Kansas State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N018010006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINFIELD SENIOR LIVING COMMUNITY	1320 WHEAT RD , WINFIELD, Kansas, 67156

(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) COMPLETION DATE
S0000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with the attached complaint number 2729487 for the above named facility conducted on 02/02/26.	S0000		
S3310 SS = F	Infection Control Policies CFR(s): 26-41-207 (b) (5-6) (c) (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 LICENSURE REQUIREMENT is NOT MET as evidenced by: 26-41-207 (c) The facility reported a census of 21 residents. The sample included 3 residents, 1 focused review and 4 newly hired employees. Based on record review and interview the Administrator failed to ensure the facility's compliance with the departments' "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired "Certified Nurse Aide" (CNA) C and "Certified Medication Aide" (CMA) D. Findings included: Record review for newly hired CNA C revealed she began her employment on 01/06/26. Review of the untitled facility document dated 01/31/25 revealed the first step of the required TB skin test was administered on	S3310		

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

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S3310 SS = F	Continued from page 1 01/31/25 and read on 02/02/25. The second step of the required TB skin test was administered on 02/18/25 and read on 02/20/25. The document lacked the name of the individual who received the two step TB skin test. This test was greater then 6 months old at the time of hire. Review of the untitled facility document dated 06/18/25 revealed the first step of the required TB skin test was administered on 06/18/25 and read on 06/20/25. The second step of the required TB skin test was administered on 07/07/25 and read on 07/10/25. The document lacked the name of the individual who received the two step TB skin test. This test was greater then 6 months old at the time of hire. Record review for CMA D revealed she began her employment on 12/15/25. Review of the facility provided document titled "Tuberculosis Screening Results" revealed a one step TB skin test read negative on 01/18/24. Record review of the facility provided document titled "Tuberculosis Risk Assessment" revealed the required first step of the required TB skin test was administered on 04/01/25 and read negative on 04/03/25. Interview on 02/02/26 at approximately 02:30 PM with Administrator A confirmed the personnel records for CNA C and CMA D lacked the required documentation of the required two step TB skin test being administered within seven days of employment. The Administrator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired CNA C and CMA D.	S3310		