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	N008002	A. BUILDING: _____ B. WING _____	04/21/2022

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LAKEPOINT EL DORADO, LLC	1313 S HIGH STREET EL DORADO, KS 67042

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint (#161046, 170673, and 170999) at the above named Assisted Living conducted on 04/20/21 - 04/21/22.	S 000		
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 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)(2) The facility reported a census of 27 residents (R). The sample included three residents and two focused record reviews. Based on interview and record review the administrator failed to ensure the development of the "Negotiated Service Agreement/Health Service Plan" (NSA/HCSP) for two Residents (R) (421 and R422) of three	S3085		

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

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S3085	Continued From page 1	S3085		

sampled residents related to falls and insulin administration.

Findings included:

- R421's medical record revealed he moved into the facility on 12/13/19 with diagnoses of edema and gout.

The 04/12/22 "Functional Capacity Screen" (FCS) revealed the resident had current risk of or problem with falls/unsteadiness and had bladder incontinence.

The 04/12/22 "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) identified the resident recognized safety hazards, needed to have clutter around his recliner and walkways cleaned and staff were to encourage him to use his walking stick. The NSA/HCSP failed to include the resident needed to wear non-skid footwear and keep his walker within reach at all times for stability.

On 04/21/22 at 10:25 AM observation of the resident's room revealed the resident was in the restroom and he did not have his walker or walking stick in the restroom with him. The walking stick was on the bed and the walker was out in the front room about three feet away from his recliner.

On 04/21/22 at 10:43 AM LN E stated the resident needing to wear non-skid footwear and to always keep walker within reach should have been included in the NSA/HCSP.

The administrator failed to ensure designated staff included a description of fall interventions as identified in the resident's nurses' notes.

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S3085	Continued From page 2 - Review of R422's medical record revealed she moved into the facility on 06/09/14 with diagnoses of chronic kidney disease, anxiety disorder, and diabetes mellitus type 2. The 11/22/21 "Functional Capacity Screen" (FCS) revealed R422 required physical assistance with management of medications and medical treatments and had no cognitive impairment. The 11/22/21 "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) identified Licensed Nurses (LN) and Certified Medication Aides (CMA) assisted the resident with accuchecks, administration of her nebulizer and the resident self-administered suppositories when needed. The NSA/HCSP failed to identify the LN or CMA prepared and dialed the resident's insulin pen to the ordered dosage and the resident self-injected the pen. On 04/20/22 at 01:38 PM CMA D reported the CMA's set up the resident's insulin pen and dial it to the appropriate dosage and give it to the resident to self-inject. On 04/21/22 at 10:45 AM LN E acknowledged the NSA/HCSP needed to include the CMA prepared and dialed the resident's insulin pen to the ordered dosage and the resident self- injected the pen. The administrator failed to ensure designated staff included a description of the services and who provided the services related to the CMA's dialing the resident's insulin pen to the ordered dosage.	S3085		

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S3175	Continued From page 3	S3175		
S3175 SS=E	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: KAR 26-41-205 (a)(1) The facility reported a census of 27 residents. The sample included three residents and two focused record reviews. Based on observation, interview and record review the operator failed to ensure a Licensed Nurse completed a self-administration medication assessment for two of three sampled Residents (R)420 and R422 who self-administered some of their medications. Findings included: - R420's medical record revealed she moved into the facility on 08/01/18 with diagnoses of chronic	S3175		

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S3175	Continued From page 4	S3175		

obstructive pulmonary disease.

The 04/18/22 "Negotiated Service Agreement" (NSA) documented Licensed/Certified staff to provide and administer all medications and simple treatments. The NSA lacked documentation R420 self-administered hydrocortisone topical cream.

An order dated 02/26/22 for hydrocortisone 0.5 percent topical cream (small amount), two times daily for hemorrhoids.

On 04/21/22 at 05:27 PM Licensed Nurse (LN) E stated a medication self-administration assessment should have been completed for R420 to self-administer hemorrhoid cream.

The operator failed to ensure a medication self-administration assessment was completed for R420's use of hemorrhoid cream.

- R422's medical record revealed she moved into the facility on 06/09/14 with diagnoses of diabetes type two, edema and chronic kidney disease.

The 11/22/21 "Functional Capacity Screen" (FCS) identified the resident required physical assistance with management of medications and medical treatments.

The 11/22/21 "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) identified Licensed Nurse (LN) and Certified Medication Aides (CMA) assisted the resident with accuchecks and her nebulizer. It identified that LN and CMA were to administer, and reorder medications and the resident self-administered her suppository when needed. The NSA/HCSP failed to identify that the resident

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S3175	Continued From page 5 self-administered her Fluocinolone ointment, Triamcinolone Acetonide cream and her Tylenol. On 04/26/22 at 11:38 AM Licensed Nurse B provide two self-administration assessments which included: 1. 01/26/18 for " resident competency to administer insulin via insulin flex pen" 2. 01/15/19 also titled " resident competency to administer insulin via insulin flex pen" identified the Certified Medication Aide would prepare the pen including dialing to the ordered dosage and the resident would push the needle shield against skin and full depress the button. Neither one of the assessments identified any other medications the resident would be able to self-administer. There were no additional self-administration assessments completed to ensure they were done annually or with any significant changes. On 04/21/22 at 12:30 PM R422 confirmed she had creams that she put on herself and she administered her own Tylenol. On 04/27/22 at 9:32 AM Licensed Nurse (LN) E reported the LN needed to complete a self-administration assessment quarterly for residents who self-administered medications. The administrator failed to ensure the LN completed a self-administration assessment at least annually, which included the resident's ability to safely administer medications, apply topical creams, and self-inject insulin for R422.	S3175		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications	S3186		

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S3186	Continued From page 6 (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The facility reported a census of 27 residents. The sample included three residents and two focused record reviews. Based on interview, and record review the operator failed to ensure the Negotiated Service Agreement/Health Care Service Plan for Resident (R)420 and R422 identified the responsible person for administration and management of selected medications the facility administered and what the resident self-administered. Findings included: - R420's medical record revealed the resident moved into the facility on 08/01/18 with a diagnosis of chronic obstructive pulmonary disease. The 04/18/22 "Functional Capacity Screen" (FCS) documented Licensed/Certified staff to provide and administer all medications and simple	S3186		

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S3186	Continued From page 7	S3186		

treatments.

The 04/18/22 "Negotiated Service Agreement" (NSA) documented the facility administered all of R420's medications and did not identify R420 self-administered hemorrhoid cream.

Order dated 02/26/22 for hydrocortisone 0.5 percent topical cream, two times daily for hemorrhoids.

The April 2022 "Electronic Medication Administration Record" (EMAR) documented the R420 self-administered hydrocortisone 0.5 percent topical cream, two times daily for hemorrhoids.

On 04/21/22 at 10:26 AM Certified Medication Aide (CNA) D stated R420 only self-administered hemorrhoid cream.

On 04/21/22 at 4:30 PM Licensed Nurse (LN) E stated R420's NSA should include who administered the hemorrhoid cream.

The Operator failed to ensure designated staff included select medications the R420 self-administered in the NSA.

- R422's medical record revealed she moved into the facility on 06/09/14 with diagnoses of diabetes type two, edema and chronic kidney disease.

The 11/22/21 "Functional Capacity Screen" (FCS) identified the resident required physical assistance with management of medications and medical treatments.

The 11/22/21 "Negotiated Service Agreement/Health Care Service Plan"

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S3186	Continued From page 8 (NSA/HCSP) identified Licensed nurse (LN) and Certified Medication Aides (CMA) assisted the resident with accuchecks and her nebulizer. It identified that LN and CMA were to administer, and reorder medications and the resident self-administered her suppository when needed. The NSA/HCSP failed to identify that the resident self-administered her Fluocinolone ointment, Triamcinolone Acetonide cream and her Tylenol. On 04/21/22 at 12:30 PM R422 confirmed she had creams that she put on herself and she administered her own Tylenol. On 04/21/22 at 01:26 PM LN E acknowledged the resident's NSA/HCSP did not identify what specific medications the resident self-administered, and the facility administered all others. The administrator failed to ensure delegated staff included select medications R422 self-administered and what the facility administered in the "Negotiated Service Agreement/Health Care Service Plan".	S3186		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met:	S3200		

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S3200	Continued From page 9 (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) The facility reported a census of 27 Residents (R). The sample included three residents and two focused record reviews. Based on interview and record review the Administrator failed to ensure designated staff administered one (R422) of three sampled residents' medications, for whom the facility is responsible for, in accordance with a medical care provider's written order and professional standards of practice. Findings included: - R422's medical record revealed she moved into the facility on 06/09/14 with a diagnosis of diabetes mellitus type two. The 11/22/21 "Functional Capacity Screen" documented R422 needed physical assistance with management of medications and medical treatments. The 11/22/21 "Negotiated Service Agreement / Health Care Service Plan" (NSA/HCSP) documented Licensed Nurse and Certified Medication Aide were to administer and reorder medications.	S3200		

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S3200	Continued From page 10 Review of the resident's "Clinical Notes" included a nurses note dated 04/21/21 identified the physician saw the resident was seen in the office and wrote the following order: Give 23 units of Levemir at 08:00 PM - "DO NOT WITHOLD" - needs to be given daily. Order dated 04/05/22 included directions for administration of the residents Novolog Flex pen to be given with meals and for Levemir Flex Touch pen to be given at bedtime. Neither the Novolog or Levemir had parameters for which staff could hold the insulin. Order dated 04/20/22 directed staff to continue same dose insulin and "DO NOT HOLD" Levemir dose. Review of the residents April 2022 "Medication Administration Record" MAR revealed the following dates the resident's insulin was held without evidence of physician notification: 04/09/22 - Novolog Flex Pen eight units at noon - held, "resident hasn't at anything but crackers this am ...bs (blood sugar) at 11:00 AM was 147 milligrams/deciliter (mg/dl.) 04/11/22 - Novolog Flex Pen eight units at noon - held, "resident not eating and bs 72". The April 2022 MAR also included for the 08:00 AM dosage of Novolog was administered 17 of 21 times, the Noon dosage of Novolog was administered 9 of 21 times, and the 05:00 PM dosage was administered 13 of 21 times. The MAR revealed the residents Levemir was administered 19 of 20 times. There were no additional notes as to why the insulin was not administered.	S3200		

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S3200	Continued From page 11 On 04/21/22 at 12:30 PM R422 reported that she has had to argue with some of the "nurses" because they want to hold my Levemir if my blood sugar is 90 and I am supposed to get that every night. On 04/21/22 at 05:20 PM LN B stated holding the insulin depended on the insulin, the physician's orders and parameters and if the resident is going to eat or not. LN B reported if there was something she was concerned about she would call the physician before holding the resident's insulin. The 06/2016 "Medication and Treatment - General Guidelines for Medication Administration/Assistance" policy documented staff to give medications only within the parameters of the physician's orders. The administrator failed to ensure staff administered R422's insulin according to the physician's orders and standards of practice.	S3200		
S3201 SS=D	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately	S3201		

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S3201	Continued From page 12	S3201		

before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205 (d)(3)(C)

The facility reported a census of 27 residents (R). The sample included three residents and two focused record reviews. Based on record review and interview the administrator failed to ensure that Licensed Nurses (LN) and Certified Medication Aides (CMA) administered resident medications the facility was responsible for according to professional standards of practice for one (422) of three residents. This included the failure to document the administration of R422's medication in the medical record immediately before or following completion of the task.

Findings included:

R422's medical record revealed an admission date of 06/09/14 with diagnoses of diabetes mellitus type two, edema, chronic kidney disease, chronic obstructive pulmonary disease, and anxiety.

The 11/22/21 "Functional Capacity Screen" (FCS) revealed the resident needed physical assistance with management of medications and had no cognitive impairment.

On 04/20/22 at 5:05 PM Administrative Nurse A

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S3201	Continued From page 13	S3201		

reported the Negotiated Service Agreement (NSA) and the Health Care Service Plan (HCSP) was one combined document.

The 11/22/21 NSA/HCSP revealed the Licensed Nurse (LN) and Certified Medication Aide (CMA) were to administer and reorder medications for the resident except for Suppositories which the resident kept in her room. It also identified staff were to assist the resident with glucose monitoring and oxygen equipment and her nebulizer.

R422's April 2022 "Medication Administration Record" (MAR) revealed the following time-frames medications were scheduled for administration and staff documented administration times that were outside of the one-hour window allowed for medication administration. These medications included her Alprazolam, for anxiety; buspirone, for anxiety; carvedilol, for blood pressure; escitalopram, an antidepressant; and her insulin (for diabetes).

Staff documented medications scheduled for 08:00 AM as being administered late, 19 of 21 days with the longest time being 3.5 hours late.

Staff documented medications scheduled for Noon as being administer late, 7 of 21 days with the longest time being four hours.

Staff documented medications scheduled at 05:00 PM as being administered late, 3 of 21 days with the longest time being 4.5 hours.

Staff documented medications scheduled at 08:00 PM as being administered late, 5 of 21 days with the longest time being one hour.

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S3201	Continued From page 14	S3201		

04/21/22 at 06:20 AM CMA D reported the resident was alert and oriented, could get very anxious and be very loud and explosive especially where her medications are concerned. We work with communicating effectively, calming her down and talking herself through what is causing her anxiousness at that time.

On 04/21/22 at 12:30 PM R422 reported she had problems with not getting her medications when she was supposed to. She said she knew what her medications were and had problems with anxiety. When staff didn't bring her medications when she was supposed to get them increased her anxiety. She reported she had started keeping track of things because she had reported concerns to administrative staff, and nothing seemed to change. She stated on the 14th she had called the police to make a report at 10:30 PM because she didn't get her medications.

On 04/21/22 at 01:26 PM, LN E reported if a resident complained about not getting their medications or getting them late she would check the MAR and visit with the medication aide about it.

On 04/25/22 at 09:22 AM via electronic interview LN B confirmed R422 had called the police one evening awhile back because she did not feel safe because she hadn't gotten her medications.

The 06/2016 "Medication and Treatment - General Guidelines for Medication Administration/Assistance" policy documented, "Medications should be administered in the correct window of time, that is, 1 hour before or 1 hour after the stated time". 25. "Documentation of medications administered/assisted should occur promptly after the resident has taken the

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	N008002	A. BUILDING: _____ B. WING _____	04/21/2022

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S3201	Continued From page 15 medication ..." The administrator failed to ensure facility LN's and CMA's administered R422's medications according to standards of practice and documented the administration of each medication in the medical record immediately before or following completion of the task.	S3201		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 27 residents. The sample included three residents and two focused record reviews. Based on observation, interview and record review the operator failed to ensure one of four sampled residents (R)420 record contained documentation of all incidents, symptoms, and other indications of illness or injury. Findings included: - R420's medical record revealed she moved into the facility on 08/01/18 with diagnoses of chronic obstructive pulmonary disease.	S3261		

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S3261	Continued From page 16	S3261		

The 04/18/22 "Negotiated Service Agreement" (NSA) lacked documentation R420 had a stage three pressure injury to her left heel and did not include documentation of who treated this pressure injury or the use of a heel protector.

Review of R420's medical record and progress notes included the following documentation: Order dated 07/06/21 for heel protectors, ensure the placement of heel protectors each shift. Order dated 04/13/22 dressing change every two days. Instructions: Cleanse wound to left heel with wound cleanser, cover with Xeroform (type of dressing) then bordered foam dressing. Change every 2-3 days and as needed if soiled. 11/30/21 "Wound Assessment" documented R420 had a stage three pressure injury to her left heel which measured 1.1 x 1.1 x 0.2 centimeters (cm).

02/02/22 "Clinical Note" documented a progress note was received from a visit to the wound clinic. Noted wound was improved with order to continue dressing change every 2-3 days or as needed for soiling.

"AL Skin Observation Forms" completed on: 12/01/21, 12/08/21, 12/14/21, and on 01/06/22. No other skin observation forms were completed.

Observation on 04/21/22 at 02:25 PM revealed the resident did not have her heel protector on. The heel protector was in a storage pouch sitting on top of some white organizer containers in her bedroom.

On 04/21/22 at 02:23 PM, R420 stated she had developed a blister on her left ankle while she was in the hospital. She stated she went to a wound specialist and they told her it was getting

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S3261	Continued From page 17 much better. R420 stated the facility staff changed the dressings to her wound. She stated she was given a protective bootie to wear and staff encouraged her to wear it, but she refused stating it was, "terrible." On 04/21/22 at 10:27 AM, Licensed Nurse (LN) E stated R420 had a wound on her left heel. LN E stated she changed the dressing, but R420 also went to the wound clinic and the wound was getting better and was almost completely healed. LN E stated she did not document any measurements or description of the wound. The 06/2016 "Open Area Documentation" policy documented, "The Skin Observation Form" should be completed at a minimum of weekly by the nurse until the open area has healed." The operator failed to ensure designated staff included documentation of all incidents, symptoms and other indications of illness or injury including the dated, time of occurrence, action taken, and results of the action.	S3261		
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;	S3280		

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S3280	Continued From page 18 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: KAR 26-41-104(d)(3) The facility reported a census of 27 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 04/20/22 at 03:30 PM review of the facility "Emergency Manual", with a tab titled "Staff In-services" included the following in-services: 01/08/21 at 02:00 PM -Severe Weather, OSHA video, Parking Lot Safety, and COVID testing. 03/05/21 at 02:00 PM - O2 Tank storage and handling, video on an Active Shooter, and a video on Bed Bugs. 05/07/21 - Emergency Preparedness (Explosion), Sheltering in Place, Fit Test Video, Food Handling, Understanding Falls, and Hazardous Chemicals. 07/02/21 - Donning/Doffing PPE video, Oxygen safety Video, and Severe weather safety video. 11/05/21 - Videos about winter storms and preparing for winter. 01/04/22 - Power outage drill, with no staff	S3280		

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S3280	Continued From page 19 involved, and no education information identified. 03/04/22 - Bed Bugs video, Active Shooter Training, Bare Wires, and reporting maintenance issues 04/01/22 - Hazardous Communications and Severe weather. On 04/20/22 at 04:09 PM Administrative Housekeeping staff I stated they had taken the Emergency Management Plan to in-services tell staff where the books are located if there were to be any problems. She also stated she knew they had gone over lack of electricity and that Human Resources had a record of all our in-services, but she was not in the office today. On 04/21/22 at 10:00 AM Administrative Nurse B provided four in-service logs which included a table of contents attached to it for the "Emergency Operations Plan". The forms included: 01/08/21- topic of Severe Weather with objectives - Video/OSHA, Parking lot safety, Covid Testing and Emergency Manual 04/02/21 - topic of S.D.S hazard Communications/Severe Weather with objectives - video over severe weather, video over Hazcom, and Emergency Manual 07/02/21 - topic of PPE, Oxygen safety, and Severe Weather with objectives of Donning/Doffing PPE Videos, Oxygen safety video, Severe weather safety video and Emergency Manual 11/05/2021 - topic "ACT" preparing for Winter with objectives video about winter storms, pass out certification for staff, make sure are in uniforms, and emergency manual. Administrative Nurse B had no additional in-services to provide for February of 2022.	S3280		

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S3280	Continued From page 20 Surveyors asked for resident council minutes on 04/20/22 at 04:09 PM from Administrative Housekeeping staff I and again the morning of 04/21/22 at 08:15 AM from Administrative Staff A. The Facility provided no evidence of reviewing the Emergency Management Plan with residents. On 04/21/22 at 05:30 PM Administrative Staff A acknowledged they had not completed the reviews of the Emergency Management Plan quarterly. The facility failed to ensure disaster and emergency preparedness by failing to perform quarterly reviews of the Emergency Management Plan with employees and residents.	S3280		
S3310 SS=D	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:	S3310		

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S3310	Continued From page 21 KAR 26-41-207(c) The facility reported a census of 27 residents. The sample included three residents and two focused record reviews. Based on interview and record review for three residents and five new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R 26-39-105. This failure effected all residents who lived in the assisted living facility. Findings include: - Resident (R) 420 moved into the facility on 08/01/18 with a diagnosis of chronic obstructive pulmonary disease. Review of R420's medical record included a "Tuberculosis Symptom Screen Questionnaire" completed on 08/19/19, but lacked evidence a questionnaire was completed during years 2020 or 2021. On 04/21/22 at 03:30 PM Licensed Nurse (LN) E stated the tuberculosis (TB) screening should be completed on an annual basis and verified there was not an annual TB screening on file for 2020 or 2021. The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105. - Resident (R) 421 moved into the facility on 12/13/19 with a diagnosis of diabetes mellitus. Review of R421's medical record lacked documentation a "Tuberculosis Symptom Screen	S3310		

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S3310	Continued From page 22 Questionnaire" was completed on an annual basis. On 04/21/22 at 09:58 AM, Licensed Nurse (LN) E stated she was unable to find a TB questionnaire for R421 in the medical record. The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105. - Review of five newly hired staff records revealed the following: Certified Nurse Aide (CNA) G hired on 01/31/22 lacked a "Tuberculosis Symptom Screen Questionnaire" completed within seven days of employment. CNA H hired on 02/05/22 lacked a "Tuberculosis Symptom Screen Questionnaire" completed within seven days of employment. The 06/2016 "Tuberculosis Exposure Control Plan/Medical Screening-Associate" policy documented, "All associates who are determined at risk for occupational exposure to TB should be provided medical screening and surveillance." 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		