

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 05/16/2024
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NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 607 COURT PLACE LAKIN, KS 67860
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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Assisted Living facility conducted on 05/15/ 24 and 05/16/24.	S 000		
S3055 SS=F	26-41-101 (I) Survey Report (I) 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 REQUIREMENT is not met as evidenced by: 3055 KAR 26-41-101 (I) The facility reported a census of 16 residents. Based on observation the operator failed to ensure a copy of the most recent survey report and plan of correction was available in a public area for residents and any other individuals for examination. Findings included: - On 05/15/24 at 10:05 AM an observation revealed the "Yearly Assisted Living State Survey" results notebook located on the top shelf of a bookcase in the 300 Hall library. The notebook contained survey results from 02/23/21 which was not the last survey completed. There was also no posting in the 300 Hall that informed residents, visitors, or staff where the notebook was located. The operator failed to ensure that a copy of the	S3055		

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

TITLE

(X6) DATE

Kansas Department on Aging

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S3055	Continued From page 1 most recent survey report and plan of correction was available.	S3055		
S3081 SS=E	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: 3081 26-41-201(c)(1) The facility reported a census of 16 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for resident (R)101 and R103 at least once every 365 days. Findings included: - R101's medical record revealed he moved into the facility on 03/31/22. The most current FCS available in R101's medical records was dated 11/08/22 with no documentation to show a FCS was completed	S3081		

Kansas Department on Aging

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S3081	Continued From page 2 since this date. On 05/15/24 at 04:28 PM "Licensed Nurse" (LN) A stated she was not able to locate an FCS completed for R101 during 2023. The operator failed to ensure designated staff completed a FCS for R101 at least once every 365 days. - R103's medical record revealed she moved into the facility on 03/18/22. The most current FCS available in R103's medical records was dated 04/16/24 with no documentation to show a FCS was completed during 2023. On 05/15/24 at 04:28 PM "Licensed Nurse" (LN) A stated she was not able to locate an FCS completed for R103 during 2023. The operator failed to ensure designated staff completed a FCS for R103 at least once every 365 days.	S3081		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the	S3085		

Kansas Department on Aging

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S3085	Continued From page 3 following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: 3085 26-41-202(a)(1) The facility reported a census of 16 residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)101, R102 and R103. Findings included: - R101's medical record revealed he moved into the facility on 03/31/22. The 11/08/22 FCS identified R101 was independent with toileting, and triggered for falls, impaired vision and impaired hearing. The 11/08/22 NSA did not address what services staff provided R101 with catheter care, falls, impaired vision and impaired hearing. On 05/15/24 at 02:17 PM R101 wore glasses and had hearing aids in place.	S3085		

Kansas Department on Aging

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S3085	Continued From page 4 On 05/15/24 at 02:17 PM R101 stated he used a urinary catheter which he managed himself and stated the nurse recently started replacing his catheter at the facility instead of him going to the clinic to have it changed. On 05/15/24 at 01:06 PM "Certified Medication Aide" (CMA) B stated R101 had a urinary catheter and that recently the facility nurses started to change out his foley catheter. On 05/15/24 at 04:28 PM "Licensed Nurse" (LN) A acknowledged R101's NSA did not address all that triggered on his FCS and did not address that nursing staff changed R101's catheter monthly. The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS, his service needs, and preferences. - R102's medical record revealed she moved into the facility on 04/22/24. The FCS dated 04/11/24 identified R102 was independent with medication administration, was unable to manage medical treatments and triggered for falls and impaired vision. The NSA dated 04/22/24 did not address that R102 self-administered her own medications and did not address management of treatments, falls or impaired vision. On 05/15/24 at 02:45 PM R102 was alert and oriented and sat in her recliner. She had a four-wheeled walker within reach and kept her medications stored in a couple of bags next to her chair.	S3085		

Kansas Department on Aging

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S3085	Continued From page 5 On 05/15/24 at 02:45 PM R102 stated she administered her own medications. On 05/15/24 at 01:08 PM CMA B stated R102 administered all her own medications. On 05/15/24 at 05:14 PM LN A stated R102's NSA did not address all that triggered on the FCS. The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R103's medical record revealed she moved into the facility on 03/18/22. The FCS dated 04/16/24 identified R103 triggered for falls and impaired vision. R103's NSA dated 11/29/22 did not address falls or impaired vision. On 05/15/24 at 02:05 PM R103 was alert and oriented and there was a four-wheeled walker next to her bed. On 05/15/24 at 05:16 PM LN A stated R103's NSA did not address all that triggered on the FCS. The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions	S3092		

Kansas Department on Aging

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S3092	Continued From page 6 (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: 3092 26-41-202(d)(1) The facility reported a census of 16 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101, and R102 were revised at least once every 365 days. Findings included: - Resident (R)101 was admitted to the facility on 03/31/22. The most recent NSA completed for R101 was dated 11/08/22. On 05/15/24 at 04:28 PM "Licensed Nurse" (LN) A stated she was not able to locate an NSA	S3092		

Kansas Department on Aging

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S3092	Continued From page 7 completed for R101 in 2023 and acknowledged R101's NSA was not completed at least once every 365 days. The operator failed to ensure R101's NSA was updated at least once every 365 days. - R103 was admitted to the facility on 03/18/22. The most recent NSA completed for R103 was dated 11/29/22. On 05/15/24 at 05:16 PM LN A stated an NSA was not completed at least once every 365 days in 2023 and on 04/08/24 after R103 experienced a significant change in condition. The operator failed to ensure R103's NSA was updated at least once every 365 days and when she experienced a significant change in condition.	S3092		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: 3165 26-41-204(d) The facility reported a census of 16 residents with three residents included in the sample. Based on interview and record review the operator failed to	S3165		

Kansas Department on Aging

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S3165	Continued From page 8 ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)101, R102 and R103. Findings included: - R101's medical record revealed he moved into the facility on 03/31/22. R101's most recent NSA was completed on 11/08/22 and listed Administrative Nurse E as the nurse responsible for the implementation and supervision of the health care services plan. Administrative Nurse E was no longer employed at the facility. Review of R101's medical record failed to locate an amended NSA that identified the current nurse responsible for the implementation and supervision of the health care services plan. On 05/15/24 at 04:28 PM "Licensed Nurse" (LN) A stated she could not find an addendum or revised NSA that identified the current nurse responsible for the implementation and supervision of the care plan. The operator failed to ensure R101's NSA identified the current licensed nurse responsible for the implementation and supervision of the health care services plan. - R102's medical record revealed she moved into the facility on 04/22/24. R102's most recent NSA was completed on 04/22/24 and did not identify the nurse	S3165			

Kansas Department on Aging

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S3165	Continued From page 9 responsible for the implementation and supervision of the health care services plan. On 05/15/24 at 05:14 PM LN A stated the NSA did not identify the name of the nurse responsible for the implementation and supervision of the care plan. The operator failed to ensure R102's NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan. - R103's medical record revealed she resident moved into the facility on 03/18/22. R103's most recent NSA was completed on 11/29/22 and listed Administrative Nurse E as the nurse responsible for the implementation and supervision of the health care services plan. Administrative Nurse E was no longer employed at the facility. On 05/15/24 at 05:16 PM LN A stated she could not find an addendum or revised NSA that identified the current nurse responsible for the implementation and supervision of the care plan. The operator failed to ensure R103's NSA identified the current licensed nurse responsible for the implementation and supervision of the health care services plan.	S3165		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A	S3211		

Kansas Department on Aging

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S3211	Continued From page 10 licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: 3211 KAR 26-41-205 (g)(3) The facility reported a census of 16 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on "over-the-counter" (OTC) medications for four residents. A total of nine containers of medications were not labeled. Findings included: - On 05/15/24 at 09:31 AM "Licensed Nurse" (LN) A unlocked the 400 Hall medication cart and the following OTC medications were found not labeled with the resident's full name: Resident (R)106: One bottle of DG Health Ibuprofen 200 milligrams (mg.) One bottle of DG Health Melatonin 10 mg. One bottle of Walgreen Aspirin 81 mg. One bottle of Refresh Lubricant Eye Drops	S3211		

Kansas Department on Aging

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S3211	Continued From page 11 R107: One nasal spray bottle of Xlear One bottle of Bausch and Lomb PreserVision AREDS2 One bottle of Systane Lubricant Eye Drops On 05/15/24 at 09:40 AM LN A acknowledged that not all the OTC medications were labeled with the full name of the resident. On 05/15/24 at 09:55 AM "Certified Medication Aide" (CMA) B unlocked the 300 Hall medication cart and the following OTC medications were found not labeled with the resident's full name: (R)104: One bottle of Vision Protection AREDS2 R105: One bottle of DG Health Stool Softener On 05/15/24 at 10:05 AM CMA B acknowledged that not all the OTC medications were labeled with the full name of the resident. The operator failed to ensure all OTC medications were labeled with the resident's full name.	S3211		
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14.	S3213		

Kansas Department on Aging

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S3213	Continued From page 12 This REQUIREMENT is not met as evidenced by: 3213 KAR 26-41-205 (g)(2) The facility reported a census of 16 residents. Based on observation and interview the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container for four residents. A total of seven containers of prescription medications were not labeled. Findings included: - On 05/15/24 at 09:31 AM "Licensed Nurse" (LN) A unlocked the 400 Hall medication cart and the following prescription medications were found not labeled with the resident's full name: Resident (R)106: One tube of Triamcinolone Acetonide Cream One inhaler of Advair HFA R107: One container of Aquagel One bottle of Prednisolone Acetate eye drops One bottle of Latanoprost 0.005 percent eye drops On 05/15/24 at 09:40 AM LN A acknowledged that not all the prescription medication containers were labeled with the full name of the resident. On 05/15/24 at 09:55 AM "Certified Medication Aide" (CMA) B unlocked the 300 Hall medication cart and the following prescription medications	S3213		

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S3213	Continued From page 13 were found not labeled with the resident's full name: (R)104: One bottle of Fluticasone Spray R105: Two tubes of Triamcinolone Cream 0.1 percent On 05/15/24 at 10:05 AM CMA B acknowledged that not all the prescription medication containers were labeled with the full name of the resident. The operator failed to ensure all prescription medication containers were labeled with the resident's full name.	S3213		
S3225 SS=E	26-41-205 (I) Medication Regimen Review Frequency (I) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: 3225	S3225		

Kansas Department on Aging

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S3225	Continued From page 14 KAR 26-41-205(I) The facility had a census of 16 residents. Three residents were included in the sample. Based on record review and interview the operator failed to ensure a quarterly medication regimen review was completed by a licensed pharmacist reviewed at least quarterly for two residents reviewed. Findings included: - Resident (R)101 was admitted to the facility on 03/31/22. The 11/08/22 "Functional Capacity Screen" (FCS) revealed R101 was independent with management of his medications. The 11/08/22 "Negotiated Service Agreement" (NSA) documented R101 self-administered his medications. Review of R101's medical records failed to locate pharmacy reviews of medications. On 05/15/24 at 04:28 PM "Licensed Nurse" (LN) A stated she was unable to find quarterly medication reviews from the pharmacist for R101. The operator failed to ensure medication regimen reviews were completed by a pharmacist for R101 on a quarterly basis. - R103 was admitted to the facility on 03/18/22. The 04/16/24 FCS revealed R103's was unable to manage her own medications.	S3225		

Kansas Department on Aging

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NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 607 COURT PLACE LAKIN, KS 67860		
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S3225	Continued From page 15 The 11/29/22 NSA documented staff administered R103's medications. Review of R103's medical records failed to locate pharmacy reviews of medications. On 05/15/24 at 05:16 PM LN A stated she was unable to find quarterly medication reviews from the pharmacist for R103. The operator failed to ensure medication regimen reviews were completed by a pharmacist for R103 on a quarterly basis.	S3225			
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:	S3280			

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S3280	Continued From page 16 3280 KAR 26-41-104(d)(3) The facility reported a census of 16 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. Findings included: - On 05/15/24 documentation of the review of the facilities emergency management plan was requested. Staff failed to provide documentation that the emergency management plan was reviewed on a quarterly basis with facility staff. Staff also failed to provide documentation that the emergency management plan was reviewed on a quarterly basis with all residents. On 05/15/24 at 04:35 PM Administrative Staff D acknowledged that the facility did not have documentation of quarterly reviews of the emergency management plan were completed with all staff and all residents. The operator failed to ensure the completion of quarterly reviews of the facility's emergency management plan with all staff and all residents.	S3280		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive	S3298		

Kansas Department on Aging

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S3298	Continued From page 17 value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: 3298 KAR 26-41-206 (d) The facility had a census of 16 residents. All 16 residents ate food prepared in the same kitchen. Based on record review, the operator failed to ensure food items were served at the proper temperature. Findings included: - On 05/16/24 at 03:37 PM review of the "Food Temperature Logs" for 300 Hall lacked documentation of food temperatures for the following days: 04/04/24 04/09/24 04/11/24	S3298		

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S3298	Continued From page 18 04/18/24 04/23/24 - 04/24/24 04/27/24 - 04/28/24 05/04/24 05/07/24 - 05/08/24 05/10/24 05/12/24 Review of the "Food Temperature Logs" for 400 Hall lacked documentation of food temperatures for the following days: 04/01/24 - 04/04/24 04/09/24 04/11/24 - 04/12/24 04/16/24 04/18/24 04/23/24 04/25/24 04/30/24 05/02/24 05/08/24 - 05/09/24 05/12/24 05/14/24 - 05/15/24 According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or higher and cold foods must be maintained at an internal temperature of 41 F or below. The operator failed to ensure food items were served at the proper temperature.	S3298		
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	S3310		

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S3310	Continued From page 19 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: 3310 KAR 26-41-207(c) The facility reported a census of 16 residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Resident (R)101 admitted to the facility on 03/31/22. Review of medical records revealed R101 did not have an annual TB Symptom Screen Questionnaire completed for 2022 or 2023. On 05/15/24 at 04:28 PM "Licensed Nurse" (LN) A stated she was not able to find an annual TB Symptom Screening Questionnaire for 2023 and	S3310		

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S3310	Continued From page 20 2024 completed for R101. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - R102 admitted to the facility on 04/22/24. Review of medical records revealed R102 did not have a TB Symptom Screening Questionnaire, or a two-step TB Skin Test (TST) completed upon admission to the facility. On 05/15/24 at 05:14 PM LN A stated she was not able to locate a TB Symptom Screening Questionnaire or a two-step TST completed for R102. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of residency ...Each new resident ...shall receive a two-step TST ...within 7 days of residency ..." The operator to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - R103 admitted to the facility on 03/18/22.	S3310		

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S3310	Continued From page 21 Review of medical records revealed R103 did not have an annual TB Symptom Screening Questionnaire or a two-step TST completed for 2022 or 2023. On 05/15/24 at 05:16 PM LN A stated she was not able to locate an annual TB Symptom Screening Questionnaire for the for 2023, 2024. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen ..." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - "Licensed Nurse" (LN) A transferred to the assisted living from the long-term care area on 01/20/24. Review of the LN A's personnel records revealed the facility was not able to provide documentation that LN A had an annual TB Symptom Screening Questionnaire completed. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, employee shall have an annual TB symptom screen." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - "Certified Medication Aide" (CMA) C was hired on 09/13/23.	S3310		

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S3310	Continued From page 22 Review of CMA C's personnel information revealed the facility was not able to provide documentation that CMA C had an initial two-step TST was completed upon hire. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of...employment." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105	S3310		