| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N001007 | A. BUILDING: _____ B. WING _____ | 02/16/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ARROWOOD LANE RESIDENTIAL CARE | 615 E FRANKLIN HUMBOLDT, KS 66748 |

| (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 a resurvey with a complaint #166169, 167312, and 171106 at the above named Residential Healthcare Facility conducted on 02/15/23 - 02/16/23. | S 000 | | |
| S3248 SS=F | 26-41-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following documentation:<br>(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;<br>(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;<br>(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<br>(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 | | |

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

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| S3248 | Continued From page 1<br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-102(d)(1)<br><br>The facility reported a census of 12 residents. Based on interview and record review, the operator failed to ensure three of five newly hired employees records included evidence of timely verification with the nurse aide registry was completed.<br><br>Findings included:<br><br>- Review of employee files conducted on 02/16/22 revealed the following:<br><br>Certified Nurse Aide (CNA) C hired on 01/12/21. The "Nurse Aide Registry Confirmation Notice" was dated 01/14/21 which was two days past the date of hire.<br><br>Certified Medication Aide (CMA) D hired on 09/22/22. The "Nurse Aide Registry Confirmation Notice" was dated 10/14/22 which was 22 days past the date of hire.<br><br>CNA E hired on 01/07/22. The "Nurse Aide Registry Confirmation Notice" was dated 01/10/22 which was three days past the date of hire.<br><br>On 02/15/23 at 04:33 PM Administrative Staff A stated the registry checks should be completed prior to the newly hired staff starting work.<br><br>The operator failed to ensure timely verifications of the nurse aide registry checks were | S3248 | | |

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| S3248 | Continued From page 2<br>completed. | S3248 | | |
| 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>KAR 26-41-104(d) (3)<br><br>The facility reported a census of 12 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.<br><br>Findings included: | S3280 | | |

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| S3280 | Continued From page 3<br><br>- On 02/15/23 documentation for staff reviews of the emergency management plan were requested.<br><br>On 02/16/23 at 09:20 AM Administrative Staff A stated she could not produce documentation for quarterly reviews of the emergency management plan were completed with staff.<br><br>The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff. | S3280 | | |
| S3310 SS=F | 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 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>KAR 26-41-207(c) | S3310 | | |

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| S3310 | Continued From page 4<br><br>The facility reported a census of 12 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.<br><br>Findings include:<br><br>- Review of five newly hired staff records revealed the following:<br>Certified Nurse Aide (CNA) C hired on 01/12/21 did not have a TB symptom screening questionnaire completed upon hire.<br><br>On 02/15/23 at 02:22 PM Licensed Nurse B stated CNA C did not have a TB screening questionnaire completed upon hire.<br><br>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 TB symptom questionnaire within 7 days of ...employment."<br><br>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.<br><br>- Resident (R)101 admitted to the facility on 05/08/22 did not have a TB symptom screening questionnaire completed upon admission.<br><br>On 02/16/23 at 11:31 AM Licensed Nurse (LN) B stated the TB Questionnaire was not completed | S3310 | | |

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| S3310 | Continued From page 5<br>upon admission.<br><br>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 TB Symptom Screen Questionnaire within 7 days of residency."<br><br>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.<br><br>- R102 admitted to the facility on 07/11/15 did not have an annual TB symptom screening questionnaire completed for 2022.<br><br>On 02/16/23 at 11:31 AM LN B stated the 2022 annual TB symptom screening questionnaire was not completed for R102.<br><br>The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen ..."<br><br>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 | | |