Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023005	A. BUILDING: _____ B. WING _____	01/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWRENCE PRESBYTERIAN MANOR	1429 KASOLD DR LAWRENCE, KS 66049

(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
S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Assisted Living facility conducted on 01/26/23.	S 000		
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: KAR 26-41-104(d)(3) The facility reported a census of 20 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	S3280		

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

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S3280	Continued From page 1 management plan with employees and residents. Findings included: - On 01/26/22 Administrative Nurse Staff A provided samples of the "How We Prepare for Emergencies Resident Training" letter which documented, "We have a written emergency plan that is reviewed and tested every year." This letter does not cover the eight required items that need to be included in the emergency management plan or that these eight required items were reviewed with the residents. The June 2022 review with residents revealed the 04/07/22 "Kansas Administrative Regulations Agency...Disaster and emergency preparedness" which included, "quarterly review of the home's emergency management plan with employees and residents" and contained the eight required items for review. Review of employee education on the RELIAS computer training program did not indicate that the emergency management plan including the eight required topics were completed by staff on a quarterly basis. The facility failed to ensure the performance of quarterly reviews of the emergency management plan with employees and residents.	S3280		
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 2	S3310		

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 20 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:

- Review of five newly hired staff records revealed the following:
Certified Nurse Aide (CNA) C hired on 10/12/22 did not have a TB Screening Questionnaire or a Two-step Skin Test (TST) completed upon hire.

CNA D hired on 06/04/21did not have the second step of the two-step TST completed.

Interview on 01/26/23 at 01:40 PM Administrative Nurse B stated she was unable to locate the

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S3310	Continued From page 3	S3310		

documentation for CNA C and CNA D.

The 11/23/21 "Employee Health" policy documented, "Testing should be performed within seven (7) days of employment ...and read 48-72 hours ...If first step is read as negative ...repeat skin test ..."

The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within seven days of employment..."

The facility 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.

- Resident (R)102 admitted to the facility on 12/15/22 had the first step of his two-step TB skin test completed ten days late on 01/16/23 and did not have the second step of the two-step TST completed within one to three weeks after the first step was read.
On 01/26/23 at 11:27 AM Administrative Nurse A stated R102's TST was coded as an annual so there has not been a second TST completed for him.

The 11/23/21 "Employee Health" policy documented, "Testing should be performed within seven (7) days of ...admission ...and read 48-72 hours ...If first step is read as negative ...repeat skin test ..."

The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new

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S3310	Continued From page 4 resident ...shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within seven days of residency..." The facility 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		