee's first day of work. The facility failed to ensure direct care staff D had an active certified nurse aide certificate and submit a criminal background check prior to his/her first day of providing resident care.	S3248		