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	N089001	A. BUILDING: _____ B. WING _____	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BREWSTER HEALTH CENTER	1001 SW 29TH ST TOPEKA, KS 66611

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Residential Health facility conducted on 07/02/24, and 07/03/24.	S 000		
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 KAR 26-41-201(c)(2) The facility reported a census of 25 residents. The sample included three residents. Based on interview, and record review and observation the administrator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for resident (R)101 and R103 following a significant change in condition. Findings included: - R101's medical record revealed he moved into the facility on 12/01/21. The most current FCS available in R101's	S3081		

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

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S3081	Continued From page 1 medical record was dated 10/12/23 with no documentation to show a FCS was completed since this date. On 07/02/24 at 03:55 PM Administrative Nurse B stated a FCS was not completed after 10/12/23 when R101 experienced a significant change in condition and was placed on hospice. The administrator failed to ensure designated staff completed a FCS for R101 following a significant change in condition. - Record review for R103 revealed an admission date of 10/10/23 with a diagnosis of Alzheimer's. The admission FCS dated 10/10/23 identified R103 as independent with bathing, dressing, toileting, transfers, walking and eating. There was no FCS completed since. Observation on 07/02/24 at 03:40 PM revealed R103 had a sitter who assisted him to stand from a chair and ambulate in the hallway. On 07/02/24 Administrative Nurse B stated that R103 was now an assist of 1:1 with all cares and no revision of the FCS had been completed since R103 experienced a significant change in condition. The administrator failed to ensure designated staff completed a FCS for R103 following a significant change in condition.	S3081		
S3085 SS=F	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall	S3085		

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S3085	Continued From page 2 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 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: KAR 26-41-202(a)(1)(3) The facility reported a census of 25 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) for residents (R)101, R102 and R103 identified the responsible party for payment of services received. Findings included: - Record review for R101 revealed an admission date of 12/01/21. The 05/17/24 NSA failed to identify the responsible party for payment of outside services R101 received.	S3085		

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S3085	Continued From page 3 Review of the NSA dated 05/17/24 revealed an outside pharmacist provided services and performed quarterly pharmacy reviews. Review of nursing notes from 04/26/24 through 07/03/24 revealed R101 received hospice services provided by an outside provider. On 07/02/24 at approximately 04:14 PM Administrative Nurse B confirmed R101's NSA failed to describe who was responsible for payment of outside services received. - Record review for R102 revealed an admission date of 03/29/23. The 03/29/23 NSA failed to identify the responsible party for payment of outside services R102 received. Review of the NSA dated 03/29/23 revealed an outside pharmacist provided services and performed quarterly pharmacy reviews. On 07/02/24 at approximately 04:14 PM Administrative Nurse B confirmed R102's NSA failed to describe who was responsible for payment of outside services she received. The administrator failed to ensure R102's NSA identified the responsible party for services R102 received. - Record review for R103 revealed an admission date of 10/10/23. The 10/10/23 NSA failed to identify the responsible party for services R103 received. Review of the NSA dated 02/20/24 revealed an	S3085		

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S3085	Continued From page 4 outside pharmacist provided services and performed quarterly pharmacy reviews. Review of nurses notes from 05/29/24 through 07/03/24 revealed R103 utilized a sitter as provided by an outside provider. On 07/02/24 at approximately 04:14 PM Administrative Nurse B confirmed R103's NSA failed to identify who was responsible for payment of outside services he received. The administrator failed to ensure R103's NSA identified the responsible party for services R103 received.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (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	S3092		

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S3092	Continued From page 5 KAR 26-41-202(d)(2) The facility reported a census of 25 residents. The sample included three residents. Based on interview, observation and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)103 was revised when he experienced a change in condition. Findings included: - Resident (R)103 was admitted to the facility on 10/10/23. - Record review for R103 revealed an admission date of 10/10/23 with a diagnosis of Alzheimer's. The admission "FCS" dated 10/10/23 identified R103 as independent with bathing, dressing, toileting, transfers, walking and eating. The 10/10/23 NSA identified facility staff provided assistance with grooming on a short-term basis, and no assistance for toileting, ambulating, or bathing. Review of R103's medical record revealed an NSA had not been completed since admission. Observation on 07/02/24 at 03:40 PM revealed R103 had a sitter that assisted him to stand from a chair and ambulate in a hallway. On 07/02/24 Administrative Nurse B stated that R103 is now an assist of 1:1 with all cares and no revision of the NSA had been completed. The administrator failed to ensure R103's NSA	S3092		

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S3092	Continued From page 6 was updated after he experienced a significant change in condition.	S3092		
S3101 SS=F	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 25 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for resident (R)101, R102, and R103. Findings included: - Record review for R101 revealed an admission date of 12/01/21. R101's NSA dated 05/17/24 revealed it lacked signatures from all persons involved in the development of the NSA. On 07/2/24 at 03:55 PM Administrative Nurse B confirmed R101's NSA lacked signatures of all who were involved in the development of the	S3101		

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S3101	Continued From page 7 NSA. The administrator failed to ensure everyone involved in the development of the NSA signed the agreement. - Record review for R102 revealed an admission date of 03/29/23. R102's NSA dated 03/29/23 revealed it lacked signatures from all persons involved in the development of the NSA. On 07/2/24 at 03:55 PM Administrative Nurse B confirmed R102's NSA lacked signatures of all who were involved in the development of the NSA. The administrator failed to ensure everyone involved in the development of the NSA signed the agreement. - Record review for R103 revealed an admission date of 10/10/23. R103's NSA dated 10/10/23 revealed it lacked signatures from all persons involved in the development of the NSA. On 07/2/24 at 03:55 PM Administrative Nurse B confirmed R103's NSA lacked signatures of all who were involved in the development of the NSA. The administrator failed to ensure everyone involved in the development of the NSA signed the agreement.	S3101		

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S3171	Continued From page 8	S3171		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 25 residents with three included in the sample. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for a bed assist device, including the ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for residents (R)101 and R103. Findings included: - Record review for R103 revealed an admission date of 10/10/23 with a diagnosis of Alzheimer's. The 10/10/23 "Functional Capacity Screen" (FCS) identified R103 was independent with transfers and walking used a cane, walker, or crutch. The 10/10/23 "Negotiated Service Agreement" (NSA) identified R103 was independent and used a bed cane for transfers. R103's medical record lacked evidence of documentation of resident's ability to use a bed assist device assessment.	S3171		

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S3171	Continued From page 9 Observation on 07/2/24 at 03:44 PM revealed a bed assist device was attached to the left side of R103's bed. There was a 11-inch gap between the rails of the bed assist that lacked a cover to prevent entrapment between the rails. On 07/3/24 at approximately 10:21 AM Administrative Nurse B confirmed R103's record lacked evidence of documentation a bed rail safety assessment was completed. The administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R103. - Record review for R101 revealed an admission date of 12/01/21 with a diagnosis of epilepsy. The 10/12/23 FCS identified R101 required supervision with transfers and ambulation. The 05/17/24 NSA documented staff provided R101 moderate to maximum assist with transfers but did not address the use of bed rails. An observation on 07/02/24 at 03:37 PM there were two bed rails properly attached to R101's bed and were within FDA guidelines. On 07/02/24 at 03:55 PM Administrative Nurse B stated a bed rail assessment was not completed for R101 when he received a new bed from hospice. The administrator failed to ensure a licensed nurse completed an assessment for a bed assist device, ability to use a bed assist safely without	S3171		

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S3171	Continued From page 10 risk of entrapment, and to confirm the bed assist device was not a restraint for R101.	S3171		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: 3175 KAR 26-42-205(a)(1) The facility reported a census of 24 residents with three residents included in the sample. Based on observation, interview and record review the administrator failed to ensure a licensed nurse completed a medication self-administration assessment was for resident (R)101's for the use of eye drops.	S3175		

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S3175	Continued From page 11 Findings included: - Review of R101's medical records revealed he was admitted to the facility on 12/01/21 with a diagnosis of glaucoma. The 10/12/23 "Functional Capacity Screen" (FCS) documented R101 was unable to manage his own medications. The 05/17/24 "Negotiated Service Agreement" (NSA) documented staff administered R101's medications but R101 self-administered his Prednisolone Acetate and artificial tears lubricating eye drops. Order dated 12/01/21 for Prednisolone Acetate Suspension one percent, instill one drop in left eye one time a day for cataract unsupervised self-administration at bedtime. Observation on 07/02/24 at 03:37 PM in the resident's room, there was a bottle of Prednisolone eyedrops located on the bedside table. On 07/02/24 at 03:32 PM "Certified Medication Aide" (CMA) D stated R101 self-administered his own Prednisolone eye drops. On 07/02/24 at 03:55 PM Administrative Nurse B stated she could not find a self-administration assessment completed for R101 eyedrops. The administrator failed to ensure a licensed nurse completed a medication self-administration assessment for R101's use of eye drops.	S3175		

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S3211	Continued From page 12	S3211		
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 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: KAR 26-41-205 (g)(3) The facility reported a census of 25 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of thirteen "over-the-counter" (OTC) medications. Findings included: - Observation on 07/02/24 at 09:32 AM revealed the first-floor medication cart contained the following OTC medications were not labeled with residents' full names: Resident (R) 104: One bottle of 21st Century 600 +D3	S3211		

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S3211	Continued From page 13 One bottle of Amazon Famotidine 20 milligrams (mg.) One container of Physician's Choice 60 billion probiotic One bottle of AZO Cranberry R101: One tube of Nystatin Cream USP, 100,000 units per gram R105: One tube of miconazole nitrate cream R106: One tube of Major Extra Strength Banophen anti-itch cream One container of Physician's Choice 60 billion Probiotic One bottle of Equate Famotidine 20 mg. One bottle of Magnesium Oxide 400 mg. On 07/02/24 at approximately 9:35 AM Administrative Nurse C confirmed ten OTC medications on the first-floor assisted living medication cart were not labeled with residents' full names. - Observation on 07/02/24 at 10:00 AM revealed the second-floor medication cart contained the following OTC medications not labeled with residents' full names: R103: One container of CeraVe Moisturizing Cream R107: One bottle of Systane Lubricating Eyedrops One bottle of Zicam Congestion Relief On 07/02/24 at approximately 10:02 AM	S3211		

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S3211	Continued From page 14 Administrative Nurse C confirmed three OTC medications on the second-floor assisted living medication cart were not labeled with residents' full names. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on OTC medications.	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(2) The facility reported a census of 25 residents. Based on observation and interview the administrator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - Observation on 07/02/24 at 09:32 AM revealed the first-floor medication cart contained the following prescription medications which were not labeled with a resident's full name: Resident (R) 101:	S3213		

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S3213	Continued From page 15 One bottle of Prednisolone Acetate Ophthalmic Suspension 1% R104: One tube of diphenhydramine HCL and zinc acetate itch relief cream R105: One bottle of Oxymetazoline HCL 0.05% Nasal Decongestant R106: One tube of Betamethasone Dipropionate 0.05% cream R108: One tube of Wal-Dryl Anti-Itch Cream On 07/02/24 at approximately 9:35 AM Administrative Nurse (C) confirmed five prescription medications on the first-floor assisted living medication cart did not have a label by a dispensing pharmacist affixed to the container. The administrator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. - Observation on 0/702/23 at 10:00 AM revealed the second-floor medication cart contained the following prescription medications which were not labeled with a resident's full name: R109: One bottle of Ciclopirox 8% R107: One bottle of Refresh Tears	S3213		

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S3213	Continued From page 16 On 07/02/24 at approximately 10:35 AM Administrative Nurse (C) confirmed two prescription medications on the second-floor assisted living medication cart did not have a label by a dispensing pharmacist affixed to the container. The administrator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
S3227 SS=D	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l) (2) The facility reported a census of 25 residents with three residents included in the sample. Based on	S3227		

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S3227	Continued From page 17 interview and record review the administrator failed to ensure a licensed nurse notified resident (R)102's medical care provider of variances identified in the medication regimen reviews by the licensed pharmacist. Findings included: - Record review for R102 revealed an admission date of 03/29/23. The 03/05/24 "Consultant Pharmacist's Medication Regimen Review" for R102 documented a recommendation to consider adding an order to monitor blood pressure and pulse at least weekly. R102's record lacked evidence of the pharmacist's recommendations, that her physician was notified, and that her physician responded to the recommendations. On 07/03/24 at approximately 09:52 AM Administrative Nurse E confirmed R102's record lacked evidence a licensed nurse notified R102's medical care providers of variances identified in the medication regimen reviews by the licensed pharmacist; and lacked evidence a licensed nurse sought a response from their medical care providers regarding the variances. Administrative Nurse E verified the pharmacy review recommendations were not being followed up on. The administrator failed to ensure a licensed nurse notified R102's medical care provider of variances identified in the medication regimen reviews by the licensed pharmacist.	S3227		

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S3260	Continued From page 18	S3260		
S3260 SS=D	26-41-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This REQUIREMENT is not met as evidenced by: 3260 KAR 26-41-105(f)(3) The facility reported a census of 24 residents. The sample included three residents. Based on interview and record review the administrator	S3260		

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S3260	Continued From page 19 failed to ensure one of three sampled Residents (R)101's record contained documentation of the admission agreement. Findings included: -R101's medical record revealed he moved into the facility on 12/01/21. Review of R101's medical record revealed an admission agreement was not completed upon admission to the assisted living facility. On 07/03/24 at 09:00 AM Administrative Nurse B stated she was not able to find an admission agreement for R101. The administrator failed to ensure designated staff completed an admission agreement with R101 upon admission to the assisted living facility.	S3260		
S3270 SS=F	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations.	S3270		

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S3270	Continued From page 20 This REQUIREMENT is not met as evidenced by: 3270 KAR 26-41-104(b)(5) The facility reported a census of 25 residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure the disaster and emergency plan include all required items as it failed to include information on explosions. Findings included: - On 07/02/24 review of documentation of the emergency management plan revealed it did not include information concerning explosions. On 07/03/24 at approximately 09:30 AM, Administrative Staff C acknowledged the emergency management plan lacked information specific to explosions. The administrator failed to ensure the emergency management plan included all the required items.	S3270		
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;	S3280		

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S3280	Continued From page 21 (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: 3280 KAR 26-41-104(d)(3) The facility reported a census of 25 residents. Based on record review and interview for all residents and all facility employees, the administrator 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 07/02/24 Review of documentation provided for quarterly reviews of the emergency management plan lacked documentation for quarterly reviews completed with staff and residents for 2023 and 2024. On 07/03/24 at approximately 11:01 AM Administrative Staff E confirmed there was not any documentation of quarterly reviews of the	S3280		

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S3280	Continued From page 22 emergency management plan with staff or residents. The administrator failed to ensure the completion of quarterly reviews covering all of the required items of the emergency management plan with employees and residents.	S3280		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 25 residents. The facility had two kitchens where food was stored and prepared. Based on observation and interview the administrator failed to ensure food items were stored under safe conditions. Findings included: - Observation on 07/02/24 at 10:30 AM in the first-floor kitchen revealed a refrigerator that contained the following food items for the residents that lacked labels identifying what was inside the container: Two bottles of salad dressing	S3299		

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S3299	Continued From page 23 The following food items lacked date opened: One squeeze bottle of Hellman's Mayonnaise One container Hiland cottage cheese One can of Reddi Whip Real cream The following food items were dated longer than the seven-day consumption/discard time period: One bottle of Dorothy Lynch dated 01/08/24 One bottle of Honey Mustard dated 01/18/24 One storage bag of sliced ham with inside package date of 05/21/24 and outside date of 05/30/24 Observation on 07/02/24 at 10:39 AM in the second-floor refrigerator revealed that food items for the residents lacked a label identifying what was inside and a date the food was prepared. The following food items lacked a label and a date: One bottle of what appeared to be Thousand Island salad dressing Review of the "Foot (sic) Handling and Preparation" policy dated 06/14/2024 documented, "All food items will be checked on a weekly basis and any time the product is retrieved for use for expiration date and "use-by" dates. Any items with a date past the expiration date or "use-by" date will be discarded." The Kansas Department of Agriculture's "Focus on Food Safety" booklet page 20 explained that commercially prepared foods must be date marked after the original container was opened and held under refrigeration. Foods can be held for seven days in adequate refrigeration. The administrator failed to ensure foods were stored under safe conditions.	S3299		

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S3310	Continued From page 24	S3310		
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 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 25 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for one resident and two employees. Findings included: - Record review for resident (R)101 revealed an admission date of 12/01/21.	S3310		

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S3310	Continued From page 25 R101's medical record lacked documentation an annual TB symptom screening questionnaire was completed annually. On 07/02/24 at 03:55 PM Administrative Nurse B stated she was not able to find an annual TB symptom screening questionnaire for R101. The "TB Screening/Testing Residents" policy dated 02/08/2024 documented "All residents will have an Annual Tuberculosis Symptom Review Questionnaire completed annually." The June 2013 department's "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 Review Questionnaire." The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105. - Review of "Certified Medication Aide" (CMA) D's employee record revealed a hire date of 05/23/24 and lacked evidence of documentation of TB testing. Review of "Certified Nurse Aide" (CNA) F's employee record revealed a hire date of 05/09/24 and lacked evidence of documentation of TB testing. On 07/02/24 at approximately 02:45 PM Administrative Staff A confirmed CMA D and CNA F's record lacked evidence of documentation of TB testing.	S3310		

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S3310	Continued From page 26 The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall receive ...an IGRA for Mycobacterium tuberculosis within 7 days of...employement." The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		